



pennsylvania
DEPARTMENT OF HUMAN SERVICES

January 15, 2020

Ms. Susan Weinstein
Secretary / Treasurer
DS Realty Ventures LLC
One Easy Living Drive
Hunker, Pennsylvania 15639

RE: Easy Living Country Estates
Certificate #: 442630

Dear Ms. Weinstein:

As a result of the Department's Bureau of Human Services Licensing annual inspection on June 13, 2019, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock".

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *EASY LIVING COUNTRY ESTATES*

License Number: *442630*

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

County: *WESTMORELAND*

Region: *WESTERN*

Administrator

Name: *Lisa Hughes*

Phone: *7249251159*

Email: *lhughespcha@gmail.com*

Legal Entity

Name: *DS REALTY VENTURES LLC*

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

Certificate(s) of Occupancy

Type: *I-1*

Date: *01/12/2011*

Issued By: *Hempfield Township*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *67*

Waking Staff: *50*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

06/13/2019 - On-Site: Belinda Graziano, Deb McConnell, Josh Hoover

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60*

Residents Served: *53*

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: *53*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *14*

Have Physical Disability: *0*

15b - Supervisor Plan

Regulations

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On 5/31/19, direct care staff person A was suspended due to an allegation of verbal abuse of a resident. However, direct care staff person A then worked unsupervised on 6/6/19 from 6:00 a.m. to 3:00 p.m. prior to the Department concluding the investigation on the incident reported 5/31/19.

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 homes investigation and the investigation by AAA was completed prior to staff returning to duty on 6/6/19. Staff member was suspended on 5/31/19.

Moving forward, any staff person that is alleged to have abused a resident, will be suspended immediately and will not return to work until investigations are completed by AAA, BHSL, and any law enforcement that may be involved.

Within 15 days of receipt of the plan of correction: All staff persons will be educated on the abuse reporting requirements of the Older Adult Protective Services Act and the home's procedure for reporting. Documentation of the training shall be kept.

JW 12/20/19

Legal Entity Representative

Lisa Hughes, PCHA
Signature

Lisa Hughes, PCHA
Printed Name and Title

9-23-2019
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 12/20/19
(Date)

Plan of correction implementation status as of 12/20/19
(Date)

The above plan of correction was approved by *JW*
(Initials)

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

17 - Record Confidentiality

Regulations

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At approximately 9:50 a.m., resident information was unlocked, unattended and accessible in a filing cabinet on the home's second floor lounge to include dietary, oral care, incontinence, bowel movement, oxygen, cognition, care descriptions and hospice services for residents #2, #3, and #4.

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.)

Corrected at the time of inspection. Moving forward all staff will be educated, on 9/25/19, on the confidentiality of resident records and the procedures for maintaining all resident records in a secure location. Documentation of meeting will be made. See page 3a

A designated staff person on each shift will check the home daily to ensure all resident records and documentation are maintained in a confidential manner in accordance with regulation 2600.17.

The Administrator will check the home at least weekly to ensure all resident records and documentation are maintained in a confidential manner in accordance with regulation 2600.17

Legal Entity Representative

Lisa Hughes, PCHA
Signature

Lisa Hughes, PCHA *9-23-19*
Printed Name and Title Date

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	(Initials)	<input type="checkbox"/> Partially Implemented - Adequate Progress	
		<input type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	

42s - Privacy

Regulations

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home is video recording numerous outside areas, the front entrance lobby, areas of the dining room including the air hockey table and exit to the patio, the main foyer to the elevators and entrance to, as well as part of, the activity area theater. On admission, residents of the home are not informed that these areas are subject to video recording and there are no signs posted indicating that images are being recorded in these areas.

In addition, the portion of the dining room with the air hockey table and the activity area theater are public areas where recording is prohibited.

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.)

All areas subject to video recording in the home are of entrances and exits and the interior corridors that lead to the entrances and exits as permitted and stated in regulation 2600.42s. See page 4a.

Signs were posted in all areas subject to video recording at the time of inspection. See page 4b.

All current residents and/or responsible person were notified of security cameras areas and areas subject to video recording. 4c.

Moving forward, all new admission will be informed of security cameras and the areas subject to video recording per addendum to resident contract. See page 4d

Legal Entity Representative

*See Below

Lisa Hughes, PCHA
Signature

Lisa Hughes, PCHA *9-23-19*
Printed Name and Title Date

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82c - Locking Poisonous Materials

Regulations

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

An unlocked cabinet in the unlocked and unattended second floor laundry room contained a 22 ounce bottle of Spray N Wash, with a manufacturer's label indicating "If swallowed, contact a physician or Poison Control Center immediately." Not all residents of the home, including resident #8, have been assessed capable of using or safely avoiding poisonous materials.

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.)

Corrected at the time of inspection. Signs posted in laundry rooms, see page 5a.

Moving forward, a designated staff person on each shift will check the homes laundry rooms daily to ensure all poisonous materials are stored and locked in designated areas inaccessible to residents in accordance with regulation 2600.82c

Administrator or Resident Care Coordinator will also check the home weekly to ensure all poisonous materials are stored and locked in designated areas inaccessible to residents in accordance with regulation 2600.82c

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Signature

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96c - First Aid Accessible

Regulations

2600.

96.c. The first aid kit must be in a location that is easily accessible to staff persons.

Description of Violation

The home has three first aid kits. Two kits are located in the locked medication rooms and one is located in the kitchen which is locked overnight. There is no first aid kit accessible to staff at all times.

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 home does not agree with this violation, all staff have access to first aid kits. Med Techs are present on the second and third floor on all shifts with keys to access either nurses station as needed and during overnight hours when the kitchen is locked.

However, on 6/13/19 during our inspection, an additional first aid kit was placed in storage closet on the second floor in a location easily accessible to all staff at all times.

Moving forward, RCC or designee will continue to monitor first aid kits weekly and ensure accessibility in accordance with regulation 2600.96.c

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Signature

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184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #5 is prescribed SM Senna Laxative 8.6mg, take one tablet by mouth at bedtime if needed; however, the label indicates take one tablet by mouth at bedtime.

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.)

On 12/18/18 PCP changed residents order for Senna 8.6mg, take one tablet by mouth at bedtime for constipation to Senna 8.6mg take one tablet by mouth at bedtime as needed for constipation. The RCC applied a change in direction sticker on the pharmacy label of the bottle at that time. She then stored the bottle with the as needed medications in the medication cart. However, upon inspection the label did not reflect the change in direction sticker.

RCC immediately applied another change in direction sticker on the bottled medication label and requested a new pharmacy label with instructions from the pharmacy. A new label indicating current order and directions was provided by the pharmacy that evening.

On 6/14/19 the RCC or designee reviewed all resident with PRN (as needed) medication ordered to ensure that their prescription is pharmacy labeled and indicates direction for use as prescribed by physician in accordance with regulation 2600.184.a

Moving forward, Administrator and/or RCC will continue to review all new (or changed) medication orders and ensure compliance with regulation 2600.184.a when received and monthly during cart inspection.

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