

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

May 7, 2025

[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 review on 03/11/2025 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 MID VALLEY License #: 22718 License Expiration: 07/11/2025
 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: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 60 Waking Staff: 45

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 03/11/2025

Inspection Dates and Department Representative

03/11/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 50 Residents Served: 30

Secured Dementia Care Unit
 In Home: Yes Area: Entire home Capacity: 50 Residents Served: 30

Hospice
 Current Residents: 1

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 30
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 30 Have Physical Disability: 0

Inspections / Reviews

03/11/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/06/2025

04/07/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 05/05/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/14/2025

Inspections / Reviews *(continued)*

04/28/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/05/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/05/2025

05/07/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/05/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

233c - Key-Locking Devices

1. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The home did not have the code posted conspicuously at or near the keypad used to operate the door that exits the secure dementia unit into the lobby.

Plan of Correction

Accept [REDACTED] - 04/28/2025)

See attached. We are an all-memory care community. Residents will remove things from the walls.

Action: On 3/11/25 a picture frame with code was rehung near the exit door The community did follow the suggestion of the last inspector that was in the community and posted the codes on the side of the mag lock exiting the memory care community.

Training: On 4/11/25 the Executive Director, Director of Nursing and the Resident Care Coordinator was educated on regulation 2600.233c, by the Regional Director of Clinical Services. By 4/17/25 all staff was educated on regulation 2600.233c, by the Executive Director.

Ongoing: Effective 4/11/25 an audit will be completed twice weekly times three months to ensure the code is posted in a conspicuous location near the keypad used to operate the door that exits the secure dementia unit into the lobby by the Executive Director and Maintenance Director. Documentation to be kept and reviewed at monthly QA for three months.

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

Implemented [REDACTED] - 05/07/2025)

234d - Support Plan Revision

2. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

The home did not update the support plan dated [REDACTED] for resident [REDACTED] to address the resident's combative behaviors towards staff. According to staff interviews, resident [REDACTED] wanders throughout the home frequently and can become combative with too much redirection and cuing. Also, the support plan was not updated to reflect that the resident had three falls on [REDACTED], and [REDACTED]; on [REDACTED] and [REDACTED] the falls resulted in lacerations to the head which required sutures.

Plan of Correction

Accept [REDACTED] - 04/28/2025)

See attached.

Action:2600.234: On 3/11/25 the Resident Care Coordinator updated the support plan for resident #1 to include the falls, and injury.

Training: On 3/24/25 Executive Director/Director of Nursing/Resident Care Coordinator were educated on regulation 2600.234A by Regional Director of clinical Services.

By: 4/11/25 all staff will be educated on regulation 2600.234A, by the Executive Director.

Ongoing: On 3/24/25 an audit of all current resident RASP/support plan will be initiated by the Resident Care Coordinator/Director of Nursing and Executive Director to ensure support plans are updated timely with resident's condition changes and will be completed by 4/30/25. Effective 5/1/25 RASP/support plan will be updated

234d Support Plan Revision (continued)

immediately involving residents condition changes by Executive Director/director of Nursing/Resident Care Coordinator. Documentation to be kept and reviewed at monthly QA for the next three months.

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

Implemented [REDACTED] - 05/07/2025)