

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

August 24, 2023

[REDACTED], EXECUTIVE DIRECTOR  
EC OPCO BERWICK LLC

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

Dear [REDACTED],

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,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: CELEBRATION VILLA OF BERWICK License #: 22717 License Expiration: 07/09/2024  
 Address: 2050 WEST FRONT STREET, BERWICK, PA 18603  
 County: COLUMBIA Region: NORTHEAST

**Administrator**

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

**Legal Entity**

Name: EC OPCO BERWICK LLC  
 Address: [Redacted]  
 Phone: [Redacted] Email: [Redacted]

**Certificate(s) of Occupancy**

Type: C 2 LP Date: 10/06/1998 Issued By: L&I  
 Type: I 2 Date: 11/06/2010 Issued By: Brier Creek Borough

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 56 Waking Staff: 42

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint, Incident Exit Conference Date: 07/26/2023

**Inspection Dates and Department Representative**

07/26/2023 On Site [Redacted]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 76 Residents Served: 46  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 0  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 46  
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 10 Have Physical Disability: 0

**Inspections / Reviews**

07/26/2023 - Partial  
 Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 08/13/2023

08/14/2023 - POC Submission  
 Submitted By: [Redacted] Date Submitted: 08/18/2023  
 Reviewer: [Redacted] Follow-Up Type: Document Submission Follow-Up Date: 08/21/2023

Inspections / Reviews *(continued)*

08/24/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/18/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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

Accept [REDACTED] - 08/14/2023)

*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 [REDACTED] 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

[REDACTED] - 08/14/2023)

*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*

85a - Sanitary Conditions (continued)

to monitor resident's room for odor.

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

Implemented [redacted] - 08/24/2023)

227d - Support Plan Medical/Dental

3. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The support plan dated [redacted] for resident #1 was not updated to reflect the resident's frequent urinary and bowel accidents in bed and the resident's consistent refusal of scheduled shower assistance and a plan to address both issues.

Plan of Correction

Accepted [redacted] - 08/14/2023)

Action: Resident #1's RASP was updated to reflect resident's frequent urinary and bowel incontinence, and frequent refusals of scheduled showers with a plan to address these issues.

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: 08/31/2023

Implemented [redacted] - 08/24/2023)