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

October 14, 2026

[redacted]
EC OPCO DILLSBURG LLC
[redacted]
ECLIPSE SR LIV ATTN LICENSING
[redacted]

RE: CELEBRATION VILLA OF DILLSBURG
153 LOGAN ROAD
DILLSBURG, PA, 17019
LICENSE/COC#: 33379

[redacted] ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/03/2026 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]

cc: Pennsylvania Bureau of Human Service Licensing

## Facility Information

**Name**: *CELEBRATION VILLA OF DILLSBURG* **License #**: *33379* **License Expiration**: *07/02/2027*

**Address**: *153 LOGAN ROAD, DILLSBURG, PA 17019*

**County**: *YORK* **Region**: *CENTRAL*

## Administrator

**Name**: [redacted] **Phone**: [redacted] **Email**: [redacted]

## Legal Entity

**Name**: *EC OPCO DILLSBURG LLC*

**Address**: [redacted]

**Phone**: [redacted] **Email**: [redacted]

## Certificate(s) of Occupancy

**Type**: *C-2 LP* **Date**: *11/05/1998* **Issued By**: *Labor & Industry*

## Staffing Hours

**Resident Support Staff**: *0* **Total Daily Staff**: *70* **Waking Staff**: *53*

## Inspection Information

**Type**: *Partial* **Notice**: *Unannounced* **BHA Docket #**: *0*

**Reason**: *Complaint* **Exit Conference Date**: *09/03/2026*

## Inspection Dates and Department Representative

*09/03/2026 - On-Site:* [redacted]

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity**: *80* **Residents Served**: *60*

### Secured Dementia Care Unit

**In Home**: *No* **Area**: **Capacity**: **Residents Served**:

### Hospice

**Current Residents**: *12*

### Number of Residents Who:

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

**Diagnosed with Mental Illness**: *0* **Diagnosed with Intellectual Disability**: *1*

**Have Mobility Need**: *10* **Have Physical Disability**: *1*

# Inspections / Reviews

### 09/03/2026 Partial

**Lead Inspector**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/01/2026*

### 10/01/2026 - POC Submission

**Submitted By**: [redacted] **Date Submitted**: *10/12/2026*

**Reviewer**: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *10/12/2026*

## Inspections / Reviews *(continued)*

**10/14/2026 Document Submission**

**Submitted By:** [redacted] **Date Submitted:** *10/12/2026*

**Reviewer:** [redacted] **Follow Up Type:** *Not Required*

## 85a Sanitary Conditions

**1. Requirements**

2600.
85.a. Sanitary conditions shall be maintained.

**Description of Violation**

*On [redacted] during the initial walkthrough, a pungent smell of urine and body odor was detected upon entry into Resident [redacted] bedroom.*

**Plan of Correction** ***Accept ([redacted] 10/01/2026)***

*On 9/4/2026, the resident room was cleaned by the housekeeping staff as well as Executive Director. On 9/4/2026, Executive Director spoke with resident's family to begin to develop a plan to assist the resident to maintain sanitation in [redacted] room and help eliminate odors.*
*By 10/9/2026, Executive Director will provide education on this regulation to members of management, including Maintenance Director, Dining Director, Sales Director and Administrative Assistant. Executive Director will provide ancillary staff, including, but not limited to, direct care and housekeeping staff on this regulation by 10/9/2026. A record of these training will be kept in the administrator's office in accordance with regulation 2600.65i.*
*Ongoing, the resident, family and staff have reviewed and signed a "Mutual Agreement" which includes a plan for multiple housekeeping sessions weekly, additional care staff assistance to aide with hygiene and medical care and environmental changes such as a new wheelchair cushion and cleaning the carpet and an odor eliminator treatment. This plan will be reviewed monthly with the family, resident, and Executive Director to ensure compliance. A record of these meetings and items discussed will be kept in the administrator's office.*
*Additionally, this plan and any updates, will be reviewed at the home's next Quality Assurance meeting which will be held on October 15, 2026. The record of the QA minutes will be kept in the administrator's office.*

**Licensee's Proposed Overall Completion Date:** *10/09/2026*

***Implemented [redacted] - 10/14/2026)***

## 225c Additional Assessment

**2. Requirements**

2600.
225.c. The resident shall have additional assessments as follows:
3. At the request of the Department upon cause to believe that an update is required.

**Description of Violation**

*The Residential Home Health communication notes, dated [redacted], indicates Resident [redacted] had [redacted] on the right [redacted] and received wound care services for the pressure sores weekly until [redacted] However, the resident's assessment and support plan (RASP), dated [redacted] did not include this diagnosis or services.*

*Repeated Violation - [redacted], et al.*

## 225c - Additional Assessment *(continued)*

**Plan of Correction** ***Accept [redacted] 10/01/2026)***

*On 9/4/2026, the RASP for the resident was updated by the Executive Director to reflect the update that resident does not currently have any open areas or wounds on [redacted] bottom and is currently receiving wound care services for an alternative body location.*

*By 10/9/2026, Executive Director will provide education on regulation 2600.225.c to members of management, including Maintenance Director, Dining Director, Sales Director and Administrative Assistant. A record of this training will be kept in accordance with regulation 2600.65i.*

*By 10/9/2026, all current resident RASPs will be reviewed by the Regional Director of Clinical Operations and Executive Director to ensure that home health and wound care conditions are properly documented. After this initial audit, current resident RASPs will be reviewed quarterly thereafter to ensure home health and wound care conditions are accurately documented.*

*A record of these audits will be kept in the administrator's office. The audit findings will be reviewed at the home's next Monthly Quality Assurance Meeting on October 15, 2026.*

**Licensee's Proposed Overall Completion Date:** *10/09/2026*

***Implemented ([redacted] - 10/14/2026)***