

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

October 7, 2025

[REDACTED], ADMINISTRATOR
EC OPCO BERWICK LLC

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/04/2025 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,

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *CELEBRATION VILLA OF BERWICK* License #: *22717* License Expiration: *07/09/2026*
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: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *45* Waking Staff: *34*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/04/2025*

Inspection Dates and Department Representative

09/04/2025 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *76* Residents Served: *41*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *4*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *4* Have Physical Disability: *2*

Inspections / Reviews

09/04/2025 - Full

Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *10/03/2025*

09/26/2025 - POC Submission

Submitted By: [Redacted] Date Submitted: *10/03/2025*
Reviewer: [Redacted] Follow-Up Type: *Document Submission* Follow-Up Date: *10/03/2025*

Inspections / Reviews *(continued)*

10/07/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/03/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At approximately 9:30 a.m., the medication cart located outside of the dining room was unattended with the laptop screen open and medication administration records of residents accessible.

Plan of Correction

Accept (█ - 09/26/2025)

Action: On 9/4/2025, the Medication Technician went to the medication room for medication during the medication pass. The computer screen of the Electronic Medication Administration Record was hidden and locked where no resident information was visible. The Department of Human Services inspector was able to unlock the locked Electronic Medication Administration Record screen on a medication cart laptop screen by hitting the "back" button twice on the internet browser and demonstrated this to the staff member afterwards. The inspector educated the medication technician to close the laptop screen when not in use.

We respectfully request this citation be considered for removal as the screen was locked per the software manufacturer's screen locking system while the medication technician was in the middle of giving medications.

Training: The Executive Director and/or Director of Nursing and Assistant Director of Nursing will provide Medication Technicians with education on regulation 2600.17 and provide education to close the laptop screen after locking the Electronic Medication Administration Record screen by 10/3/2025. Training records will be kept in accordance with regulation 2600.65i.

Ongoing: Starting 10/3/2025 the Executive Director and/or Director of Nursing and Assistant Director of Nursing will monitor medication carts daily for compliance with 2600.17 with documentation kept. Findings will be reviewed during monthly Quality Assurance meetings beginning 10/17/2025 for 2 months. Documentation will be retained in Quality Assurance binder in the Executive Director's office.

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented (█ - 10/06/2025)

102i - Soap Dispenser

2. Requirements

2600.

- 102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There was an unlabeled used bar of soap in the shared bathroom located in room 131 at approximately 2 p.m.

102i - Soap Dispenser (continued)

Plan of Correction

Accept (█) - 09/26/2025

Action: On 9/4/2025 during the inspection, the owner of the soap bar was identified, and the soap was placed in a Ziplock bag and labeled with the resident's name. A soap dish was purchased on 9/9/2025 by the Executive Director and labeled with the resident's name for proper storage in accordance with 2600.102i.

Training: The Executive Director and/or Director of Nursing and Assistant Director of Nursing will provide all direct care staff with education on regulation 2600.185a by 10/3/2025. Training records will be kept in accordance with regulation 2600.65i.

Ongoing: Starting 10/3/2025, after training on regulation 2600.102i, all direct care staff will monitor the homes only shared residents' bathroom daily for compliance with 2600.102i. The Executive Director, Director of Nursing and/or Assistant Director of Nursing will perform spot checks of shared resident bathrooms once per week. This will be reviewed during the 10/17/2025 Quality Assurance meeting. Documentation will be retained in Quality Assurance binder in the Executive Director's office.

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented (█) - 10/06/2025

171b5 - First Aid Kit

3. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

Description of Violation

At approximately 2:10 p.m., the first aid kit in the van used to transport residents did not include tweezers and protective eye coverings.

Plan of Correction

Accept (█) - 09/26/2025

Action: On 9/4/2025 during the inspection, the Maintenance Director went to a local hardware store at 2:22 p.m. and purchased safety glasses and tweezers and placed them in the van first aid kit.

Training: The Executive Director will train all approved van drivers on regulation 2600.171.b by 10/3/2025. Training records will be kept in accordance with regulation 2600.65i.

Ongoing: Starting 10/1/2025 all van drivers will review the van's first aid kit monthly and document the safety seal/contents are in place to remain in compliance with 2600.171.b. This will be reviewed during the 10/17/2025 Quality Assurance meeting. Documentation will be retained in Quality Assurance binder in the Executive Director's office.

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented (█) - 10/06/2025

185a - Implement Storage Procedures

4. 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.

185a - Implement Storage Procedures (*continued*)**Description of Violation**

Resident 1 is prescribed Acetaminophen 325MG 650 by mouth every 6 hours as needed. On 09/04/2025 at 2:00p.m., this medication was not available for Resident 1 in the home.

Repeat violation: 09/12/2024.

Plan of Correction

Accept ([REDACTED] - 09/26/2025)

Action: On 9/4/2025 the Director of Nursing called the Pharmacy to reorder the medication and was made aware the resident needed new prescription for the medication. The Director of Nursing faxed the Primary Care Physician for a new prescription; the medication was received by the home and available on 9/5/2025. Verbal education was provided to staff to ensure all ordered medications are always available in the medication cart.

Training: The Executive Director and/or Director of Nursing and Assistant Director of Nursing will provide Medication Technicians with education on regulation 2600.185a by 10/3/2025. Training records will be kept in accordance with regulation 2600.65i.

Ongoing: Starting 10/1/2025 the Director of Nursing and/or Assistant Director of Nursing will complete a medication cart audit once per month and will review weekly medication cart audits completed by Medication Technicians every week. Medication cart documentation will be retained in the Nursing office. This will be reviewed during monthly Quality Assurance meetings beginning 10/17/2025. Documentation will be retained in Quality Assurance binder in the Executive Director's office.

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented ([REDACTED] - 10/06/2025)