

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

January 9, 2024

[REDACTED] ADMINISTRATOR
EC OPCO SC LLC
[REDACTED]
[REDACTED]

RE: CELEBRATION VILLA OF NITTANY
VALLEY
150 FARMSTEAD LANE
STATE COLLEGE, PA, 16803
LICENSE/COC#: 23374

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/27/2023, 12/04/2023 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *CELEBRATION VILLA OF NITTANY VALLEY* License #: *23374* License Expiration: *07/03/2024*
Address: *150 FARMSTEAD LANE, STATE COLLEGE, PA 16803*
County: *CENTRE* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *EC OPCO SC LLC*
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: *I-2* Date: *08/02/2010* Issued By: *Centre County Region*

Staffing Hours

Resident Support Staff: Total Daily Staff: *59* Waking Staff: *44*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *12/04/2023*

Inspection Dates and Department Representative

11/27/2023 - On-Site: [Redacted]
12/04/2023 - Off-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

| General Information | | | |
|---------------------------------------|-----|---|-------------|
| License Capacity: | 60 | Residents Served: | 41 |
| Secured Dementia Care Unit | | | |
| In Home: | Yes | Area: | First Floor |
| Capacity: | 20 | Residents Served: | 17 |
| Hospice | | | |
| Current Residents: | 0 | | |
| 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: | 18 | Have Physical Disability: | 0 |

Inspections / Reviews

11/27/2023 - Partial
Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *01/05/2024*

Inspections / Reviews (*continued*)

01/09/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/09/2024

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document
Submission*

01/09/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/09/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

227h - Support Plan Refuse Sign

1. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident # 1's Resident Assessment and Support Plan (RASP), dated [redacted]/23, does not include a signature, a refusal to sign, or an indication of the ability to sign.

Plan of Correction

Accept ([redacted] - 01/09/2024)

Action: New Resident Assessment and Support Plan for Resident #1 completed by Regional Director of Operations on 11/28/2023.

Training: Executive Director trained Director of Nursing and Assistant Director of Nursing on Regulation 227h on 12/20/2023. An audit of all Resident Assessment and Support Plans will be completed using the audit tool by 02/28/2024.

Ongoing: Executive Director, Director of Nursing or Designee will monitor all Resident Assessments and Support Plans and correct dates upon completion beginning 02/01/2024. The audit findings will be reviewed with the Leadership Team monthly at the Quality Assurance meeting beginning February 2024.

Licensee's Proposed Overall Completion Date: 01/03/2024

Implemented ([redacted] - 01/09/2024)