

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

April 27, 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 01/29/2026, 02/11/2026, 03/20/2026 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]
Human Services Licensing Supervisor

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: 68 Waking Staff: 51

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 03/23/2026

Inspection Dates and Department Representative

01/29/2026 - On-Site: [REDACTED]
 02/11/2026 - On-Site: [REDACTED]
 03/20/2026 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 50 Residents Served: 34
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 3
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 34
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 34 Have Physical Disability: 0

Inspections / Reviews

01/29/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/23/2026

Inspections / Reviews *(continued)*

04/23/2026 POC Submission

Submitted By: [REDACTED] Date Submitted: 04/27/2026

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 04/27/2026

04/27/2026 Document Submission

Submitted By: [REDACTED] Date Submitted: 04/27/2026

Reviewer: [REDACTED] Follow Up Type: Not Required

225c - Additional Assessment

1. 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]'s assessment dated [redacted] does not include the following: resident [redacted] has a habit of approaching other residents and touching them on the head, arm, or shoulder; resident # [redacted] requires 15 minute checks to ensure the resident does not agitate other residents with this behavior; during meal times resident [redacted] frequently walk around and takes other residents' cups from the tables.

Plan of Correction

Accept [redacted] - 04/23/2026)

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

- b. If the condition of the residents significantly changes prior to the annual assessment.

Description of Violation

Resident [redacted] assessment dated 4/17/25 does not indicate the following: resident 1 has a habit of approaching other residents and touching them on the head, arm, shoulder: resident [redacted] requires 15 minute checks to ensure the resident does not agitate other residents with this behavior during meal times: resident [redacted] frequently walks around and takes other residents cups from the table.

Action:

2600.225.c.:

On 4.17.26, The Director of Nursing reviewed Resident [redacted] support plan and update resident [redacted] plan to indicate that resident [redacted] requires 15-minute checks due to resident [redacted] touching other residents' head, arms, shoulder and taking cups from other residents while in the dining room.

Training: The Regional Director of Clinical educated the Executive Director, and the Director of Nursing were educated on 4.20.25 on regulation 2600.225c, timely reassessment requirements and documentation standards per regulation 2600.225.c. Training records will be kept in accordance with regulation 2600.225.c.

Ongoing: Beginning on 4.20.26, the Director of Nursing and/or the Executive Director will do an audit of residents' charts x4 weeks and then monthly x3 months to ensure that all support Plans are updated to include residents changes along with residents who are on 15 minute checks. The audit will be completed by 5/20/26. The findings will be reviewed monthly at the Quality Assurance meeting. Additional training will be provided if any concerns are identified.

Licensee's Proposed Overall Completion Date: 05/20/2026

Implemented [redacted] - 04/27/2026)