Department of Human Services Bureau of Human Service Licensing LICENSING INSPECTION SUMMARY - PUBLIC

August 24, 2023



RE: CELEBRATION VILLA OF BERWICK 2050 WEST FRONT STREET BERWICK, PA, 18603 LICENSE/COC#: 22717

Dear

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/26/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

cc: Pennsylvania Bureau of Human Service Licensing

CELEBRATION VILLA OF BERWIC	K			22717
Facility Information				
Name: CELEBRATION VILLA OF	BERWICK	Licen e #: 22717	Licen e Expiration: 07/09/2024	
Address: 2050 WEST FRONT STR	REET, BERWICK, PA 18603			
County: COLUMBIA	Region: NORTHEAS	T		
Administrator				
Name:	Phone:	Email:		
Legal Entity				
Name: EC OPCO BERWICK LLC				
Address: Phone:	Email			
Certificate(s) of Occupancy	D 1 10/00/1000		L LD - 101	
Type: C 2 LP Type: I 2	Date: 10/06/1998 Date: 11/06/2010		I ued By: L&I I ued By: Brier Creek Borough	
	2444		• ••••••••••••••••••••••••••••••••••••	
Staffing Hours Resident Support Staff: 0	Total Daily Staff: 56	5	Waking Staff: 42	
		,		
Inspection Information				
51	Notice: Unannounced	BHA Docket #:		
Reason: Complaint, Incident		Exit Conference Da	ite: 07/26/2023	
Inspection Dates and Departn	nent Representative			
07/26/2023 On Site				
Resident Demographic Data a	s of Inspection Dates			
General Information				
License Capacity: 76 Secured Dementia Care Uni	· +	Residents Serve	d : 46	
In Home: No	Area:	Capacity:	Residents Served:	
Hospice				
Current Residents: 0				
Number of Residents Who:		Ave CO Veers of	Are an Older 16	
Receive Supplemental Security Income: 0 Diagnosed with Mental Illness: 2		Are 60 Years of A Diagnosed with	Age or Older. 40 Intellectual Disability: 0	
Have Mobility Need: 10		Have Physical Di	•	
Inspections / Reviews				
07/26/2023 - Partial				
Lead Inspector:	Follow-Up Type:	POC Submission	Follow-Up Date: 08/13/2023	
08/14/2023 - POC Submission	1			
Submitted By:	Date Submitted:	08/18/2023		
Reviewer:	Follow-Up Type:	Document Submissio	n Follow-Up Date: 08/21/2023	

22717

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #1 requires assistance with transfers, toileting, dressing, and showering. During the month of July there was a period of at least one week in which resident #1 had lost their call bell pendant and was not provided with a replacement to use.

Also, through staff interviews it was determined that resident #1 very frequently has urinary and bowel incontinence in bed and will then ring for assistance with getting cleaned up. Resident #1 is not scheduled for regular, frequent toileting checks and is not regularly dressed with a brief instead of underwear.

Plan of Correction

Action: Resident #1 was immediately issued a replacement call pendant upon notification of the call pendant being lost and was placed on shift checks for call pendant verification. Resident #1 was placed on a 2-hour toileting program and was placed on an incontinence program for incontinence supplies.

Training: All Staff to be trained by the Executive Director on proper notification procedures when call pendant is suspected to be missing or misplaced by 8/31/2023. All Staff to be trained by the Executive Director on proper notification procedures to alert Executive Director or Clinical leadership on new incidences of resident incontinence and incontinence supply needs. Training to be completed by 8/31/2023.

Ongoing: Executive Director and Clinical leadership will monitor shift audits to ensure resident #1 has their call pendant at all times. The Executive Director and Clinical leadership will follow up with staff regarding any new resident incontinence or incontinence supply needs.

Licensee's Proposed Overall Completion Date: 08/31/2023

	Implemented	08/24/2023)
85a - Sanitary Conditions		
2. Requirements		
2600		

85.a. Sanitary conditions shall be maintained.

Description of Violation

Resident #1 has frequent urinary and bowel incontinence in bed. During a resident interview in the resident's room there was a strong odor of urine and feces present due to the resident's frequent urinary and bowel incontinence.

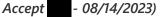
Plan of Correction

Action: Housekeeping was immediately provided with a deep cleaning of resident #1's room to remove the odor.

Training: All Staff to be trained by the Executive Director on proper notification procedures to Executive Director or leadership team if a resident's room has an odor so it can be quickly remediated. Training to be completed by 8/31/2023.

Ongoing: Housekeeping to be provided bi-weekly and as needed, Executive Director, management team, and staff

- 08/14/2023)



85a - Sanitary Conditions (continued)

to monitor resident's room for odor.

Licensee's Proposed Overall Completion Date: 08/31/2023

	Implemented - 08/24/2023)
227d - Support Plan Medical/Dental	
3. Requirements	
 2600. 227.d. Each home shall document in the resident's support p or other behavioral care services that will be made ava outside services if the resident's physician, physician's determine the necessity of these services. This require these medical and behavioral care services. 	ailable to the resident, or referrals for the resident to assistant or certified registered nurse practitioner,
Description of Violation	
The support plan dated for resident #1 was not updat	ed to reflect the resident's frequent urinary and bowel
accidents in bed and the resident's consistent refusal of schedu	iled shower assistance and a plan to address both issues.
Plan of Correction	Accept - 08/14/2023)
Action: Resident #1's RASP was updated to reflect resident's refusals of scheduled showers with a plan to address these i	
Training: Leadership team will be re-educated by Executive	Director on regulation 227.d by 8/31/2023.
Ongoing: Executive Director and/or Clinical leadership will	review all new RASPs for accuracy,
Licensee's Proposed Overall Completion Date: 08/31/2	023
	Implemented - 08/24/2023)