

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

April 10, 2024

[REDACTED], VICE PRESIDENT, OPERATIONS  
DS REALTY VENTURES LLC  
ONE EASY LIVING DRIVE  
HUNKER, PA, 15639

RE: EASY LIVING COUNTRY ESTATES  
ONE EASY LIVING DRIVE  
HUNKER, PA, 15639  
LICENSE/COC#: 44263

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/06/2024 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: *EASY LIVING COUNTRY ESTATES* License #: *44263* License Expiration: *12/25/2024*

Address: *ONE EASY LIVING DRIVE, HUNKER, PA 15639*

County: *WESTMORELAND* Region: *WESTERN*

**Administrator**

Name: [REDACTED]

**Legal Entity**

Name: *DS REALTY VENTURES LLC*

Address: *ONE EASY LIVING DRIVE, HUNKER, PA, 15639*

Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *01/12/2011* Issued By: *Hempfield Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *49* Waking Staff: *37*

**Inspection Information**

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

Reason: *Renewal* Exit Conference Date: *03/06/2024*

**Inspection Dates and Department Representative**

03/06/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *60* Residents Served: *43*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *6*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *43*

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

Have Mobility Need: *6* Have Physical Disability: *0*

**Inspections / Reviews**

03/06/2024 Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/05/2024*

04/10/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *04/10/2024*

Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

04/10/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/10/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

At 10:50 AM on 3/6/24, Resident #1's bedside lamp was 5 feet from the bed.

Plan of Correction

Accept ( [REDACTED] ) - 04/10/2024)

Resident #1 is a fall risk and has an order for fall mats to be in place while in bed. The lamp was the closest it could be while following the fall mat order. On 3/6/2024 a "touch light" (battery operated) was immediately secured to their head of the bed. Batteries to be changed as needed (picture attached).

All staff in-serviced [on 3/11/24 by PCHA] to monitor that all residents have an operable lamp or source of light that can be turned on at bedside and functioning daily (in-service attached).

All resident rooms were audited by RCC and PCHA. Completed 3/11/2024.

ELCE management (PCHA, RCC and, Executive Director) and housekeeping staff will monitor that all resident have an operable lamp or other source of lighting that can be turned on at bedside.

Licensee's Proposed Overall Completion Date: 03/27/2024

Implemented ( [REDACTED] ) - 04/10/2024)

187d - Follow Prescriber's Orders

2. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed [REDACTED] by mouth twice daily beginning [REDACTED] and then daily for 8 days. The medication label indicated two capsules were a serving size of [REDACTED]; however, the staff administered 1 capsule for [REDACTED] serving to the resident from [REDACTED]

Plan of Correction

Accept ( [REDACTED] ) - 04/10/2024)

On 3/6/2024 RCC notified physician and received an order clarifying resident #1's prescription. Staff to administer 2 capsules to equal 500mg (medication label serving size) twice daily. MAR was immediately updated and staff notified. On 3/7/2024 RCC and PCHA audited all residents medications to ensure medications followed physicians orders.

Staff trained on importance of reading medication labels brought in by families to ensure they match physician orders. Going forward ELCE implemented a new policy that all medications brought in by families must first be approved by RCC or PCHA before being administered to residents. Staff in-serviced on new policy. Completed 4/3/2024.

(medication policy attached)

Licensee's Proposed Overall Completion Date: 03/27/2024

Implemented ( [REDACTED] ) - 04/10/2024)

225a - Assessment 15 Days

3. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #2 was admitted into the home on [REDACTED]; however, the home did not complete an initial assessment of care needs for the resident.

Plan of Correction

Accept [REDACTED] - 04/10/2024)

On [REDACTED] resident's initial assessment was completed.

(completed RASP form attached)

An audit was done to verify all RASPs were completed within appropriate timeframes. Completed 3/7/2024.

Going forward a monthly audit form was created for all new admissions and current residents and will be completed by PCHA within appropriate timeframes. (audit form attached)

Licensee's Proposed Overall Completion Date: 03/27/2024

Implemented ([REDACTED] - 04/10/2024)