

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

January 22, 2024

[REDACTED]  
EC OPCO MID VALLEY LLC  
[REDACTED]  
[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 licensing inspections on 01/16/2024 of the above facility, no regulatory citations have been identified as a result of this inspection.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

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

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *84* Waking Staff: *63*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *01/16/2024*

**Inspection Dates and Department Representative**

*01/16/2024 - Off-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: *Entire Home* 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**

*01/16/2024 - Partial*

Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

**NO DEFICIENCIES FOUND**