

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

February 26, 2026

[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 12/23/2025 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:** 07/11/2026

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:** 70 **Waking Staff:** 53

Inspection Information

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

Reason: Incident **Exit Conference Date:** 12/23/2025

Inspection Dates and Department Representative

12/23/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 50 **Residents Served:** 35

Secured Dementia Care Unit

In Home: Yes **Area:** entire **Capacity:** 50 **Residents Served:** 35

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 35

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

Have Mobility Need: 35 **Have Physical Disability:** 1

Inspections / Reviews

12/23/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/22/2026

01/20/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 02/13/2026

Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/23/2026

Inspections / Reviews *(continued)*

01/26/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/02/2026

02/26/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] at approximately 8:20 A.M., resident [REDACTED] was standing in the home's common area after exiting the activities room. Resident [REDACTED] attempted to walk past resident [REDACTED] but could not do so. Staff witnessed Resident [REDACTED] push resident [REDACTED] who fell backwards striking [REDACTED] head on a nearby chair. Resident [REDACTED] was assessed by staff and sent out to Geisinger Hospital with a [REDACTED]. Resident [REDACTED] required two staples to the back of the head due to the injuries from the altercation.

Plan of Correction

Accepted [REDACTED] - 01/26/2026)

2600:42b

A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] at approximately 8:20am, resident [REDACTED] was standing in the home's common area after exiting the activities room, Resident [REDACTED] attempted to walk past resident [REDACTED] but could not do so. Staff witnessed Resident [REDACTED] push Resident [REDACTED] who fell backwards striking [REDACTED] head on a nearby chair. Resident [REDACTED] required two staples to the back of the head due to the injuries from the altercation.

Plan of Correction

Action: On 12/8/25 Both Resident [REDACTED] and Resident [REDACTED] were transported by PA ambulance to the local ER for further evaluation. Resident [REDACTED] went to Geisinger Community Medical Center ER and received two staples. Resident [REDACTED] returned back to our community. Resident [REDACTED] went to Lehigh Valley Hospital Emergency room and returned back to our community. Resident [REDACTED] and Resident [REDACTED] were placed on close observation.

Training: The Regional Director of Memory Care and Engagement will provide a training on 1.28.26 for all staff on recognizing early signs of challenging behaviors. The Director of Memory Care and Engagement will train the Executive Director on 1.28.26. The Executive Director will train all employees by 2.12.26 in order to stay in compliance with regulation 2600.42b. Training records will be kept in order to stay in accordance with regulation 2600.42b.

Ongoing: Starting on 2.28.25 the Executive Director will review regulation 2600.42b and discuss it at the Quality Assurance meeting for three months and then quarterly for 12 months. Quality Assurance meeting documentation will be kept.2011:42b

A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] at approximately 8:20am, resident [REDACTED] was standing in the home's common area after exiting the activities room, Resident [REDACTED] attempted to walk past resident [REDACTED] but could not do so. Staff witnessed Resident [REDACTED] push Resident [REDACTED] who fell backwards striking [REDACTED] head on a nearby chair. Resident [REDACTED] required two staples to the back of the head due to the injuries from the altercation.

Plan of Correction

Action: Both Resident [REDACTED] and Resident [REDACTED] were transported by PA ambulance to the local ER for further evaluation. Resident [REDACTED] went to Geisinger Community Medical Center ER and received two staples. Resident [REDACTED] returned back to our community. Resident [REDACTED] went to Lehigh Valley Hospital Emergency room and returned back to our community.

42b - Abuse (continued)

Resident [REDACTED] and Resident [REDACTED] were placed on close observation. Both residents have a diagnosis of [REDACTED].

Training: The Regional Director of Memory Care and Engagement will provide a training on 1.28.26 for all staff on recognizing early signs of challenging behaviors so that staff can be aware of the signs that may indicate a behavior and how to engage the resident when showing uncharacteristic challenges. The Director of Memory Care and Engagement will train the Executive Director on 1.28.26. The Executive Director will train all employees by 2.12.26 in order to stay in compliance with regulation 2600.42b. Training records will be kept in order to stay in accordance with regulation 2600.42b.

Ongoing: Starting on 2.29.26 the Executive Director will review regulation 2600.42b and discuss it at the Quality Assurance meeting monthly for three months and then quarterly for 12 months. Quality Assurance meeting documentation will be kept.

Licensee's Proposed Overall Completion Date: 02/12/2026

Implemented [REDACTED] - 02/26/2026)