



Pennsylvania Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JULY 30, 2025

[REDACTED] Executive Director
EC OPCO Dillsburg LLC

RE: Celebration Villa of Dillsburg
153 Logan Road
Dillsburg, Pennsylvania 17019
Certificate #: 333790

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing's (Department) licensing inspections on May 27, 2025 and May 29, 2025 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license #333790) dated January 16, 2025 to January 16, 2026 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1); (4); (5) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5); (6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from July 30, 2025 to January 30, 2026.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED], Workload Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Forum Place, 6th Floor
PO Box 2675
Harrisburg, Pennsylvania 17105-2675
[REDACTED]

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]

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

Facility Information

Name: *CELEBRATION VILLA OF DILLSBURG* License #: *33379* License Expiration: *01/16/2026*
Address: *153 LOGAN ROAD, DILLSBURG, PA 17019*
County: *YORK* Region: *CENTRAL*

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/05/1998* Issued By: *Dept of Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *58* Waking Staff: *44*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *05/29/2025*

Inspection Dates and Department Representative

05/27/2025 - On-Site: [REDACTED]
05/29/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *80* Residents Served: *43*

Secured Dementia Care Unit

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

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *43*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *15* Have Physical Disability: *0*

Inspections / Reviews

05/27/2025 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/21/2025*

06/20/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/11/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 06/27/2025

06/30/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/11/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 07/11/2025

07/14/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/11/2025

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident #1's assessment dated 11/27/24, indicates the resident needs assistance with showers, care, transfers and escorts. However, the resident's support plan, dated 11/27/24, does not include a plan to meet the service needs.

Between 4/13/25 and 5/11/24, resident #1 experienced multiple falls as follows:

- On 4/13/25 in the evening, the resident had an unwitnessed fall.*
- On 4/20/25 around 8:15 AM, the resident had an unwitnessed fall, hitting [REDACTED] head on the dresser resulting in a small abrasion [REDACTED] left ear. The resident was not sent to the hospital.*
- On 4/20/25 around 5:30 PM, the resident had an unwitnessed fall resulting in the television landing on top [REDACTED] body, a lump on the left side of [REDACTED] head, and two skin tears on the left arm. The resident was not sent to the hospital.*
- On 4/25/25 around 5:20 AM, the resident had an unwitnessed fall resulting in an abrasion to the right knee and a raised red bump on the left cheekbone as the resident self-reported falling on [REDACTED] face. Complaints of hip pain was expressed within 2-3 hours of the incident.*
- On 4/28/25, resident #1 was unable to walk and required assistance for mobility. A mobile x-ray was completed on 4/28/25 with no evidence of fracture on the right femur or hip.*
- On 5/1/25, the resident had an unwitnessed fall resulting in the resident hitting [REDACTED] head. The resident was not sent to the hospital.*
- On 5/7/25, a resident quality assessment was completed by the Director of Nursing which indicated an increased care level.*
- On 5/8/25, the resident was seen by the physician for follow up to repeated falls and pain. Resident #1 self-reported pain when standing on [REDACTED] right leg to the physician.*
- On 5/11/25, the resident had an unwitnessed fall and had complaints of discomfort in [REDACTED] hip.*
- On 5/12/25, the home informed the resident's POA that resident #1 "continued to decline today" and "now requires full assistance with all activities". The home indicated staff had to help the resident up and transport via wheelchair.*

On 5/14/25, the resident was seen by the physician as a follow-up to continued pain in the right hip. The physician recommended a 2nd set of images which were completed via mobile x-ray on 5/16/25. Findings were consistent with early healing avulsion fracture at the base of the greater trochanter of the right hip in satisfactory position requiring surgical intervention and rehabilitation.

Resident #2's Pennsylvania orders for Life Sustaining Treatment (POLST) included directions to not attempt resuscitation when the resident has no pulse and is not breathing. If the resident has a pulse and/or is breathing, limited additional interventions should be provided including the use of medical treatment, IV fluids and cardiac monitor as indicated, transfer to hospital if indicated.

On 1/26/25 around 8:00 AM in the dining room, resident #2 was drinking a beverage and started experiencing chest pain. Staff member A took the resident's vitals and noted [REDACTED] vitals were "not as high as they usually were" and administered resident #2's PRN Nitroglycerin. Shortly after, resident #2 began coughing and choking. Staff member A removed the resident from the dining room and positioned the resident in the lobby. Resident #2 continued "choking" and began vomiting so staff members A and B attempted to stand the resident up and lean [REDACTED] forward. Per staff

42b - Abuse (continued)

member C, they could not get the resident upright, so the resident was repositioned on [REDACTED] side on the floor. [REDACTED] began to aspirate and become unconscious. Staff member A went to another room to check resident's DNR status and proceeded to call Staff member [REDACTED] the home's Director of Nursing. Staff member C provided the directive to contact Hospice due to the resident's DNR status and unresponsive state. Staff member A placed a call to hospice at 8:21 AM to report resident #2 was aspirating [REDACTED] and was unresponsive. Due to the closest hospice nurse being too far away, hospice directed staff member A to call 911; the call to 911 was placed at 8:25 AM. At 8:26 AM, dispatch was informed by staff member A that the resident was not breathing at all [REDACTED]. At 8:40 AM, the ambulance arrived at the home and found resident #2 [REDACTED].

A 911 call was placed by an anonymous staff member of the home at 8:06 AM. At 8:12 AM, a staff member called for a canceled ambulance dispatch due to a doctor being on scene. Per staff member A, non-medical staff are not permitted to check for resident's pulse and a nurse was not available in the home to perform this task. Staff member's A and C confirmed the Heimlich maneuver was not performed during the incident.

Plan of Correction

Accept ([REDACTED]) - 06/30/2025)

[REDACTED] Resident #1's re-assessment was completed, and Resident Assessment and Support Plan was updated by the Director of Nursing on 6/10/2025, to reflect the resident's new care needs and how the staff will meet those needs.

Starting June 23, 2025, a review of current Resident Assessment and Support Plans will be completed by the Director of Nursing, Assistant Director of Nursing and/or the Executive Director by July 11, 2025, to ensure residents service needs are documented and match with the resident's Resident Assessment and Support Plan and that the community can safely care for the resident. The management team will be educated by the Executive Director on the regulation (42b) by June 30, 2025. The Executive Director will also educate the Director of Nursing on assessing a resident's need and supports when a resident experiences multiple falls by June 30, 2025.

c. All direct care staff will be educated on regulation 42b, and Priority Life Care's Fall Prevention and Fall Management Procedure by June 30, 2025 by the Director of Nursing. All staff will be provided with training by a certified Basic Life Support Instructor on Obstructed Airway Techniques/Relief, How to properly implement a resident's DNR status and when to implement medical interventions when a person is or is not breathing and has or has no pulse and will be provided to all staff by June 30, 2025. Education will also include contacting emergency services prior to hospice or internal staff in order not to delay proper treatment. Documentation will be kept. The Director of Nursing will provide education to all staff members by June 30th, 2025, that emergency services should be contacted prior to hospice or management if there is a medical emergency or in the event of an unknown injury for unwitnessed falls regardless if the resident is on hospice. Hospice services will only be contacted for evaluation when the event/condition pertains to what the resident is receiving hospices services for. An audit of all residents' assessments will be completed to ensure the home can continue to meet the safety needs of the resident. This will be done by July 11, 2025 by the Director of Nursing, Assistant Director of Nursing and/or Executive Director.

d. Ongoing, all Resident Assessment and Support Plans will be reviewed starting June 25th, 2025, and completed quarterly based on the individual resident's quarterly review date starting June 25th, 2025, and with any significant changes by the Executive Director and/or the Director of Nursing to ensure the assessment indicates how the resident's care needs will be met. The assessment will include a review of the residents' current cognitive status and physical conditions and will also review their current assessment and support plans to ensure they are accurate and that the home is able to provide the resident's support as needed. The documented audit of all Resident Assessments will be reviewed and monitored by the leadership team at the monthly Quality Assurance meetings starting July 2025.

42b - Abuse (continued)

Starting June 25, 2025, any Resident Assessments that are discovered to be inaccurate will be updated immediately by the Director of Nursing.

Licensee's Proposed Overall Completion Date: 07/11/2025

Not Implemented (█ - 07/14/2025)

54a - Direct Care Staff

2. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Staff member A, did not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept (█ - 06/30/2025)

Immediately upon discovery on May 29th 2025, the associate was placed on training status and subsequently removed from the schedule, pending s█ is able to provide the required documentation. All Managers will be educated on the regulation (54a) by June 30th, 2025 by the Executive Director.

Between June 23, 2025 and June 30, 2025, an audit of all Direct Care Staff files will be completed by the Administrative Assistant and/or Executive Director to ensure all direct care certified associates have a high school diploma, GED or active registry status. The Executive Director or Administrative Assistant ensure newly hired staff have qualifications starting June 25, 2025. When a document verifying qualifications looks altered, the applicant will not start employment. Results will be reviewed at the Monthly Quality Assurance meeting starting July 2025. Ongoing, the Executive Director and/or Administrative Assistant will complete a new hire checklist to ensure that new associates hired for a direct care position have their High School diploma/GED, or are on the active registry prior to taking the Direct Care Course and providing resident care. (Directed) **The new hire checklist being completed by the Executive Director or Administrative Assistant will begin no later than 7/7/25-█** If a provided document appears fake or altered, the applicant will not continue in the employment process.

Licensee's Proposed Overall Completion Date: 07/07/2025

Not Implemented (█ - 07/14/2025)

63d - Certified CPR Staff

3. Requirements

2600.

63.d. A staff person who is trained in first aid or certified in obstructed airway techniques or CPR shall provide those services in accordance with his training, unless the resident has a do not resuscitate order.

63d - Certified CPR Staff (continued)

Description of Violation

On 1/26/25, resident #2 suffered an incident of aspiration and vomiting. Staff member A who is certified in obstructed airway techniques was present and on duty at the time and failed to render assistance to the resident in accordance with [REDACTED] training.

Plan of Correction

Accept ([REDACTED] - 06/30/2025)

Staff Member A is currently off the schedule on an LOA until proper documentation is obtained. All department managers will be provided education on this regulation (63d) by June 30th, 2025 by the Executive Director. If Staff member A doesn't produce an active, unaltered document by July 7, 2025 as [REDACTED] continues working on [REDACTED] GED, HR will be notified, and Staff member A will be terminated from employment. All staff will be provided with training by a certified Basic Life Support Instructor on Obstructed Airway Techniques/Relief, How to properly implement a resident's DNR and When to implement medical interventions when a person is or is not breathing and has or has no pulse by June 30, 2025. Starting June 23, 2025, the Executive Director and/or the Administrative Assistant will review all current staff member files to check for CPR/First Aid documents. A copy of the associates CPR/First Aid record will be kept in a separate binder in the Executive Director's office. The Executive Director and/or the Administrative Assistant will maintain staff CPR/First Aid records starting on June 23, 2025. This binder will be reviewed monthly at the community Quality Assurance meetings, starting July 2025. Additional education on understanding what procedures to implement per a resident's DNR status and POLST instructions will be provided by the Director of Nursing on how and when to begin assistance in obstructive airway techniques and on how to properly read a POLST's medical interventions when a person has a pulse and/or is breathing etc. This education is starting on June 25, 2025 and will be completed by July 3, 2025. Starting July 1, 2025, the Director of Nursing will provide quarterly reviews to direct care associates to ensure continued understanding of the process of when to initiate CPR/first aide/choking procedures at monthly staff meetings and individually as needed. These educations will be recorded and documented with the community's monthly staff meeting minutes.

Licensee's Proposed Overall Completion Date: 07/07/2025

Not Implemented ([REDACTED] - 07/14/2025)

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:

- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #1 was prescribed Hydrocodone take 2 tablets by mouth twice daily and Methylprednisone 2 tabs by mouth before breakfast and bedtime. However, resident's #1's May 2025 medication administration record did not indicate the diagnosis or purpose for the medication.

187a - Medication Record (continued)

Plan of Correction

Accept (█) - 06/30/2025

Immediately upon discovery, on 5/29/2025 the diagnosis or purpose for the medications was reviewed in the old Accuflo eMAR documented between May 1st and May 5, 2025 by the Director or Nursing and confirmed to not contain the diagnosis or purpose. Effective May 6, 2025, the community converted to using a new eMAR system (Point Click Care) and the resident #1's diagnosis and purpose for all medications was added on May 6, 2025 when the conversion happened.

Effective May 6, 2025, the community started using Point Click Care for EMAR functions and medications cannot be entered or approved without a diagnosis per the platform requirements. All Medication Technicians and management staff will be provided with education on regulation 187a by June 30th, 2025, by the Executive Director. By June 30th, 2025, all current resident's medication administration records will be reviewed to ensure that each medication has a diagnosis or purpose, by the Director of Nursing and/or Assistant Director of Nursing. Ongoing, starting June 23, 2025, the Director of Nursing and/or Assistant Director of Nursing will review all current medication orders to ensure they have a diagnoses/purpose and will review new orders weekly x 4 weeks starting June 30 2025, then monthly starting August 4, 2025 to ensure medications have a diagnosis or purpose listed. Results will be documented and reviewed at the monthly Quality Assurance meeting starting July 2025.

Licensee's Proposed Overall Completion Date: 06/30/2025

Not Implemented (█) - 07/14/2025

187b - Date/Time of Medication Admin.

5. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #2 was prescribed Nitroglycerin - give 1 tablet sublingually every 5 minutes as needed X3 doses for chest pain and call doctor. Resident #2's January 2025 medication administration record did not include the initials of the staff person who administered Nitroglycerin in the morning on 1/26/2025.

Plan of Correction

Accept (█) - 06/30/2025

Resident # 2 no longer resides in the home. All Medication Technicians will be trained on this regulation and the specific requirements for medication administration/documentation by June 30th, 2025, by the Director of Nursing. All department managers will be educated on regulation 187b by June 30th, 2025, by the Executive Director. Starting June 30, 2025, the certified medication technicians will notify the Director of Nursing and/or Assistant Director of Nursing if/when a PRN cardiac medication is administered so that proper administration documentation can be verified. Results of this process will be reviewed and monitored by management at the monthly Quality Assurance meetings starting July 2025. Starting June 25, 2025, the Executive Director, Director of Nursing, and Assistant Director of Nursing will monitor all medication administration for proper documentation, including PRNs, of medication administration by utilizing Medication Administration Record electronic audit tool. This report will be reviewed daily starting on June 25, 2025, and any discrepancies will be addressed immediately by the Director of Nursing or Assistant Director of Nursing.

Licensee's Proposed Overall Completion Date: 06/30/2025

Not Implemented (█) - 07/11/2025

227d - Support Plan Medical/Dental

6. Requirements

2600.

227.d. Each home shall document in the resident’s support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident’s physician, physician’s assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #1, dated 11/27/24, indicates the resident has a need for assistance with showers and care, transfers and escorts. The resident's support plan, dated 11/27/24 does not document how these needs will be met.

Plan of Correction

Accept ([redacted]) - 06/30/2025

[redacted] Resident #1’s re-assessment was completed, and Resident Assessment and Support Plan was updated by the Director of Nursing to reflect the resident’s new care needs and how the staff will meet those needs. A review of current residents’ Support Plans will be completed by the Director of Nursing, Assistant Director of Nursing and/or Executive Director by July 11, 2025 to ensure resident’s service needs are documented and match with the resident’s Support Plan. The management team will be educated by the Executive Director on the requirement (227d) by June 30th, 2025. Ongoing, starting June 25, 2025, resident’s Support Plan will be reviewed quarterly and will continue on a quarterly bases in accordance with the individual resident’s quarterly review date, and with any significant changes, by the Executive Director and/or the Director of Nursing to ensure the assessment indicates how the residents care needs will be met and that the community can continue to meet the needs of the resident based on their physical and/or cognitive status in order to keep the resident safe. The results will be reviewed at the monthly Quality Assurance meetings starting in July 2025.

Licensee's Proposed Overall Completion Date: 07/11/2025

Implemented ([redacted]) - 07/11/2025