

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

September 3, 2023

[REDACTED], ADMINISTRATOR  
EC OPCO MID VALLEY LLC

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/26/2023 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,

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

**Name:** CELEBRATION VILLA OF MID VALLEY      **License #:** 22718      **License Expiration:** 07/11/2024

**Address:** 89 STURGES ROAD, PO BOX 116, 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:** 1 2      **Date:** 12/27/2010      **Issued By:** Blakely Brough

**Staffing Hours**

**Resident Support Staff:**      **Total Daily Staff:** 84      **Waking Staff:** 63

**Inspection Information**

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

**Reason:** Complaint, Incident      **Exit Conference Date:** 07/26/2023

**Inspection Dates and Department Representative**

07/26/2023 On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 50      **Residents Served:** 42

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** The entire Building      **Capacity:** 50      **Residents Served:** 42

**Hospice**

**Current Residents:** 4

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 42

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

**Have Mobility Need:** 42      **Have Physical Disability:** 0

**Inspections / Reviews**

**07/26/2023 - Partial**

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 08/27/2023

**08/28/2023 - POC Submission**

**Submitted By:** [REDACTED]      **Date Submitted:** 09/01/2023

**Reviewer:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 08/31/2023

Inspections / Reviews *(continued)*

08/30/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/01/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/01/2023

09/03/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/01/2023

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

Resident #1 punched resident #2 in the face two times on [redacted] resulting in resident #2 falling to the floor. The two residents were medically evaluated after the altercation.

Plan of Correction

Accept [redacted] - 08/30/2023)

On [redacted] the ED and DON sent Resident #1 and Resident #2 to the ER for a medical evaluation after Resident #1 punched Resident #2 in the face resulting in a fall after Resident #2 knocked on Resident #1 door. On return to the community on [redacted], Resident #1 was placed on 15 minute checks that will continue until discontinued by a physician. [redacted] Updates were made to Resident #1 support plan. [redacted] Resident #1 was scheduled for a PCP and [redacted] Psych appointment. Resident #2 was evaluated and found to have bruising to left eye and laceration under left eye brow on Date [redacted]

The ED and DON are responsible to monitor Resident #1 for behaviors. Staff was educated on Resident #1 support plan and 15 minutes checks. Red STOP sign and a DO NOT KNOCK sign were posted on Resident #1 door. Date: [redacted]

On Resident #1 was evaluated by physician, medication was increased, and will be evaluated by Psych on . Treatment is ongoing.

The ED and DON will monitor for effectiveness of medication and behaviors.

Licensee's Proposed Overall Completion Date: 08/30/2023

Implemented [redacted] - 09/03/2023)