

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

November 3, 2025

[REDACTED]
EC OPCO READING LLC
[REDACTED]

ECLIPSE SR LIV ATTN LICENSING
[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 09/11/2025 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: 07/11/2026
 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: 12/17/2017 Issued By: DLI

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 76 Waking Staff: 57

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident, Interim Exit Conference Date: 09/11/2025

Inspection Dates and Department Representative

09/11/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 70 Residents Served: 54
 Secured Dementia Care Unit
 In Home: Yes Area: SDCU Capacity: 25 Residents Served: 21
 Hospice
 Current Residents: 3
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 54
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 22 Have Physical Disability: 1

Inspections / Reviews

09/11/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/11/2025

10/15/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 10/31/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 10/31/2025

Inspections / Reviews *(continued)*

11/03/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

42c Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Resident # [redacted] resides in the home's secure dementia unit and requires assistance with showering. On [redacted] resident [redacted] refused showering assistance from staff person A. Staff person A stated to resident [redacted], "We can do this the easy way or the hard way". After resident [redacted] responded "The hard way", staff person A took a cup of soapy water and poured the water over resident [redacted]'s head.

Plan of Correction

Accept ([redacted] - 10/10/2025)

Action: This was a self-reported incident made to the Department and the Office of Aging as required by the Executive Director on 9/1/25. The Executive Director immediately removed staff person A from the schedule pending investigation. Staff person A was terminated by Executive Director on 9/3/25 upon completion of the investigation.

Training: Staff training on Regulation 2600.42c on treating residents with dignity and respect was initiated on 9/4/2025 by Director of Nursing and Memory Care Coordinator which will be completed by 10/31/2025. On 10/1/2025 the Executive Director scheduled additional Relias training for all staff to complete by 10/31/25. All staff will be trained by Administrative Assistant or Executive Director by 10/31/2025. Training records will be kept in accordance with regulation 2600.65i.

Ongoing: On 10/6/25 the Executive Director implemented a resident interview questionnaire. Five residents will be interviewed weekly for ten weeks by the Life Enrichment Director starting on 10/13/25. Documentation of the interviews will be kept. The Executive Director will review the questionnaires and monitor they are being done starting 10/13/25. An overview of the questionnaires will be discussed with the leadership team at the monthly Quality Assurance meetings beginning 10/8/2025. The residents' names will not be disclosed. Quality Assurance meeting documentation will be kept.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented ([redacted] - 11/03/2025)

101j7 Lighting/Operable Lamp

2. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

At approximately 9:34 a.m. the bed in resident room [redacted] did not have access to a source of light that could be turned on/off at bedside; the lamp next to the bed was plugged in but did not turn on.

At approximately 9:45 a.m. the bed in resident room [redacted] did not have access to a source of light that could be turned on/off at bedside; the touch point on the base of the lamp used to turn the light on did not work because the overhead light switch was turned off.

Plan of Correction

Accept ([redacted] - 10/15/2025)

Action: During the walk-through with the state representative on September 11, 2025, it was observed that Room [redacted] had a bedside lamp; however, the light bulb was blown and not functional at the time of inspection. The bulb

101j7 Lighting/Operable Lamp (continued)

was promptly replaced by the housekeeper the same day to ensure the resident had a working bedside lamp. In Room [REDACTED] a bedside lamp was plugged into an outlet, however, the outlet was controlled by a wall switch located away from the bed which was in the off position. Because the switch was turned off, the light could not be operated from the bedside. The light was plugged into another outlet that was not controlled by the switch on the wall to ensure the resident's bedside lamp was operable.

Training: The Executive Director trained all managers on 9/11/2025 on regulation 2600.101j7 to ensure all residents have light source at bedside. The Director of Nursing, Memory Care Director, and Maintenance Director trained all staff on regulation 2600.101j7 which started on 9/12/25 and completed on 10/31/25 to ensure all residents have a light source at bedside that can be turned on/off. Training records will be kept in accordance with regulation 2600.65i.

Ongoing: The Maintenance Director will check that each resident has a bedside light source monthly starting on 10/1/25. Additionally, housekeeping staff will check the bedside lamp weekly during routine cleaning to verify it is functioning properly. All findings will be documented and maintained on the audit record. Starting 10/1/25, the Executive Director will oversee this process and monitor the completion of audits to ensure ongoing compliance. Any issues identified will be addressed promptly. An overview of the audit findings will be discussed with the leadership team during the monthly Quality Assurance meetings, beginning October 8, 2025. Documentation of the Quality Assurance meetings will be kept,

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented [REDACTED] - 11/03/2025)

185a - Implement Storage Procedures

3. 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 # [REDACTED] has an order for [REDACTED] every six hours as needed. The medication was not available in the medication cart to be administered if needed.

Plan of Correction

Accepted [REDACTED] 10/15/2025)

Action: During the medication audit by the state inspector conducted on September 11, 2025, it was noted that a prescribed as needed medication was not present on the medication cart and therefore unavailable for administration if needed. Upon review, it was determined that the medication had expired and had been appropriately removed from the cart. The Medication Technician had submitted a refill request to the pharmacy; however, it was subsequently discovered that no refills remained on the prescription. The pharmacy was in the process of contacting the prescribing physician to obtain authorization for a new prescription.

Training: On 9/12/2025, the Executive Director conducted a training session for the Director of Nursing and the Memory Care Coordinator on Regulation 2600.185(a), which mandates the safe storage and accessibility of all medications, including those stored in the medication cart. The training emphasized the importance of maintaining all prescribed and as needed (PRN) medications on the cart to ensure timely administration in accordance with residents' physician orders. Following this initial session, the Director of Nursing and Memory Care Coordinator provided comprehensive training to all medication technicians. This training included a detailed review of Regulation 2600.185(a) and reinforced proper procedures for conducting medication cart audits. Particular attention was given to ensuring that all PRN medications are consistently stocked, safely stored, and readily available for administration as needed. The training period extended from September 12, 2025, through October 31, 2025. All training activities

185a Implement Storage Procedures (continued)

were documented, and records are maintained in compliance with Regulation 2600.65i. Training records will be kept in accordance with Regulation 2600.65i.

Ongoing: Beginning October 10, 2025, the Executive Director, Administrative Assistant, Director of Nursing, or Memory Care Coordinator will conduct weekly medication cart audits. These audits will consist of a thorough comparison of the medications on the cart to the corresponding Medication Administration Records (MARs). This process will continue weekly for a total of four weeks. Following the initial four week period, audits will transition to being conducted every other week for one month, then monthly for four months. In addition to the audits conducted by leadership, weekly medication cart audits will continue to be performed by a Medication Technician. Starting 10/10/25, the Executive Director will be responsible for monitoring the completion of all audits and ensuring that documentation is properly maintained and up to date. An overview of the audit findings will be presented and discussed with the leadership team during the monthly Quality Assurance meetings, beginning on October 8, 2025. Documentation of the Quality Assurance meetings and audit reviews will be kept.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented [REDACTED] - 11/03/2025)