

Department of Human Services
Bureau of Human Service Licensing

July 26, 2022

[REDACTED]
EC OPCO MID VALLEY LLC
[REDACTED]
[REDACTED]

RE: CELEBRATION VILLA OF MID VALLEY
89 STURGES ROAD, PO BOX 116
PECKVILLE, PA, 18452
LICENSE/COC#: 22718

Dear Ms. [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/10/2022, 03/30/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *CELEBRATION VILLA OF MID VALLEY* License #: *22718* License Expiration: *07/11/2022*
Address: *89 STURGES ROAD, PO BOX 116, PECKVILLE, PA 18452*
County: *LACKAWANNA* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *5703839090* Email: [REDACTED]

Legal Entity

Name: *EC OPCO MID VALLEY LLC*
Address: *5885 MEADOWS ROAD, SUITE 500, ECLIPSE SR LIV ATTN LICENSING, LAKE OSWEGO, OR, 97035*
Phone: *5703839090* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *12/27/2010* Issued By: *Blakely Borough*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *76* Waking Staff: *57*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *04/22/2022*

Inspection Dates and Department Representative

03/10/2022 - On-Site: [REDACTED]
03/30/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *50* Residents Served: *38*

Secured Dementia Care Unit

In Home: *Yes* Area: *0* Capacity: *50* Residents Served: *38*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *37*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *38* Have Physical Disability: *0*

Inspections / Reviews

03/10/2022 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/16/2022*

06/29/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/09/2022*

07/26/2022 - Document Submission

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], Staff A was providing care to Resident #1 when Resident #2 walked across the room and approached the area that Resident #1 was in. Before Staff A realized Resident #2 had approached, Resident #1 kicked their leg and made contact with Resident #2's stomach. The kick made Resident #2 fall and Resident #2 hit their head on the arm of the chair. Resident #2 was taken to the hospital for evaluation. Resident #2 returned to home with a Fx pinky.

Plan of Correction

Accept

Resident #1 was immediately moved to another room. Resident #1 and Resident#2 no longer share a room. Staff will be inserviced by the DON/ED on reminding residents that although we appreciate their help it is not needed when caring for another resident. All residents have a diagnosis of memory impairment.

The inservice will be completed by July 8th, 2022.

Completion Date: 07/08/2022

Update: 06/29/2022

Please send proof of staff training.

Document Submission

Implemented

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