



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to **DS REALTY VENTURES LLC**

LEGAL ENTITY

To operate **EASY LIVING COUNTRY ESTATES**

NAME OF FACILITY OR AGENCY

Located at **ONE EASY LIVING DRIVE, HUNKER, PA 15639**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **60**  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

**55 Pa.Code Chapter 2600: Personal Care Homes**

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **December 25, 2021** until **December 25, 2022**,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **442630**

*Janette Biderup*  
ISSUING OFFICER

*Jamie J. Buchenauer*  
DEPUTY SECRETARY

**NOTE:** This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

HS 628 – 01/21

September 14, 2021

DS Realty Ventures LLC  
One Easy Living Drive  
Hunker, Pennsylvania 15639

RE: Easy Living Country Estates  
Certificate #: 442630

Dear DS Realty Ventures LLC:

The Department has received your September 3, 2021 renewal application to operate the above Personal Care Home pursuant to Title 55, PA Code, Chapter 2600. A regular license is being issued in response to your application. Your license is enclosed.

Please be advised that, pursuant to 55 Pa.Code § 20.31 (relating to annual inspection), the Department is required to conduct an onsite inspection of the above Personal Care Home at least once every twelve months. The Department will conduct an inspection of Easy Living Country Estates within the next twelve months. If evidence of noncompliance with Title 55, PA Code, Chapter 2600 is found during the inspection, the Department will take appropriate enforcement action.

If you have any questions about the Department's process, please contact the Bureau of Human Services Licensing's Provider Support Hotline at 1-866-503-3926 or by electronic mail at [ra-pwarlheadquarters@state.pa.us](mailto:ra-pwarlheadquarters@state.pa.us).

Sincerely,



Jamie L. Buchenauer  
Deputy Secretary  
Office of Long-term Living

Enclosure  
License

**RENEWAL APPLICATION FOR EXISTING CERTIFICATE OF COMPLIANCE**  
**APPLICATION IS MADE HEREWITH TO RENEW THE CERTIFICATE OF COMPLIANCE TO OPERATE**  
**THE FACILITY/AGENCY TO PROVIDE THE SERVICE SPECIFIED**

TYPE OR USE PEN, SIGN AND RETURN			
IDENTIFICATION			
1. NAME OF AGENCY/FACILITY <b>EASY LIVING COUNTRY ESTATES</b>		TELEPHONE NUMBER <b>(724) 925-1159</b>	
FACILITY ADDRESS <b>ONE EASY LIVING DRIVE, HUNKER 15639</b>	E-MAIL FOR FACILITY (NOT the WEB site URL) <b>WEINSTEINSL@AOL.COM</b>		3. COUNTY <b>190613</b>
2. NAME OF LEGAL ENTITY <b>DS REALTY VENTURES LLC</b>		TELEPHONE NUMBER	
MAILING ADDRESS (CORRESPONDENCE TO BE DELIVERED TO) <b>ONE EASY LIVING DRIVE HUNKER PA 15639</b>	E-MAIL FOR LEGAL ENTITY (NOT the WEB site URL) <b>WEINSTEINSL@AOL.COM</b>		4. DATE CERTIFICATE EXPIRES <b>12/25/2021</b>
5. CERTIFICATE NUMBER <b>442630</b>			
6. NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE			
7. TYPE OF SERVICE PROVIDED <b>PERSONAL CARE HOMES</b>			FEIN OR SSN
8. REQUESTED/LICENSED CAPACITY (PERSONAL CARE HOMES AND ASSISTED LIVING FACILITIES) <b>✓ # 7440 \$30.-</b>			
9. TYPE OF OPERATION <input checked="" type="checkbox"/> PROFIT <input type="checkbox"/> NON-PROFIT	10. TYPE OF OWNERSHIP/CONTROL <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> FOREIGN PART <input type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> SCHOOL DISTRICT <input type="checkbox"/> CORPORATION <input type="checkbox"/> FOREIGN CORP <input checked="" type="checkbox"/> LLC <input type="checkbox"/> OTHER		
11. PRIOR LICENSE STATUS Has the agency/facility (Item 1) or Legal Entity (Item 2), or the Person Responsible (Operator) (Item 6), or the person signing the application ever been denied a Certificate or License, had a Certificate of Compliance or License revoked, or had a Certificate of Compliance or License non-renewed in Pennsylvania or any other state? <input type="checkbox"/> YES (IF YES, EXPLAIN ON SEPARATE SHEET) <input checked="" type="checkbox"/> NO			
12. PLEASE ANSWER THE FOLLOWING (IF YES, EXPLAIN ON SEPARATE SHEET) HAS THE LEGAL ENTITY, OWNER, OR OPERATOR EVER: A BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B BEEN CONVICTED OF A CRIME INVOLVING CHILD ABUSE, CHILD NEGLECT, MORAL TURPITUDE, OR PHYSICAL VIOLENCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO C BEEN NAMED A PERPETRATOR IN AN INDICATED OR FOUNDED REPORT OF CHILD ABUSE IN ACCORDANCE WITH THE CHILD PROTECTIVE SERVICE LAW (11 P.S. 2201-2225) OR THE CARE-DEPENDENT SERVICES ACT (18 PA C.S. 2211) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
13. CURRENT STATUS OF LEGAL ENTITY, OWNER OR OPERATOR IS THE LEGAL ENTITY, OWNER, OR OPERATOR CURRENTLY CHARGED WITH A FELONY OR MISDEMEANOR? <input type="checkbox"/> YES (IF YES, EXPLAIN ON SEPARATE SHEET) <input checked="" type="checkbox"/> NO			

**Human Services Licensing**

**DECLARATION**

Any false information or statement knowingly given in this application is punishable under section 4904 of the PA Crimes Code.

I understand that the Certificate of Compliance will be issued to me on the condition that I will operate the above named facility or agency in accordance with the laws of the Commonwealth of Pennsylvania and with the rules and regulations of the Department of Human Services; Title VI of the Civil Rights Act of 1964; the Age Discrimination Act of 1975; the Rehabilitation Act of 1973; and the PA Human Relations Act of 1955; and I hereby declare that the information given in this application is true to the best of my knowledge.

SUSAN WEINSTEIN SEC./TREAS.

NAME (Type or Print)

Susan Weinstein SEC./TREAS

SIGNATURE OF THE LEGAL ENTITY REPRESENTATIVE  
 (Where the legal entity is a corporation, the signature must be of a corporate officer.)

SECRETARY / TREASURER

TITLE

8-27-21

DATE