



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 23 2015

Ms. Susan Weinstein, Executive Director
DS Realty Ventures LLC
One Easy Living Drive
Hunker, Pennsylvania 15639

RE: Easy Living Country Estates
License #: 442630

Dear Ms. Weinstein:

As a result of the Department of Human Services' licensing inspection on November 12, 2014 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period December 25, 2014 to December 25, 2015 was issued on September 3, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director
/s/

Enclosure
License Inspection Summary

VIOLATION REPORT PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: Easy Living Country Estates		License Number: 44263
Address: One Easy Living Drive, Hunker, PA 15639		County: Westmoreland
Administrator: Connie Lilljock		Region: WEST
Legal Entity Name: DS Realty Ventures LLC		
Legal Entity Address: ONE EASY LIVING DRIVE, HUNKER, PA 15639		
Certificate(s) of Occupancy C-1 01/16/2011 PA L81		
Staffing Hours Resident Support: 0 Total Daily Staff: 73 Waking Staff: 55		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspection Dates and Department Representatives On-Site 11/12/2014; Flinner-Alman, Lisa; Garrigan, Laurie; Breuer, Patricia		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: none Random Indicators: none		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 61	Number of Residents Served: 54	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 54 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 19 Have a Physical Disability: 3
Secured Dementia Care Unit in Home: No	Area:	
Secured Dementia Unit Capacity, if Applicable:		
Number of Residents Served in Secured Dementia Care Unit, if applicable:		
Number of Current Hospice Residents: 9		
Number of Hospice Residents in past year: 23		

#11 ELCE # 442630

Violation Report: 44263 - 11/12/2014 - Finner-Alman, Lisa

PCH Name: Easy Living Country Estates

1. REGULATION 85 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

The bed in room #208 does not have a source of lighting that can be turned on/off at bedside. The lamp is approximately five feet from the bed. Also, the light is inoperable.

The bed in room #220 does not have a source of lighting that can be turned on/off at bedside. The bedside lamp was unplugged and the plug does not reach an electrical outlet.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The resident in room #208 is on Medil Hospice services and physically unable to reach a bedside lamp on her nightstand. Resident room #208 resided by choice with her spouse who was also on hospice services and passed away on 11-11-14, one day prior to ELCE's licensing inspection. The nightstand and lamp was located between their beds for adequate lighting and used by hospice, staff and family members. Both residents had been provided a "touch light" (battery operated and secured to their individual over-the-bed tables). The tables with the touch lights were positioned immediately next to their beds or lift chairs as appropriate daylight and nighttime hours.

Room #208's touch light was inoperable due to the batteries. Replacement batteries are stored at all times in each floor's medication cart at EPL and in the administration office. The batteries were immediately replaced on 11-12-14 by the Resident Care Coordinator and the touch light was readily available and positioned next to the resident.

The bedside lamp in room #220 was immediately plugged in at the resident's bedside by a staff person. Family members had unplugged the lamp to plug in a fan. The lamp was operational.

Staff training and preventive measures included review of the following:

- 1) Requested and informed resident room # 220's family members not to unplug any light sources in the resident's room.
- 2) Direct care staff and ancillary staff (housekeeping) retrained on storage and replacement of batteries and light bulbs for the residents. Touch lights are also available at all times in ELCE stock.
- 3) All staff retrained in "observation skills" to detect and correct any malfunctioning (items in any resident rooms while performing daily care or housekeeping activities. Any staff member is asked to continue registering any needed repairs beyond their job duties in the maintenance log located outside the office on the first floor. Staff also instructed to inform the administrator, resident care coordinator or the executive director of those needs.
- 4) Administration informs contracted maintenance of any services or repairs needed.
- 5) The administrator maintains an adequate reserve supply of batteries, light bulbs, touch lights and lamps at ELCE.

Repeat Violation No. _____ Date(s) of Previous Violation(s): _____

Signature of Legal Entity Representative
(Required on EVERY Page) *Cornie D. Lillieck, PEHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Cornie D. Lillieck, PEHA* Date *12-17-14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/2/15
(Date)

Plan of correction implementation status as of 1/2/15
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *[Signature]*
(Initials)

#12 ELCE #442630

Page 4 of 5

Violation Report: 44263 - 11/12/2014 - Finner-Alman, Lisa
PCH Name: Easy Living Country Estates

1. REGULATION 85 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

At 11:10 a.m., the temperature in the freezer on third floor common lounge measured 8 degrees F.

At 11:10 a.m., the temperature in the small black refrigerator on third floor common lounge measured 48 degrees F.

At 11:27 a.m., the small black refrigerator on the second floor lounge measured 58 degrees F.

At 11:27 a.m. the freezer in the second floor lounge measured 4 degrees F.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The temperature readings for the second floor and third floor lounge black refrigerator/freezer units were immediately lowered to maximum cold. The thermometers were all relocated off the door shelves into the box areas of the refrigerators and freezers to reflect accurate readings unaffected by the room temperature when the doors were opened.

The refrigerator and freezer thermometer readings registered below 48 degrees F, and below 0 degrees F, respectively within 1/2 hour. Multiple items stored in both units were relocated by the resident care coordinator to another ELCE refrigerator registering the correct temperatures until those units were operational at the correct temperatures.

Staff training and preventive measures included review of the following:

- 1) Daily refrigerator and freezer temperature readings will be documented by staff at midday rather than early AM (when the doors have been unopened for long intervals).
- 2) Retrained staff on location of thermometers, reading and documentation of all daily refrigerator and freezer temperatures.
- 3) Variations or inadequate temperature readings (>40 degrees F for refrigerators and > 0 degrees F for freezers) are to be immediately reported to the administrator or resident care coordinator. The PCHA or RCC will investigate and correct any problems.
- 4) ELCE executive director and administrator will order new refrigerator/freezer units for the second and third floor lounges in January 2015. The current units are fourteen years old and will be replaced with modern more efficient units.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Connie D. Lilloek, PCHA

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Connie D. Lilloek, PCHA

Date

12-17-14

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1/2/15
(Date)

Plan of correction implementation status as of

1/2/15
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)

#15 #442630

Violation Report: 44263 - 11/12/2014 - Finner-Alman, Lisa
PCH Name: Easy Living Country Estates

1. REGULATION 55 Pa.Code §2600
2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

This fire drill record indicates that both the North and South Stairwells were used for 7 consecutive fire drills from November 2013 through May 2014. Alternate exit routes were not used for the fire drills as follows:

- 11/19/13 11:30 a.m.
- 12/13/13 4:20 p.m.
- 01/08/14 9:10 a.m.
- 02/03/14 8:00 p.m.
- 03/17/14 11:30 p.m.
- 04/17/14 1:30 p.m.
- 05/05/14 1:45 p.m.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The North and South Stairwells (designated fire safe areas) were used for seven consecutive ELCE fire drills from November 2013 until May 5, 2014 due to inclement (cold) weather and to protect the health and well-being of ELCE residents. ELCE's other exits all lead outdoors.

The November 24, 2014 fire drill was held on an unseasonably warm day (68 degrees) by the delivery exit. The residents were fully cooperative and the drill was uneventful. Monthly fire drills for the remainder of the 2014-2015 winter season will be alternated between the north and south fire safe stairwells. Alternate outdoor exits will be used weather permitting.

Staff training and preventive measures include the following:

- A) Monthly fire drill alarms will be chosen by administration to reflect "fire sites" that require alternate use of the north and south fire-safe stairwells for each practice drill during cold weather.
- B) Reviewed fire safety and evacuation procedures with direct care and ancillary staff to promote an efficient and safe evacuation of the residents and to accommodate the rotation of the fire safe areas (stairwells) used for drills during the winter months.

Repeat Violation No	Date(s) of Previous Violation(s)		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Connie D. Lilliock, PCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Connie D. Lilliock, PCHA* Date *12-17-14*

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