

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

January 22, 2026

[REDACTED]
EC OPCO YORK LLC

[REDACTED]
C/O ECLIPSE SR LIVING; LICENSING
[REDACTED]

RE: CELEBRATION VILLA OF YORK
2405 KNOB HILL ROAD
YORK, PA, 17403
LICENSE/COC#: 33498

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/04/2025 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 YORK* License #: *33498* License Expiration: *01/18/2026*
 Address: *2405 KNOB HILL ROAD, YORK, PA 17403*
 County: *YORK* Region: *CENTRAL*

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: *I-2* Date: *03/16/2011* Issued By: *York Township*

Staffing Hours

Resident Support Staff: Total Daily Staff: *57* Waking Staff: *43*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *12/04/2025*

Inspection Dates and Department Representative

12/04/2025 - On-Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *75* Residents Served: *49*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *8*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *49*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *8* Have Physical Disability: *1*

Inspections / Reviews

12/04/2025 Partial
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *12/29/2025*

12/30/2025 - POC Submission
 Submitted By: [Redacted] Date Submitted: *01/16/2026*
 Reviewer: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *01/06/2026*

Inspections / Reviews *(continued)*

01/05/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/16/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/16/2026

01/22/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/16/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701 10225.707) and 6 Pa. Code § 15.21 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

An alleged incident of staff to resident verbal abuse occurred on [redacted] at 11:00 PM. Staff Member A was reported to place Resident [redacted] on a phone call with Staff Member A's family member who allegedly threatened to drive [redacted] vehicle through the facility if Resident [redacted] hit Staff Member A again. The allegation of potential abuse was not reported to AAA until [redacted] at 4:37 PM.

Repeated Violation- [redacted] et al.

Plan of Correction

Accept ([redacted] - 01/05/2026)

Initial: Staff member A was immediately suspended pending the investigation on 11/14/2025. Investigation was conducted by the Executive Director and was unfounded. Staff member A has been terminated as of December 15th, 2025; this is due to attendance.

Training: All staff were retrained on Resident Rights and the procedure of reporting abuse on 12/16/2025 by the Regional Director of Operations and Regional Director of Clinical Services.

Ongoing: Beginning 12/31/2025, the Executive Director, Director of Nursing, or Resident Care Coordinator will review any incidents that occurred within the last 24 hours during the daily morning meeting with the leadership team for 3 months and compare to the reportable incidents that were reported with documentation kept. Beginning January 7, 2026, abuse reporting will be reviewed at the monthly staff meeting for 3 months then quarterly. All documentation will be kept and reviewed at monthly QA meetings beginning on January 7, 2026.

Licensee's Proposed Overall Completion Date: 01/16/2026

Implemented ([redacted] - 01/20/2026)

16c Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] at 5:00 PM, Resident [redacted] fell backwards, hit [redacted] head on a chair and had immediate complaints of back pain. Resident [redacted] was taken to the hospital via ambulance and admitted on [redacted] for a [redacted] injury with [redacted] involving the [redacted] of the [redacted] and [redacted] body. This incident was not reported to the Department until [redacted] at 5:00 PM.

An alleged incident of staff to resident verbal abuse occurred on [redacted] at 11:00 PM. Staff Member A was reported to place Resident [redacted] on a phone call with Staff Member A's family member who allegedly threatened to drive [redacted] vehicle through the facility if Resident [redacted] hit Staff Member A again. The allegation of potential abuse was not reported to

16c Written Incident Report (continued)

the Department until [REDACTED] at 4:37 PM.

Repeated Violation [REDACTED] et al.

Plan of Correction

Accept [REDACTED] - 01/05/2026)

Initial: On 12/10/2025, an Audit was completed by the Regional Director of Operations and Regional Director of Clinical Services, of the state reportable incidents to ensure that all incidents were reported.

Training: All staff were retrained on Resident Rights and the procedure of reporting abuse on 12/16/2025 by the Regional Director of Operations and Regional Director of Clinical Services.

Ongoing: Beginning 12/31/2025, the Executive Director, Director of Nursing, or Resident Care Coordinator will review any incidents that occurred within the last 24 hours during the daily morning meeting with the leadership team for 3 months and compare to the reportable incidents that were reported with documentation kept. Beginning January 7, 2026, abuse reporting with be reviewed at the monthly staff meeting for 3 months then quarterly. All documentation will be kept and reviewed at monthly QA meetings beginning on January 7, 2026.

Licensee's Proposed Overall Completion Date: 01/16/2026

Implemented [REDACTED] - 01/20/2026)

16d - Final Incident Report

3. Requirements

2600.

16.d. The home shall submit a final report, on a form prescribed by the Department, to the Department's personal care home regional office immediately following the conclusion of the investigation.

Description of Violation

On [REDACTED], the home submitted an initial incident report for an allegation of verbal abuse. Staff Member A was reported to place Resident # [REDACTED] on a phone call with Staff Member A's family member who allegedly threatened to drive [REDACTED] vehicle through the facility if Resident [REDACTED] hit Staff Member A again. The home did not submit a final report to the Department following the conclusion of their investigation.

Plan of Correction

Accept [REDACTED] - 01/05/2026)

Initial: The executive director was terminated on 12/1/2025 due to performance issues. On December 10th an audit was completed of all reportables to ensure that final reportables were completed if they were able to be. This audit was completed by the Regional Director of Operations and the Regional Director of Clinical Services.

Training: Beginning December 31, 2025, the Resident Care Coordinator and Director of Nursing will be educated on timely reporting by the Regional Director of Operations and / or Regional Director of Clinical services. The future Executive Director will be educated on timely reporting by the Regional Director of Operations and / or Regional Director of Clinical services within the first 40 hours of employment.

Ongoing: Beginning 12/5/2025, the Executive Director, Director of Nursing, or Resident Care Coordinator will review reportable incidents occurring within the last 24 hours during the daily morning meeting with the leadership team with documentation kept. Beginning January 7, 2026, abuse reporting with be reviewed at the monthly staff meeting for 3 months then quarterly. All documentation will be kept and reviewed at monthly QA meetings beginning on January 7, 2026.

Licensee's Proposed Overall Completion Date: 01/16/2026

Implemented [REDACTED] - 01/20/2026)

16d Final Incident Report (continued)

82a - Poisonous Materials

4. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On [REDACTED] at 9:09 AM, an unlabeled 24 oz. spray bottle, containing 12 oz. of a purple liquid, was observed hanging on a housekeeping cart. Staff Member E was not able to identify the contents of the bottle.

Plan of Correction

Accept [REDACTED] - 01/05/2026)

Initial: The Maintenance Director removed the unlabeled bottle of liquid from the housekeeping cart on 12/4/2025 and discarded the liquid.

Training: Regional Director of Operations trained the Maintenance Director on regulation 82a on 12/10/2025. On 12/16/2025 all staff were educated on Regulation 82a by the Regional Director of Operations. On 12/16/2025, an audit of the housekeeping cart was completed to ensure no unlabeled materials were in the cart. This was completed by the Regional Director of Operations.

Ongoing: Beginning December 22, 205 a weekly audit of the housekeeping carts will be completed by the Executive Director and/ or Maintenance Director to ensure that all poisonous materials are labeled and stored according to regulation 2600.82a for 4 weeks then monthly for 3 months. All documentation will be kept and reviewed monthly at QA beginning on Jan 7, 2026.

Licensee's Proposed Overall Completion Date: 01/16/2026

Implemented [REDACTED] - 01/20/2026)

105g - Lint Removal and Duct Cleaning

5. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On [REDACTED] at 9:13 AM, there was an approximate 1/4 inch accumulation of lint in the lint trap of the dryer in the resident laundry room. There were no clothes in the dryer at the time.

Plan of Correction

Accept [REDACTED] - 01/05/2026)

Initial: The Maintenance Director removed the lint from all dyers on 12/4/2025 and discarded the lint.

Training: Regional Director of Operations trained the Maintenance Director on regulation 82a on 12/10/2025. On 12/16/2025 all staff were educated on Regulation 105g by the Regional Director of Operations. On 12/16/2025, a daily audit of dryers was started. This audit will be completed by a manager every day for 1 month, then weekly for 3 months.

Ongoing: Beginning December 16, 2025, a daily audit of the dryers was started. A member of management will check the dryers for lint daily for 4 weeks then weekly for 3 months. All documentation will be kept and reviewed monthly at QA beginning on Jan 7, 2026.

Licensee's Proposed Overall Completion Date: 01/16/2026

105g - Lint Removal and Duct Cleaning (continued)

Implemented [REDACTED] - 01/20/2026)

225c - Additional Assessment

6. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [REDACTED] assessment, dated [REDACTED], indicated the resident is independent with transferring in/out of bed/chair and turning and positioning in bed/chair. However, Resident [REDACTED] has a history of attempting to stand, resulting in [REDACTED] sliding to the floor, due to [REDACTED] inability to lift himself back up. The resident's assessment has not been updated to reflect this change in need.

Resident [REDACTED]'s assessment, dated [REDACTED] indicated the resident requires no supervision in the home or when in familiar surroundings. However, Resident [REDACTED] has attempted to stand or walk independently but is not physically capable which has resulted in an increased number of falls. Per Staff Member D, when Resident [REDACTED] is [REDACTED] staff will bring [REDACTED] to the lobby area, so [REDACTED] is not left unsupervised in [REDACTED] bedroom. The resident's assessment has not been updated to reflect this change in need.

Resident [REDACTED] assessment, dated [REDACTED], indicated the resident has no problems with orientation to time, place, and person, irritability, judgment, and understanding instructions and has minimal problems with short-term memory. However, Resident [REDACTED] often makes arbitrary statements and becomes confused and resistant when care is initiated. Resident [REDACTED] requires a calm approach and repeated explanation prior to assistance or providing care. If the resident is caught off guard, or does not understand what is happening, the resident becomes upset, anxious, resistant, tense, and uncooperative. The resident has attempted to stand or walk independently despite not being physically capable resulting in an increased number of falls. Resident [REDACTED] requires repetitive verbal and physical guidance in order to understand instructions provided and is no longer able to recall staff members names or room locations within the home. The resident's assessment has not been updated to reflect these changes.

Repeated Violation- [REDACTED], et al.

Plan of Correction

Accept [REDACTED] 01/05/2026)

Initial: Resident [REDACTED] had an assessment completed by the Regional Director of Clinical Services 12/8/2025 updating all information that was not correct.

Training: On December 31, 2025, the Resident Care Coordinator and Director of Nursing will be educated on Regulation 225c by the Regional Director of Operations and / or Regional Director of Clinical services. The future Executive Director will be educated on Regulation 225c by the Regional Director of Operations and / or Regional Director of Clinical services within the first 40 hours of employment.

Ongoing: Beginning December 16, 2025, an audit of all resident RASPs will be conducted by the Regional Director of Clinical Services and / or Regional Director of Operations to ensure all are accurate. This audit will be completed by January 12, 2026. Beginning January 12, 2026, Monthly audits of all resident rasps will be completed by the Executive Director and/or Director of Nursing and/or Resident Care Coordinator to ensure accuracy for 6 months. All documentation will be kept and reviewed at QA beginning on January 7, 2026.

Licensee's Proposed Overall Completion Date: 01/16/2026

225c - Additional Assessment *(continued)*

Implemented (█) 01/22/2026)

227d - Support Plan Medical/Dental

7. 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

Resident █ support plan, dated █ indicated the use of a walker as well as instructions for staff to monitor and report changes in the ability to transfer to the DON and Hospice for transferring, turning and positioning in bed/chair. However, Resident █ requires a 2-3 person assist to transfer off of the floor and if staff are unsuccessful in transferring Resident █ off of the floor, staff either request assistance from EMTs or the resident's family. The resident also no longer utilizes a walker or cane for ambulation. The resident's support plan does not reflect the current plan to meet the serve needs for the resident.

Repeated Violation - █ et al.

Plan of Correction

Accept █ - 01/05/2026)

Initial: Resident █ had an assessment completed by the Regional Director of Clinical Services 12/8/2025 updating all information that was not correct, including the support plan.

Training: On December 31, 2025, the Resident Care Coordinator and the Director of Nursing will be educated on Regulation 227d by the Regional Director of Operations and / or Regional Director of Clinical services. The Executive Director will be trained on Regulation 227d within 40 hours of employment by the Regional Director of Operations and /or the Regional Director of Clinical Services.

Ongoing: Beginning December 16, 2025, an audit of all resident RASPs will be conducted by the Regional Director of Clinical Services and/or Regional Director of Operations to ensure all are accurate. This audit will be completed by January 12, 2026. Beginning January 12, 2026, Monthly audits of all resident rasps will be completed by the Executive Director and/or Director of Nursing and/or Resident Care Coordinator to ensure accuracy for 6 months. All documentation will be kept and reviewed at QA beginning January 7, 2026.

Licensee's Proposed Overall Completion Date: 01/16/2026

Implemented █ - 01/22/2026)