

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

July 1, 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 05/29/2025 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: 64 Waking Staff: 48

Inspection Information

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

Inspection Dates and Department Representative

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

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 50 Residents Served: 32

Secured Dementia Care Unit
 In Home: Yes Area: Entire home Capacity: 50 Residents Served: 32

Hospice
 Current Residents: 1

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 32
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 32 Have Physical Disability: 0

Inspections / Reviews

05/29/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/22/2025

06/25/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 06/30/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 06/30/2025

Inspections / Reviews *(continued)*

07/01/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/30/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted] most recent medical evaluation was completed on [redacted]. Resident [redacted]'s annual medical evaluation was due to be completed by [redacted]

Plan of Correction

Accept [redacted] 06/25/2025)

Regulation 2600.141b1

ACTION: On 5/29/2025 Resident [redacted] DME has been completed Director of Nursing and placed in the resident's medical record by the Executive Director.

TRAINING: On 6/2/2025 the Executive Director and Director of Nursing were educated on regulation 2600.141b1 by the Regional Director of Operations. On 6/2/25 the Regional Director of Clinical Services trained the Executive Director, Director of Nursing and Resident Care Coordinator on our new version tracking tool and use and maintaining our new tickler system to maintain compliance of DME due dates.

ONGOING: Effective 6/2/2025 a resident record audit and new version of our tickler system to track due dates of the DME has been initiated by the Executive Director. The Director of Nursing and/or Resident Care Coordinator will conduct weekly audits x 3 months to ensure all DME documents are up to date. Records of the audits will be kept. The Executive Director will monitor the tracking and audit process monthly. This area will be reviewed and monitored by the leadership team during monthly Quality Assurance Meetings starting July 2025.

Licensee's Proposed Overall Completion Date: 07/18/2025

Implemented [redacted] - 07/01/2025)

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

A support plan for resident [redacted] was completed on [redacted] however, an annual support plan was not completed for the resident by [redacted]

Repeat violation [redacted]

Plan of Correction

Accept [redacted] - 06/25/2025)

Regulations:2600.234d

ACTION: On 5/29/2025 an annual resident support plan for resident [redacted] was completed by the Director of Nursing. Starting on 6/2/2025-7/2/2025 an audit of all current residents that reside in the secured dementia care unit community will be completed by the Director of Nursing to ensure a resident support plan has been completed at least annually and revised/updated to keep current as the resident's condition changes.

TRAINING: On 6/2/2025 the Executive Director and Director of Nursing were educated on regulation 2600.234d by the Regional Director of Operations.

234d Support Plan Revision (continued)

ONGOING: Effective 6/2/2025 all residents admitted into the secured memory care unit community will be scheduled to have their next annual support plan done one month prior to annual due date to ensure compliance. As a resident's condition changes the support plan will be completed within 5 days of the change. This will be done by the Executive Director, Director of Nursing, or Resident Care Coordinator. Documentation to be kept. This area will be reviewed and monitored by the leadership team during the monthly Quality Assurance meeting starting July 2025.

Licensee's Proposed Overall Completion Date: 07/18/2025

Implemented [REDACTED] - 07/01/2025)