

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

October 11, 2023

[REDACTED], ADMINISTRATOR  
EC OPCO MID VALLEY LLC

RE: CELEBRATION VILLA OF MID VALLEY  
89 STURGES ROAD, PO BOX 116  
PECKVILLE, PA, 18452  
LICENSE/COC#: 22718

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/29/2023 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 MID VALLEY License #: 22718 License Expiration: 07/11/2024  
 Address: 89 STURGES ROAD, PO BOX 116, PECKVILLE, PA 18452  
 County: LACKAWANNA Region: NORTHEAST

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: EC OPCO MID VALLEY LLC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: I-2 Date: 12/27/2010 Issued By: Blakely Borough

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 82 Waking Staff: 62

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 08/29/2023

**Inspection Dates and Department Representative**

08/29/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 50 Residents Served: 41  
 Secured Dementia Care Unit  
 In Home: Yes Area: entire Home Capacity: 50 Residents Served: 41  
 Hospice  
 Current Residents: 4  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 41  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 41 Have Physical Disability: 0

**Inspections / Reviews**

08/29/2023 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/21/2023

09/26/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 10/10/2023  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/29/2023

Inspections / Reviews (*continued*)

## 10/04/2023 POC Submission

Submitted By: [REDACTED] Date Submitted: 10/10/2023

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 10/10/2023

## 10/11/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: 10/10/2023

Reviewer: [REDACTED] Follow Up Type: Not Required

3c Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The most recent annual License Inspection Summary from 6/7/2022 was not posted in the home at the time of inspection.

Plan of Correction

Accept (█ - 09/26/2023)

8/29/23 the Executive Director posted the most recent annual License Inspection Summary from 6/7/2022. The leadership team was educated 08/29/2023 on regulation 2600.3c by Executive Director. The leadership team will monitor to ensure compliance starting 8/29/2023.

Licensee's Proposed Overall Completion Date: 09/30/2023

Implemented (█ - 10/11/2023)

85a Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 8/29/23, there was a strong odor of urine near the main entry door to the secured dementia unit that came from near the carpet. There was a garbage can observed on the outdoor patio of the secured dementia unit that was overflowing with garbage.

Plan of Correction

Accept (█ - 09/26/2023)

8/29/2023 Maintenance Director immediately removed the trash from the outdoor patio. 8/29/2023 Rug cleaner was utilized to clean carpets at front entrance and problem areas by Maintenance Director. All Staff will be educated on regulation 85a by Maintenance Director to be completed by 09/30/2023. Rug cleaning has been added to the housekeepers weekly cleaning schedule beginning 8/30/2023. Members of leadership team will monitor daily by walking the community to ensure sanitary conditions are maintained beginning 8/30/20.

Licensee's Proposed Overall Completion Date: 09/30/2023

Implemented (█ - 10/11/2023)

88a Surfaces

3. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

Weatherstripping of the courtyard door in Hallway A was hanging from the door frame. This creates a hazard in the doorway.

Plan of Correction

Accept (█ - 09/26/2023)

8-29-2023 Loose Weather stripping was immediately removed from the frame of the door by Executive Director.

**88a Surfaces (continued)**

Staff will be educated on Reg 88c ensuring surfaces are clean, in good repair and free of hazards by Executive Director by 09/30/23. A Member of leadership team will monitor daily by walking the community to ensure surfaces are free of hazards and in good repair beginning 8/30/23. Any safety issues will be reviewed during monthly safety meetings with documentation kept starting September 2023

Licensee's Proposed Overall Completion Date: 09/30/2023

Implemented ( ) - 10/11/2023)

**91 - Telephone Numbers**

**4. Requirements**

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

**Description of Violation**

There were no emergency numbers posted near the landline phone on the table outside of the medication room.

**Plan of Correction**

Accept ( ) - 09/26/2023)

08/29/2023 Emergency Telephone number list was replaced immediately by Executive Director to phone outside medication room. All Staff will be educated on Regulation 2600.91 by Executive Director by 09/30/2023. A member of leadership will monitor daily for compliance by walking the community beginning 8/30/2023

Licensee's Proposed Overall Completion Date: 09/30/2023

Implemented ( ) - 10/11/2023)

**125a - Combustible Storage**

**5. Requirements**

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

**Description of Violation**

There were 10 15 cigarette butts observed in the mulch in the front of the home.

**Plan of Correction**

Accept ( ) - 09/26/2023)

08/29/2023 Maintenance Director removed cigarette butts from the mulch in front of the home. All staff will be re in serviced on the smoking policy by Director of Nursing to be completed by 09/30/2023. Sign is posted to direct visitors to designated smoking area. A member of the leadership team will walk the property daily to ensure no combustible or flammable materials are located near a heat source.

Licensee's Proposed Overall Completion Date: 09/30/2023

Implemented ( ) - 10/11/2023)

**144c1 - Smoking Area Guidelines**

**6. Requirements**

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

144c1 - Smoking Area Guidelines (continued)

Description of Violation

There were 10-15 cigarette butts observed in the mulch in the front of the home. The home's smoking area is located at the rear of the building.

Plan of Correction

Accept (█ - 09/26/2023)

8/29/2023 maintenance director removed cigarette butts from mulch. Director of Nursing will re-educate staff on the smoking policy and designated smoking area by 9/30/2023. A sign is posted at community entrance direct visitors to designated smoking area. A member of Leadership team will walk the community daily to ensure designated smoking area is being utilized.

Licensee's Proposed Overall Completion Date: 09/30/2023

Implemented (█ - 10/11/2023)

183e - Storing Medications

7. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident 1 had a prescription of █ daily that was discontinued █ but was still available on the medication cart on █ Resident 1 has █ medication on the cart that was discontinued █

Plan of Correction

Accept (█ - 09/26/2023)

8/29/2023 Director of Nursing(DON) removed Resident 1 medications from the med cart and destroyed and documented in the Medication Destruction binder. An audit of all current resident's medication will be completed by DON/Med Tech by 9/30/23. Med Techs will be re-educated on regulation 2600.183e by DON by 9/30/2023. All discontinued medications will be removed from the med cart by med tech or DON/Assistant Director of Nursing (ADON) when discontinued order is received. To be monitored by Director of Nursing/Asst. Director of nursing (ADON) and reviewed during monthly Quality Assurance Meeting to begin by 9/30/2023

Licensee's Proposed Overall Completion Date: 09/30/2023

Implemented (█ 10/11/2023)

185a - Implement Storage Procedures

8. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident 2's glucometer indicated a blood glucose reading of █ on 8/25/23 at █. The MAR was documented incorrectly with a █ reading.

Resident 3 has PRN orders for █ that are not available if needed.

Repeat Violation 6/7/2022.

185a - Implement Storage Procedures (continued)

Plan of Correction

Accept (█ - 10/03/2023)

All current residents with Glucometer readings will be audited by Director Of Nursing (DON) by 9/30/2023 for accurate transcription. Documentation was made to resident 2's chart to explain the transcription error 9/21/2023. DON/ADON. will do an audit of glucose readings weekly. Findings will be reviewed during quality assurance meeting to begin 9/30/2023.

8/29/23 Medications for resident 3 were ordered and arrived from pharmacy and placed in med cart by DON. DON/Manager will complete audits of all resident's medications to ensure all are available for administration by 9/30/23. DON and MedTechs will be in-serviced on Regulation 185a by Executive Director. Weekly cart audits and glucometer audits will be done by DON and reviewed during quality assurance meetings to begin by 9/30/2023

Licensee's Proposed Overall Completion Date: 09/30/2023

Implemented (█ - 10/11/2023)

187a - Medication Record

9. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident 1 has a PRN order for █ that has not been added to the MAR.

Plan of Correction

Accept (█ - 09/26/2023)

08/29/2023 Resident 1 Medication was returned to Pharmacy and discontinued by Director of Nursing. Resident 1 does not have a current order for this medication. Director of Nursing will educate all current medications educated on Regulation 187a by 9-3023

Director Of Nursing and or Assistant Director of Nursing will do weekly medication audits, with documentation kept, ensuring compliance and medications available in community. Findings of audit will be reviewed at Quality Assurance Meetings to begin in September 2023.

Licensee's Proposed Overall Completion Date: 09/30/2023

Implemented (█ - 10/11/2023)

233c - Key-Locking Devices

10. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The door exiting the secured outside patio to the parking lot was unable to be opened from the keypad preventing immediate egress.

Plan of Correction

Accept (█ - 09/26/2023)

08/30/2023 Gate Hinge was adjusted to close properly by the Maintenance Director. All staff will be educated by the Executive Director on regulation 2600.233c. A member of community leadership team will monitor compliance daily by walking the community beginning 9/21/2023.

Licensee's Proposed Overall Completion Date: 09/30/2023

233c - Key-Locking Devices (*continued*)

*Implemented* [REDACTED] - 10/11/2023)