

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

December 7, 2023

[REDACTED]
EC OPCO READING LLC
[REDACTED]
[REDACTED]

RE: CELEBRATION VILLA OF EXETER
9 COLIN COURT
READING, PA, 19606
LICENSE/COC#: 22716

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/02/2023 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 EXETER* License #: *22716* License Expiration: *07/11/2024*
 Address: *9 COLIN COURT, READING, PA 19606*
 County: *BERKS* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *EC OPCO READING LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/20/1199* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *53* Waking Staff: *40*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *11/02/2023*

Inspection Dates and Department Representative

11/02/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *70* Residents Served: *42*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: [REDACTED]

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *42*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *11* Have Physical Disability: [REDACTED]

Inspections / Reviews

11/02/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/16/2023*

11/30/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *12/06/2023*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/06/2023*

Inspections / Reviews (*continued*)

12/07/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/06/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65g - Annual Training Content

1. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 3. Resident rights.

Description of Violation

Staff person A did not have annual training in the required topic Resident Rights for the 2022 training year.

Plan of Correction

Accept [redacted] - 11/30/2023)

Employee completed Resident Rights training on [redacted] (see attached- Exhibit A).

[redacted] - Audit for 2023 year to date training was conducted by Executive Director, noting all incomplete trainings for calendar/training year.

[redacted] - Results were sent via email to all employees by Executive Director, as they were reminded to complete annual training (see attached- Exhibit B).

Monthly Ongoing- Audits will be completed by Administrative Assistant to determine if any employees did not complete their assigned training according to training plan. Staff who have not completed their training, will be scheduled to do so by their managers.

December 2023 & Ongoing- Executive Director and Leadership team will review audit findings and compliance during Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 11/16/2023

Implemented [redacted] - 12/07/2023)

103g - Storing Food

2. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

In the main kitchen's freezer there was a plastic bag of frozen chicken that was not sealed properly.

Plan of Correction

Accept [redacted] - 11/30/2023)

[redacted] - Item's storage clip was found in freezer at time of inspection by Culinary Director. Item was sealed at time of inspection by Culinary Director.

[redacted] - At staff meeting, staff reeducated on proper and acceptable storage practices, including twist ties, airtight containers, and no clips (see attached- Exhibit C).

Weekly (Ongoing)- Audits are conducted by Culinary Director to ensure proper practices are in place. If concerns are noted, staff to be reeducated or counseled.

December 2023 & Ongoing Monthly- Executive Director and Leadership team will review audit findings and compliance during Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 11/16/2023

Implemented [redacted] - 12/07/2023)

185a - Implement Storage Procedures

3. Requirements

2600.

185a - Implement Storage Procedures (continued)

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 #1 requires [redacted] daily. On [redacted] the 8am reading in the [redacted] was [redacted] but was documented on the [redacted] as [redacted].

Plan of Correction

Accept [redacted] - 11/30/2023)

[redacted] - Resident's proper [redacted] reading was corrected on resident's Medication Administration Record by Resident Care Coordinator at time of inspection.

[redacted] - Resident Care Coordinator met with Med Tech that had error and reeducated her.

[redacted] - At staff meeting, all staff were educated on violation, reason for regulation, and ways to ensure compliance (see attached- Exhibit C).

Weekly beginning on [redacted] (Ongoing)- Audits are conducted by Resident Care Coordinator or Med Tech to ensure proper practices are in place. If concerns are noted, staff to be reeducated or counseled.

December 2023 & Ongoing Monthly- Executive Director and Leadership team will review audit findings and compliance during Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 11/16/2023

Implemented [redacted] 12/07/2023)

187a - Medication Record

4. Requirements

2600.

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

6. Dose.

11. Special precautions, if applicable.

Description of Violation

Resident #2 has an order for [redacted], to be held if the [redacted] is less than [redacted] or [redacted] less than [redacted]. On [redacted] at 8am the [redacted] was [redacted]. The medication was held as required but the med tech failed to document the medication administration record accurately to reflect this.

Plan of Correction

Accept [redacted] - 11/30/2023)

[redacted] Executive Director immediately reviewed concern with employee and discussed root issue in documentation and educated on proper documentation moving forward (see attached- Exhibit D).

[redacted] - At staff meeting, all staff were educated on violation, reason for regulation, and ways to ensure compliance (see attached- Exhibit C).

Weekly beginning on [redacted] (Ongoing)- Director of Nursing or Med Tech will audit all parameters on the Medication Administration Record to ensure that medications were administered and documentation of administration is completed correctly.

December 2023 & Ongoing Monthly- Executive Director and Leadership team will review audit findings and compliance during Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 11/16/2023

Implemented [redacted] - 12/07/2023)