

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

May 28, 2024

[REDACTED]  
EC OPCO MID VALLEY LLC

[REDACTED]  
ECLIPSE SR LIV ATTN LICENSING  
[REDACTED]

RE: CELEBRATION VILLA OF MID VALLEY  
67 STURGES ROAD  
PECKVILLE, PA, 18452  
LICENSE/COC#: 22718

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 05/07/2024 of the above facility, no regulatory citations have been identified as a result of this inspection.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *CELEBRATION VILLA OF MID VALLEY* License #: *22718* License Expiration: *07/11/2024*  
Address: *67 STURGES ROAD, PECKVILLE, PA 18452*  
County: *LACKAWANNA* Region: *NORTHEAST*

**Administrator**

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

**Legal Entity**

Name: *EC OPCO MID VALLEY LLC*  
Address: [Redacted]  
Phone: [Redacted] Email: [Redacted]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *12/27/2010* Issued By: *Blakely Borough*

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *84* Waking Staff: *63*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident* Exit Conference Date: *05/07/2024*

**Inspection Dates and Department Representative**

*05/07/2024 - On-Site:* [Redacted]

**Resident Demographic Data as of Inspection Dates**

<b>General Information</b>			
License Capacity: <i>50</i>	Residents Served: <i>42</i>		
<b>Secured Dementia Care Unit</b>			
In Home: <i>Yes</i>	Area: <i>whole home</i>	Capacity: <i>50</i>	Residents Served: <i>42</i>
<b>Hospice</b>			
Current Residents: <i>4</i>			
<b>Number of Residents Who:</b>			
Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>42</i>		
Diagnosed with Mental Illness: <i>0</i>	Diagnosed with Intellectual Disability: <i>0</i>		
Have Mobility Need: <i>42</i>	Have Physical Disability: <i>0</i>		

**Inspections / Reviews**

*05/07/2024 - Partial*  
Lead Inspector: [Redacted] Follow-Up Type: *Not Required*

**NO DEFICIENCIES FOUND**