pennsylvania
DEPARTMENT OF HUMAN SERVICES

# CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **OLD ORCHARD HEALTH CARE CENTER - EASTON PA LLC**
LEGAL ENTITY

To operate **ARDEN COURTS (OLD ORCHARD)**
NAME OF FACILITY OR AGENCY

Located at **4098 FREEMANSBURG AVENUE, EASTON, PA 18045**
(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 **65**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 64**

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 **January 17, 2025** until **January 17, 2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **226040**

ISSUING OFFICER

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 – 04/23

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing date: January 23, 2025

Old Orchard Health Care Center – Easton Pa LLC
[redacted]

RE: Arden Courts of Old Orchard
4098 Freemansburg Avenue
Easton, Pennsylvania 18045
Certificate #: 226040

Dear Old Orchard Health Care Center – Easton Pa LLC:

The Department has received your January 17, 2025 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 Arden Courts of Old Orchard 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.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
License

pennsylvania
DEPARTMENT OF HUMAN SERVICES

# APPLICATION FOR CERTIFICATE OF COMPLIANCE

(For instructions, see pages 1-4.)

2481060242

**PURPOSE OF APPLICATION** ☐ New Facility/Agency ☒ Renewal ☐ Revision Certificate # 226040

## IDENTIFICATION

**1. NAME and ADDRESS OF AGENCY/FACILITY**

Arden Courts (Old Orchard)
NAME

4098 Freemansburg Avenue rcvd app 1.17.25
NUMBER and STREET

Easton | PA | 18045
CITY | STATE | ZIP CODE

Licensure-ALF@promedica.org | 484-373-5170
EMAIL ADDRESS (if available) | PHONE NUMBER

**2. NAME and ADDRESS OF LEGAL ENTITY**

Old Orchard Health Care Center - Easton PA, LLC
NAME

100 Madison Avenue
P.O. BOX or NUMBER and STREET

Toledo | OH | 43604
CITY | STATE | ZIP CODE

Licensure-ALF@promedica.org | 484-373-5170
EMAIL ADDRESS (if available) | PHONE NUMBER

**3. COUNTY and MUNICIPALITY/CITY/TOWNSHIP/BOROUGH**

Northhampton County

**4. RESPONSIBLE PERSON**

Marlena Lewis | Licensing Representative
NAME | TITLE

**5. TYPE OF AGENCY/FACILITY SERVICE** (see #5 on the instruction page)

Personal Care Home; Secure Dementia Care Unit

**6. REQUESTED/LICENSED CAPACITY** (see Number 6 on the instruction page)

No change

**7.** ☒ FEDERAL EMPLOYER IDENTIFICATION NUMBER or
☐ SOCIAL SECURITY NUMBER OF LEGAL ENTITY 26-0623007

**8. TYPE OF OPERATION**
☐ PROFIT ☒ NON-PROFIT

**9. TYPE OF OWNERSHIP/CONTROL**
☐ INDIVIDUAL ☐ ASSOCIATION ☐ PARTNERSHIP ☐ FOREIGN PART ☐ LLP ☐ LP
☐ GOVERNMENT ☐ SCHOOL DISTRICT ☐ CORPORATION ☐ FOREIGN CORP ☒ LLC ☐ OTHER

| | YES | NO |
|---|---|---|
| **10. PRIOR LICENSE STATUS** (If YES to any of the items 10 through 12 inclusive, explain on a separate sheet of paper.) Has the agency/facility (item 1), or Legal Entity (item 2), or the Person Responsible (operator) (item 4), 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? | ☐ | ☒ |
| **11. HAS THE LEGAL ENTITY, OWNER OR OPERATOR:** a) Ever been convicted of a felony or misdemeanor? | ☐ | ☒ |
| b) Ever been named a perpetrator in an indicated or founded report of abuse in accordance with the Child Protective Services Law (23 Pa C.S. Ch. 63), the Adult Protective Services Act (35 P.S. Ch. 57), or the Older Adult Protective Services Act (35 P.S. Ch. 58)? | ☐ | ☒ |
| **12. IS THE LEGAL ENTITY, OWNER OR OPERATOR CURRENTLY CHARGED WITH A FELONY OR MISDEMEANOR?** | ☐ | ☒ |

## ATTACHMENTS

If this is an **Initial Application** for a new facility/agency or a **Revision Application**, submit the required copies of the documents with this application. The list of required documents is found in number 12 of the attached instructions.

## DECLARATION (Any false information or statement knowingly given in this application is punishable under Section 4904 of the Pennsylvania Crimes Code.)

I understand that the Certificate of Compliance will be issued to me on the condition that I will meet and 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 and Title VII of the Civil Rights Act of 1964; the Age Discrimination Act of 1975; the Rehabilitation Act of 1973 and the Pennsylvania Human Relations Act of 1955, and the Americans with Disabilities Act of 1990.

Specifically, the above-named facility will not engage in or permit discrimination on the basis of color, race, religious creed, disability, ancestry, national origin, age or sex in any aspect of service delivery and employment.

I hereby declare that the information given in this application is true and correct to the best of my knowledge, information and belief. This application is made subject to the penalties under 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

LaSalynn George
NAME/TITLE (print or type)
(Where the legal entity is a corporation, the individual must be a corporate officer.)

LaSalynn George
SIGNATURE OF THE LEGAL ENTITY REPRESENTATIVE

4098 Freemansburg AVE Easton PA 18045
ADDRESS

1.17.2025
DATE (mm/dd/yyyy)

# DHS CIVIL RIGHTS COMPLIANCE FORM

CERTIFICATE LICENSE NUMBER: 226040

| | | | |
|---|---|---|---|
| LEGAL ENTITY NAME: Old Orchard Health Care Center-Easton PA, LLC | | | |
| RESPONSIBLE OFFICIAL: Marlena Lewis | TITLE: Licensing Representative | | |
| ADDRESS: 4098 Freemansburg Avenue | | | |
| CITY: Easton | COUNTY: Northhampton | STATE: PA | ZIP CODE: 18045 |
| PHONE #: (484 )373-5170 | EMAIL ADDRESS: Licensure-ALF@promedica.org | | |
| FACILITY: Arden Courts (Old Orchard) | | | |
| ADDRESS: 4098 Freemansburg Avenue | | | |
| CITY: Easton | COUNTY: Northhampton | STATE: PA | ZIP CODE: 18045 |
| FACILITY ADMINISTRATOR/DIRECTOR: Jasalynn George | | | |
| PHONE #: (484 )373-5170 | EMAIL ADDRESS: Jasalynn.George@promedica.org | | |

**TYPE OF SYSTEM:**

- [ ] Multi-facility (One owner, many sites)
- [ ] Multi-type (One owner, many services)
- [ ] Single site (One owner, one site)
- [ ] Other - Specify:

| PROGRAM: | TYPE OF SERVICE: |
|---|---|
| Personal Care Home | X |
| Assisted Living | |
| Child Day Care | |
| Child Welfare Service (Public) | |
| Child Welfare Service (Private) | |
| Office of Mental Health & Substance Abuse Services | |
| Office of Developmental Programs | |

A license will not be issued to your facility unless it complies with the following statutes and regulations that prohibit discrimination based on race, color, religious creed, disability, ancestry, national origin, age, sex, or pregnant workers:

a. The Pennsylvania Human Relations Act (43 P.S. §§ 951-962.2), amendments 16 Pa. Code, Chapter 41, Subchapter § 41.201 - 41.207.

b. The Age Discrimination Act of 1975 (42 U.S.C.A. §§ 6101-6017).

c. Title VI of the Civil Rights Act of 1964 (42 U.S.C.A. §§2000d-2000d-4), if applicable.

d. Section 504 of the Rehabilitation Act of 1973 (29 U.S.C.A. § 794), if applicable

e. Americans with Disabilities Act of 1990 (42 U.S. Code § 12102)

f. ADA Amendments Act of 2008 (ADAAA) (42 USCA § 12101 note)

g. Title VII of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000e-2000e-17), if applicable.

h. Pregnant Workers Fairness Act (42 U.S.C. §§ 2000gg – 2000gg-6), if applicable.

To satisfy this requirement, complete the following information in its entirety. Type or print clearly. Include a valid email address on your CRC Form. If additional space is required for any of the required answers, attach a separate 8 1/2" x 11" sheet to complete answers. Denote license number (if applicable) on additional sheets. Number your corresponding answer.

## BEFORE YOU SUBMIT YOUR APPLICATION:

- [x] Is the CRC Renewal Form completed in its entirety?
- [x] Have you entered your Certificate License Number?
- [x] Have you provided a valid email address?
- [x] Has the correct legal entity signed the CRC Renewal Form?
- [ ] If you have updated and/or changed documentation submitted with your original CRC Form, are the revised documents included? (Question 1)
- [ ] If you have indicated that in the last 12 months the facility has had complaints of discrimination, is the required information included? (Question 3)

1) The facility's compliance with civil rights law was verified by the Department at the time that the last license was issued. The facility has submitted to the department within the last 12 months all required documentation, including policies and procedures, grievance and complaint filing procedure, and the facility's non- discrimination policy statements. Since that time (check one):

☑ The facility has NOT changed and/or updated the documents, referenced above in Question 1, submitted to the Department.

☐ The facility HAS changed or updated the documents, referenced above in Question 1, submitted to the Department. Changed and/or updated documents are included with this Attestation.

2) The facility affirms that within the past 12 months it has updated, developed and maintained a "Non-Discrimination in Services" policy statement for services, referrals, and/or admissions **and** a "Non-Discrimination in Employment" policy statement, signed by the person responsible for the legal entity, that advises clients/residents/parents/guardians, the public and employees of the following:

   a. That services, referrals, admissions, and employment are provided in a non-discriminatory manner, without regard to race, sex, color, national origin (address issue of Limited English Proficiency, in the service policy only), ancestry, religious creed, disability, and age.

   b. That reasonable physical accommodations and program accessibility to staff or clients with physical disabilities will be provided such that:

      i. The facility's restrooms, drinking fountains, and any other human needs facilities are accessible to clients/residents/parents/employees/visitors with disabilities

      ii. For non-English speaking perspective and current clients, the facility is able to provide meaningful access to its programs and services. (Meaningful access involves some combination of services for oral interpretation and written translation of vital documents)

      iii. The facility has a policy to integrate persons with disabilities, and/or individuals with Limited English Proficiency into programs and activities; and

      iv. The facility's non-discrimination policy states that reasonable accommodation will be provided for individuals with a physical disability (e.g. hearing, speech, vision, mobility impairments).

   c. The procedure by which staff and clients can file complaints alleging discrimination and have their complaints investigated and resolved objectively, which includes the name of the person assigned to investigate the complaint.

      i. The facility informs clients, residents, parents/guardians that complaints of discrimination may be filed with the U.S. Department of Health and Human Services' Office of Civil Rights (OCR), the DHS Bureau of Equal Opportunity (BEO) and/or the Pennsylvania Human Relations Commission (PHRC).

      ii. The facility informs its employees regarding their rights to file complaints of employment discrimination based on Title VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, and/or the Pennsylvania Human Relations Act of 1955, as amended, with the PHRC or Equal Employment Opportunity Commission (EEOC).

3) Within the last 12 months has the facility had any complaints of discrimination filed against it with Pennsylvania Human Relations Commission (PHRC), Department of Human Services Bureau of Equal Opportunity (BEO), Equal Employment Opportunity Commission (EEOC), or Office for Civil Rights (OCR). (Check one): YES ☐ NO ☑

If you checked yes, your facility has had complaints of discrimination filed provide the following:

- ☐ # of violations,
- ☐ date filed,
- ☐ agency filed with (PHRC, EEOC, etc.),
- ☐ alleged act of harm and protected class,
- ☐ current status (open or closed – if closed, include finding/outcome),
- ☐ copies of the complaints filing/notices from the investigating entity(ies),
- ☐ facility response(s) to the complaint filings,
- ☐ copies of your policies and procedures (to include any employee or client handbooks) regarding discrimination, sexual harassment, and providing accommodations,
- ☐ copies of your advertisements including non-discrimination clause.

4) The facility agrees to provide a copy of its grievance and complaint filing procedure, non-discrimination policies, practices, procedures, and advertisements which includes a non-discrimination clause upon request pursuant to 62 P.S. § 1016 (relating to right to enter and inspect) and 55 Pa. Code § 20.34 (relating to access.)

5) The facility will comply with the following statutes and regulations that prohibit discrimination based on race, color, religious creed, disability, ancestry, national origin, age, sex, or pregnant workers:

a. The Pennsylvania Human Relations Act (43 P.S. §§ 951-962.2) amendments 16 Pa. Code, Chapter 41, Subchapter §41.201 - 41.207.
b. The Age Discrimination Act of 1975 (42 U.S.C.A. §§ 6101-6017).
c. Title VI of the Civil Rights Act of 1964 (42 U.S.C.A. §§2000d-2000d-4), if applicable.
d. Section 504 of the Rehabilitation Act of 1973 (29 U.S.C.A. § 794), if applicable.
e. Americans with Disabilities Act of 1990 (42 U.S. Code § 12102)
f. ADA Amendments Act of 2008 (ADAAA) (42 USCA § 12101 note)
g. Title VII of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000e-2000e-17), if applicable.
h. Pregnant Workers Fairness Act (42 U.S.C. §§ 2000gg – 2000gg-6), if applicable.

I declare, under penalty of perjury, pursuant to 18 Pa. C.S. § 4904(a) (relating to unsworn falsification to authorities), that the foregoing averments are true and correct, to the best of my knowledge, information, and belief. I understand the penalty for unsworn falsification to authorities is a misdemeanor of the second or third degree, and I can be penalized by fine, imprisonment, or a combination of these for making any false statements in this attestation. I understand that submitting false information on this attestation may also subject me to licensing action up to and including license revocation and/or emergency removal of clients/residents.

Jasalynn George Executive Director
RESPONSIBLE OFFICIAL NAME/TITLE (PRINT)

Jasalynn George
SIGNATURE

1.17.2025
DATE

*I will retain copies of all forms and documentation submitted to the Department.*

PROMEDICA | Your Health. Our Mission.

**SUBJECT:** Non-Discrimination in Employment Policy Statement

**TO:** Staff

**FROM:** Jasalynn George Executive Director, Jasalynn George ED

An open and equitable personnel system will be established and maintained. Personnel policies, procedures, and practices will be designed to prohibit discrimination on the basis of race (to include hair type, hair texture, or hair style), color, religious creed (to include all aspects of religious observances and practice, as well as belief), disability, ancestry, national origin, age (40 and over), or sex (to include pregnancy status, childbirth status, breastfeeding status, sex assigned at birth, gender identity or expression, affectional or sexual orientation, and differences in sex), and retaliation.

Employment opportunities shall be provided for applicants with disabilities and reasonable accommodation(s) shall be made to meet the physical or mental limitations of qualified applicants or employees.

Any employee who believes they have been discriminated against may file a complaint of discrimination with any of the following:

**Facility Contact Information**
Arden court Old orchard
4098 Freemansburg AVE
Easton Pa 18045
484-373-5170
610-253-4014
Jasalynn.george@promedica.org

**Commonwealth of Pennsylvania**
**Department of Human Services**
**Bureau of Equal Opportunity**
Room 225, Health & Welfare Building
P.O. Box 2675 Harrisburg, PA 17120
Inquiries: (717) 787-1127
Email: RA-PWBEOAO@.pa.gov
**(Within 90 days from the date of incident)**

**Pennsylvania Human Relations Commission**
333 Market Street, 8th Floor
Harrisburg, PA 17101
https://www.phrc.pa.gov/Complaints/Pages/How-to-File-a-Complaint.aspx
Inquiries: (717) 787-4410
TTY users only: (717) 787-7279
**(Within 180 days from the date of incident)**

**Office for Civil Rights**
U.S. Department of Health and Human Services
Centralized Case Management Operations
200 Independence Avenue, S.W.
Room 509 HHH Bldg
Washington, D.C. 20201
Customer Response Center: (800) 368-1019
TDD: (800) 537-7697
https://www.hhs.gov/ocr/complaints
Email: ocrcomplaint@hhs.gov
**(Within 180 days from the date of incident)**

**U.S. Equal Employment Opportunity Commission**
801 Market Street, Suite 1000
Philadelphia, PA 19107
Inquiries: (800) 669-4000
TTY users only: (800)669-6820
https://www.eeoc.gov/filing-charge-discrimination
Email: PDOContact@eeoc.gov
**(Within 300 days from the date of incident)**

PROMEDICA | Your Health. Our Mission.

**SUBJECT:** Non-Discrimination in Services Policy Statement

**TO:** Patients/Clients/Residents/Parents and all applicable

**FROM:** Jasalynn George Executive Director, Jasalyn George ED

Admissions, the provisions of services, and referrals of clients shall be made without regard to race (to include hair type, hair texture, or hair style), color, religious creed (to include all aspects of religious observances and practice, as well as belief), disability, ancestry, national origin (including Limited English Proficiency), age (40 and over), or sex (to include pregnancy status, childbirth status, breastfeeding status, sex assigned at birth.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aides and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any individual/client/patient/student (and/or their guardian) who believes they have been discriminated against, may file a complaint of discrimination with:

**Facility Contact Information**
Arden Court Old Orchard
4098 Freemansburg AVE
Easton Pa 18045
484-373-5170
610-253-4014
Jasalynn.george@promedica.org

**Commonwealth of Pennsylvania**
**Department of Human Services**
**Bureau of Equal Opportunity**
Room 225, Health & Welfare Building
P.O. Box 2675 Harrisburg, PA 17120
Inquiries: (717) 787-1127
Email: RA-PWBEOAO@pa.gov
**(Within 90 days from the date of incident)**

**Office for Civil Rights**
U.S. Department of Health and Human Services
Centralized Case Management Operations
200 Independence Avenue, S.W.
Room 509 HHH Bldg
Washington, D.C. 20201
Customer Response Center: (800) 368-1019
TDD: (800) 537-7697
https://www.hhs.gov/ocr/complaints
Email: ocrcomplaint@hhs.gov
**(Within 180 days from the date of incident)**

**Pennsylvania Human Relations Commission**
333 Market Street, 8th Floor
Harrisburg, PA 17101
https://www.phrc.pa.gov/Complaints/Pages/How-to-File-a-Complaint.aspx
Inquiries: (717) 787-4410
TTY users only: (717) 787-7279
**(Within 180 days from the date of incident)**

## Payment Successful

**Return Message:** Transaction successful.

**Transaction ID:** 017100545399

**Total Transaction Amount:** 30.6

**Transaction Date:** 1/17/2025 12:36:38 PM

**Thank you for your payment.**

**Make another payment (/Customer/PaymentForm)**

**If you are finished making payments then please close your browser.**

**From:** PW, DHSCivilRights
**To:** Volchko, Jennifer
**Cc:** PW, BEOMain
**Subject:** APPROVED-226040 - Arden Courts (Old Orchard).pdf-expedited review
**Date:** Thursday, January 23, 2025 11:15:05 AM
**Attachments:** 226040 - Arden Courts (Old Orchard).pdf

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This has been BEO approved

**BEO Rep LLW**
Department of Human Services | Bureau of Equal Opportunity-Civil Rights Compliance
625 Forster Street, Suite 225 | Harrisburg, PA 17120

(For complaints of discrimination)
BEO Mainline: 717-787-1127
BEO Email: RA-PWBEOAO@pa.gov

(For assistance with Civil Rights Compliance Forms)
BEO Licensing: 717-787-1579
BEO Email: RA-PWDHSCivilRights@pa.gov

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**From:** Volchko, Jennifer <jvolchko@pa.gov>
**Sent:** Thursday, January 23, 2025 11:07 AM
**To:** PW, DHSCivilRights <RA-PWDHSCIVILRIGHTS@pa.gov>
**Cc:** Wilson-Noon, Lakeya <lwilsonnoo@pa.gov>
**Subject:** APPROVED-226040 - Arden Courts (Old Orchard).pdf-expedited review

Good morning. Please see attached HS2125 and supporting documents. Thanks! They didn't receive their renewal packet so asking for priority for this since their license expired

**Jennifer Volchko | Human Service Program Specialist**
Bureau of Human Services Licensing
Department of Human Services | Office of Long Term Living
Rm 623 Health & Welfare Building
625 Forster Street | Harrisburg PA 17120
Phone: 717.705.0382 | Fax: 717.705.6955
www.dhs.pa.gov