

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

March 13, 2024

[REDACTED]
EC OPCO BERWICK LLC

[REDACTED]
ECLIPSE SR LIV ATTN LICENSING
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/01/2024, 02/12/2024 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: *PA Dept. L&I*

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *02/12/2024*

Inspection Dates and Department Representative

02/01/2024 - On-Site: [REDACTED]
 02/12/2024 - Off-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: *4*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *45*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *7* Have Physical Disability: *2*

Inspections / Reviews

02/01/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/25/2024*

02/21/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *02/26/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *02/26/2024*

Inspections / Reviews *(continued)*

03/13/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/26/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

20b4 - Use of Funds

1. Requirements

2600.

20.b.4. Resident funds and property shall only be used for the resident's benefit.

Description of Violation

On [REDACTED] at [REDACTED], staff member "A" reported to staff member "B" that the narcotic blister packs containing Oxycodone prescribed for residents [REDACTED] and [REDACTED] appeared to have been tampered with. Upon closer examination by staff member "B", it was discovered that the foil backing on the blister packs had been slit and the carefully taped over. It was confirmed by the home's pharmacy that staff member "C" replaced the Oxycodone tablets with Lexapro or Metoprolol tablets. Based on the police investigation, staff member "C" was identified as the offending med tech and [REDACTED] admitted to the drug diversion.

Plan of Correction

Accept [REDACTED] - 02/21/2024)

Action: On [REDACTED] the Executive Director and Clinical Leadership Team immediately started an investigation. Through resident and staff interviews and Medication Administration Record review it was subsequently determined that staff member "C" was the offending individual. Pennsylvania State Police were notified and opened an investigation. Staff member "C" was suspended pending a full investigation and terminated following a Pennsylvania State Police investigation. Resident medications were kept for evidentiary purposes, then destroyed per policy. Replacement medications were immediately ordered and replaced for resident [REDACTED]. Resident [REDACTED] as needed medication was discontinued by their Primary Care Physician. Replacement medications for resident [REDACTED] came with a co-pay which the home reimbursed the resident for. On [REDACTED], the Executive Director reported this incident to the Department of Human Services following an in-house investigation.

Training: The Executive Director, members of the Clinical Leadership Team, and Medication Technicians were provided with education on inspection of medication blister packs for signs of tampering on [REDACTED] by the Executive Director. The narcotic count was supervised by a nurse for each shift for 1 week. The Executive Director, members of the Clinical Leadership Team, and Medication Technicians will be educated on regulation 2600.20.b.4 by 2/29/2024 by the Executive Director.

Ongoing: The Executive Director and/or Clinical Leadership Team are performing weekly medication cart audits which are reviewed weekly by the Clinical Leadership Team and Executive Director, and monthly during Quality Assurance meetings starting the month of February 2024.

Licensee's Proposed Overall Completion Date: 02/29/2024

Implemented [REDACTED] - 03/13/2024)

185a - Implement Storage Procedures

2. 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

Staff member "C" admitted to diverting Oxycodone tablets prescribed to Resident [REDACTED] and Resident [REDACTED] during the month of May 2023. The MARs for both residents were initialed by staff member "C" indicating Oxycodone was administered. Resident [REDACTED] has a PRN order Oxycodone and confirmed that on [REDACTED] and [REDACTED], they did not ask for

185a - Implement Storage Procedures (continued)

or receive the medication.

Plan of Correction**Accept** [REDACTED] - 02/21/2024)

Action: On [REDACTED] the Executive Director and Clinical Leadership Team immediately started an investigation. Through resident and staff interviews and Medication Administration Record review it was subsequently determined that staff member "C" was the offending individual. Pennsylvania State Police were notified and opened an investigation. Staff member "C" was suspended pending a full investigation and terminated following a Pennsylvania State Police investigation. On [REDACTED], the Executive Director reported this incident to the Department of Human Services following an in-house investigation.

Training: The Executive Director, members of the Clinical Leadership Team, and Medication Technicians will be educated on regulation 2600.185a by 2/29/2024.

Ongoing: The Executive Director and/or Clinical Leadership Team are performing weekly medication cart audits which are reviewed weekly by the Clinical Leadership Team and Executive Director, and monthly during Quality Assurance meetings starting the month of February 2024.

Licensee's Proposed Overall Completion Date: 02/29/2024

Implemented [REDACTED] - 03/13/2024)**187d - Follow Prescriber's Orders****3. Requirements**

2600.

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

Description of Violation

Resident [REDACTED] and Resident [REDACTED] are prescribed the narcotic Oxycodone. Upon investigation, it was determined that during the month of May 2023, Staff member "C" removed the Oxycodone from the blister packs and replaced them with other medications that were later identified by the home's pharmacy as Lexapro and Metoprolol. As a result of the drug diversion, Resident [REDACTED] who has a routine order for Oxycodone, did not receive the medication as ordered by their physician.

Plan of Correction**Accept** [REDACTED] 02/21/2024)

Action: The Executive Director and Clinical Leadership Team immediately started an investigation. Through resident and staff interviews and Medication Administration Record review it was subsequently determined that staff member "C" was the offending individual. Pennsylvania State Police were notified and opened an investigation. Staff member "C" was suspended pending a full investigation and terminated following a Pennsylvania State Police investigation. Resident medications were kept for evidentiary purposes, then destroyed per policy. Replacement medications were immediately ordered and replaced for resident [REDACTED] within 2 days. Resident [REDACTED] did not receive 4 doses of the scheduled [REDACTED] due to a back order of the medication. Primary Care Physician was notified of the back order and prescribed [REDACTED] take [REDACTED] twice daily. A state incident report was sent to the Department of Human Services on 5/24/2023 regarding the missed doses and the new prescription. Resident and POA notified of medication tampering, missed doses, medication back order, and the new order for [REDACTED] take [REDACTED] twice daily.

Training: The Executive Director, members of the Clinical Leadership Team, and Medication Technicians will be

187d - Follow Prescriber's Orders (continued)

educated on regulation 2600.187d by 2/29/2024.

Ongoing: The Executive Director and/or Clinical Leadership Team are performing weekly medication cart audits which are reviewed weekly by the Clinical Leadership Team and Executive Director, and monthly during Quality Assurance meetings starting the month of February 2024.

Licensee's Proposed Overall Completion Date: 02/29/2024

Implemented [redacted] - 03/13/2024)

254a - Records Discharge/Active

4. Requirements

2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On [redacted] Department Representative noted a discarded empty blister pack for [redacted] prescribed to Resident [redacted] on top of the unattended medication cart located in the main hallway. The pharmacy label was not redacted, making the information accessible to unauthorized persons.

Plan of Correction

Accepted [redacted] 02/21/2024)

Action: On [redacted], the Executive Director immediately discarded the portion of the blister pack that retained the resident's identifiable information. The Executive Director provided verbal education to the medication technician on how to properly dispose of resident identifiable information.

Training: The Executive Director, members of the Clinical Leadership Team, and Medication Technicians will be educated on regulation 2600.354.a by 2/29/2024 by the Executive Director.

Ongoing: The Executive Director and/or Clinical Leadership Team are performing weekly med cart audits which are reviewed weekly by the Clinical Leadership Team and Executive Director, and monthly during Quality Assurance meetings starting the month of February 2024. The Executive Director and/or Clinical Leadership Team will conduct random cart checks to ensure all resident identifiable information is properly secured.

Licensee's Proposed Overall Completion Date: 02/29/2024

Implemented [redacted] - 03/13/2024)