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

July 10, 2026

[redacted]
EC OPCO LAKEMONT FARMS LLC
[redacted]

RE: CELEBRATION VILLA OF LAKEMONT FARMS
3275 WASHINGTON PIKE
BRIDGEVILLE, PA, 15017
LICENSE/COC#: 45081

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/03/2026 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 LAKEMONT FARMS* **License #**: *45081* **License Expiration**: *09/19/2026*

Address: *3275 WASHINGTON PIKE, BRIDGEVILLE, PA 15017*

County: *ALLEGHENY* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *EC OPCO LAKEMONT FARMS LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *135* **Waking Staff**: *101*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Incident, Fine* **Exit Conference Date**: *06/03/2026*

Inspection Dates and Department Representative

06/03/2026 On Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *140* **Residents Served**: *82*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Lower Level - MC* **Capacity**: *30* **Residents Served**: *30*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *82*

Diagnosed with Mental Illness: *2* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *53* **Have Physical Disability**: *1*

Inspections / Reviews

06/03/2026 - Partial

Lead Inspector: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *06/17/2026*

06/18/2026 POC Submission

Submitted By: [redacted] **Date Submitted**: *07/07/2026*

Reviewer: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *06/25/2026*

Inspections / Reviews *(continued)*

06/24/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/07/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/07/2026*

07/10/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/07/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

184a - Resident's Meds Labeled

1. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
4. The prescribed dosage and instructions for administration.

Description of Violation

Resident [redacted] is currently prescribed [redacted] subcutaneously at bedtime. At the time of inspection, resident [redacted]s pharmacy label indicated to inject [redacted] subcutaneously at bedtime; however, also included a handwritten notation changing the "12" to "10".

Plan of Correction ***Directed [redacted] - 06/24/2026)***

ACTION: On 6/3/2026, a new label was placed on resident [redacted] Lantus, by the resident care coordinator. On 6/4/2026, all current residents that receive insulin were reviewed to ensure that the labels match the MARS, by the resident care coordinator. A record of this audit will be kept in the administrator's office.

TRAINING: On 6/8/2026, the Executive Director and Director of Nursing were educated on regulation 2600.184a, by the Regional Director of Clinical Services. By 6/23/2026 all med trained staff will be educated on regulation 2600.184a by the Director of Nursing. Training records will be kept in accordance with regulation 2600.65i.

ONGOING: Effective 6/5/2026 an audit of all 5 residents ordered insulin will be reviewed to ensure that the labels match the MARS, 10 residents' pharmacy labels who are not prescribed insulin, weekly x4, then monthly x4 by the resident care coordinator. A record of these audits will be kept in the administrator's office. Results to be reviewed at the next Quality Assurance meeting on July 7, 2026. (DIRECTED: Documentation of the quality management review shall be kept. [redacted] 6/24/26)

Proposed Overall Completion Date: 06/23/2026

Directed Completion Date: *07/07/2026*

Implemented [redacted] - 07/10/2026)

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

According to staff persons, the home is currently storing used resident glucometers in the home's Wellness Office. At the time of inspection, agents of the Department observed approximately 15 used glucometers in the Wellness Office. Some of the used glucometers did not include a resident's name.

Resident [redacted] is currently prescribed [redacted] subcutaneously before meals and at bedtime per sliding scale: <45=use hypoglycemic protocol & call MD; 45-59 or symptomatic pt=us [redacted] call MD. On [redacted] at 4:21pm, resident [redacted]s blood glucose reading was [redacted]; however, this reading was documented as [redacted] on resident [redacted] June 2026 medication administration record (MAR).

185a Implement Storage Procedures (continued)

On [redacted] at bedtime, no blood glucose reading was present on resident [redacted]s glucometer; however, a blood glucose reading of [redacted] and the administration of [redacted] of insulin were documented on resident [redacted] June 2026 MAR.

Plan of Correction ***Directed [redacted] - 06/24/2026)***

ACTION: On 6/18/2026 all glucose meters of current residents receiving blood glucose checks were replaced at the cost of the community, and labeled with each resident's name, by the resident care coordinator. On 6/4/2026 all unlabeled/labeled (5 in total) resident glucometers in the Wellness Office were discarded by the Administrator. These backup glucometers were designated for specific residents and were used when there were delays in receiving insurance authorization for the resident's individual testing strip supplies. To ensure that no scheduled blood glucose monitoring was missed, the home maintained backup glucometers and test strips at its own expense for temporary use until the authorized supplies arrived.

TRAINING: On 6/8/2026, the Executive Director and Director of Nursing were educated on 2600.185a, by the Regional Director of Clinical Services. All staff responsible for blood glucose monitoring received training on regulation 2600.185a which also included the proper use of glucometers, including obtaining accurate readings, infection control practices, cleaning and maintenance procedures, documentation requirements, and troubleshooting device issues. Staff were also trained to follow manufacturer instructions and the home's policies regarding resident specific use of medical equipment. Training was completed on 06/23/2026 for all med trained staff by the Director of Nursing. Training records will be kept in accordance with regulation 2600.65i.

ONGOING: Effective 6/4/2026 glucometer audits for the 6 residents receiving glucometer checks will be completed weekly x4, then monthly x4, to ensure accuracy with blood sugar documentation compared to glucometer readings, along with units to be covered for the 3 residents ordered coverage, by the resident care coordinator. The audit shall also include ensuring that each resident has an operable glucometer labeled with their name and that there are no old, used resident glucometers being stored in the home. A record of these audits will be kept in the administrator's office. Results to be reviewed at the next Quality Assurance meeting July 7, 2026. (DIRECTED: Documentation of the quality management review shall be kept. [redacted] 6/24/26)

Proposed Overall Completion Date: 06/23/2026

Directed Completion Date: *07/07/2026*

Implemented [redacted] - 07/10/2026)

187a - Medication Record

3. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.

187a - Medication Record *(continued)*

5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident [redacted] is currently prescribed [redacted] subcutaneously before meals and at bedtime per sliding scale: If BS is [redacted] On [redacted] at lunch time, resident [redacted] blood glucose reading was [redacted] requiring [redacted] of insulin to be administered; however, resident [redacted]'s June 2026 MAR does not indicate the number of units administered to resident [redacted] on this date/time.

Repeated Violation [redacted] et. al.

Plan of Correction ***Directed [redacted] - 06/24/2026)***

ACTION: On 6/1/26, the home transitions to a new MAR system. On 6/3/2026, the MAR was updated to include the number of units of insulin to be administered by the resident care coordinator. On 6/4/2026, an audit of all current residents receiving sliding scale was reviewed to ensure the number of units to be administered was documented by the resident care coordinator.

TRAINING: On 6/8/2026, the Executive Director and Director of Nursing were educated on 2600.187a, by the Regional Director of Clinical Services. By 06/23/2026 all med trained staff were educated on regulation 2600.187a by the Director of Nursing. Training records will be kept in accordance with regulation 2600.65i.

ONGOING: Effective 6/4/2026 glucometer audits for the 6 residents receiving glucometer checks will be completed weekly x4, then monthly x4, to ensure accuracy with blood sugar documentation compared to glucometer readings, along with units to be covered, by the resident care coordinator. A record of these audits will be kept in the administrator's office. Results to be reviewed at the next Quality Assurance meeting July 7, 2026. (DIRECTED: Documentation of the quality management review shall be kept. [redacted] 6/24/26)

Proposed Overall Completion Date: 06/23/2026

Directed Completion Date: *07/07/2026*

Implemented [redacted] 07/10/2026)

187d - Follow Prescriber's Orders

4. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is currently prescribed [redacted] subcutaneously before meals and at bedtime per sliding scale: <45=use hypoglycemic protocol & call MD; 45-59 or symptomatic pt=use [redacted];

187d - Follow Prescriber's Orders (continued)

[redacted] call MD. On [redacted] at 4:21pm, resident [redacted]s blood glucose reading was [redacted]; however, was documented as [redacted] on resident [redacted] June 2026 MAR and indicates [redacted] of insulin were administered to resident [redacted] when resident [redacted] should have received [redacted] of insulin.

Resident [redacted] is currently prescribed [redacted]-Take 1 tablet by mouth twice daily; however this medication was not administered to resident [redacted] on the following dates/times, because the medication was not present in the home and available for administration:

- [redacted]
- [redacted]
- [redacted]

Plan of Correction ***Directed [redacted] - 06/24/2026)***

ACTION: On 6/3/2026, resident [redacted] arrived at the community from Synchrony Pharmacy. On 6/4/2026, all current residents' narcotics were reviewed to ensure availability in the home and availability to resident by the resident care coordinator. On 6/4/2026, a DHS reportable was completed by the Executive Director, along with notification to family and PCP of the missed medication. On 6/4/2026, a glucometer audit was completed to ensure accuracy with blood sugar documentation compared to glucometer readings, along with units to be covered, and amount to be administered by the resident care coordinator. A record of this audit will be kept in the administrator's office.

TRAINING: On 6/8/2026, the Executive Director and Director of Nursing were educated on 2600.187d, by the Regional Director of Clinical Services. By 6/23/2026 all med trained staff will be educated on regulation 2600.187d by the Director of Nursing, which will include the ordering of medications in a timely manner. Training records will be kept in accordance with regulation 2600.65j.

ONGOING: Effective 6/4/2026 glucometer audits for the 6 residents receiving glucometer checks will be completed weekly x4, then monthly x4, to ensure accuracy with blood sugar documentation compared to glucometer readings, along with units to be covered, and amount to be administered by the resident care coordinator. Effective 06/08/2026 a narcotic audit on all 18 residents that are currently prescribed narcotics will be completed weekly x4, then monthly x4, to ensure that the medication is in the home and available for administration. A record of these audits will be kept in the administrator's office, and a review of their findings will be completed at the next Quality Assurance Meeting on July 7, 2026. (DIRECTED: Documentation of the quality management review shall be kept. [redacted] 6/24/26)

Proposed Overall Completion Date: 06/23/2026

Directed Completion Date: 07/07/2026

Implemented [redacted] - 07/10/2026)