

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

January 19, 2024

[REDACTED], ADMINISTRATOR
EC OPCO MID VALLEY LLC

RE: CELEBRATION VILLA OF MID VALLEY
67 STURGES ROAD
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 12/01/2023 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 MID VALLEY License #: 22718 License Expiration: 07/11/2024
 Address: 67 STURGES ROAD, 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

Staffing Hours

Resident Support Staff: 44 Total Daily Staff: 132 Waking Staff: 99

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 12/01/2023

Inspection Dates and Department Representative

12/01/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 50 Residents Served: 44
 Secured Dementia Care Unit
 In Home: Yes Area: all Capacity: 50 Residents Served: 44
 Hospice
 Current Residents: 2
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 44
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 44 Have Physical Disability: 0

Inspections / Reviews

12/01/2023 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/01/2024

01/12/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 01/17/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 01/17/2024

Inspections / Reviews *(continued)*

01/19/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/17/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

2600. 85.a. Sanitary conditions shall be maintained.

Description of Violation

The glucometer of Resident # 1 was used to measure the blood glucose of Resident # 2 on [REDACTED].

Plan of Correction

Accept [REDACTED] - 01/12/2024)

Action The auditing system we have in place was effective in discovering the problem with the glucometers. This was discovered during our own audit on 10/03/2023. The glucometers for Resident #1 and Resident #2 were immediately removed by the Director of Nursing and new glucometers were ordered and received on the same day. The residents' names were placed on their glucometer and the container where their glucometer is stored. The event was explained to the family of each resident and the Providers was notified with no new orders provided. We will continue using our effective auditing system. The Director of Nursing completed the required State incident report which the Department of Human Services received.

TRAINING The Director of Nursing educated the Medication Technicians on Regulation 85a on [REDACTED]. Glucometers will continue being checked weekly by the Director of Nursing and/or the Assistant Director of Nursing, or Medication Technician using the audit tool.

Ongoing Weekly glucometer audits will be done by the Director of Nursing and/or the Assistant Director of Nursing or Medication Technician using the audit tool in place and monitored by the Executive Director. The audit findings will be discussed with the Leadership Team during our monthly Quality Assurance committee meeting starting in January 2024.

Licensee's Proposed Overall Completion Date: 12/29/2023

Implemented [REDACTED] - 01/19/2024)

187d - Follow Prescriber's Orders

2. Requirements

2600. 187.d. The home shall follow the directions of the prescriber.

Description of Violation

It has been determined that resident # 3 has been receiving [REDACTED] since 11-16-23 when the ordered dose to be administered was to have been [REDACTED].

Plan of Correction

Accept [REDACTED] Y - 01/12/2024)

Action This medication error on Resident #3 was discovered by the State Representative during a visit to the community on 12-01-2023. Medication was immediately removed from the medication cart by the Director of Nursing on 12-01-2023. The resident did not exhibit any ill effects from receiving the incorrect dose of medication, the dosage which [REDACTED] was previously prescribed. The new order was sent to the pharmacy on 12-01-2023 by the Director of Nursing. The new medication was received and added to the Medication Administration Record. The Director of Nursing and the Assistant Director of Nursing will ensure all directions of prescribers are being followed through monthly medication cart audits.

Training Medication Technicians will be re-educated on Regulation 187d by the Director of Nursing on the importance of reading the label and comparing it to the Medication Administration Record for proper medication

187d Follow Prescriber's Orders (continued)

administration which will be completed by 1/5/2024.

Ongoing Weekly medication cart audits will continue being done by the Director of Nursing and/or Assistant Director of Nursing or Medication Technician. This area will be monitored by the Executive Director. The Medication Cart audit findings will be reviewed with the Leadership Team at our monthly Quality Assurance meeting starting in January 2024.

Licensee's Proposed Overall Completion Date: 12/29/2023

Implemented (██████ **01/19/2024)**