



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: weinsteinsl@aol.com
lhughespcha@gmail.com

MAILING DATE: April 21, 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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 7, 2020, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Williams".

Jason Williams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *EASY LIVING COUNTRY ESTATES*

License Number: *44263*

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

County: *WESTMORELAND*

Region: *WESTERN*

Administrator

Name: *LISA HUGHES*

Phone: *7249251159*

Email: *WEINSTEINSL@AOL.COM*

Legal Entity

Name: *DS REALTY VENTURES LLC*

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

Certificate(s) of Occupancy

Type: *I-1*

Date:

Issued By:

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *59*

Waking Staff: *44*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Incident*

Inspection Dates and Department Representative

02/07/2020 - On-Site: Jan Cutter

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60*

Residents Served: *46*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *46*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *13*

Have Physical Disability: *0*

42b - Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 1/23/20 at approximately 11:45 pm, direct care staff person A entered the building while off-duty and was intoxicated. During the time that direct care staff person A was in the building, she entered the bedroom of resident #1, who was still awake and sitting in her recliner. Direct care staff person A sat on the arm of the recliner and kissed the resident on the cheek. Direct care staff person A also entered resident #2's bedroom and laid down next to the resident on her bed. Other direct care staff on duty were able to assist direct care staff A out of the building.

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.)

Internal investigation was completed by the Administrator on 2-13-2020. Resident #2, nor roommate (spouse), stated she has no recollection or suspicion of DCS person A entering their room let alone in her bed. Resident #1 states she welcomed DCS person A into her room the evening in question and does recall her sitting on the arm of recliner but denies any inappropriate behavior by DCS person A.

See page 2a

Legal Entity Representative

Lisa Hughes, PCHA
Signature

Lisa Hughes, PCHA
Printed Name and Title

3-11-2020
Date

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

The above plan of correction is approved as of 4/16/20
(Date)

Plan of correction implementation status as of 4/16/20
(Date)

- Implemented
- Not Implemented

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

2600.42b

- DCS person B was suspended immediately pending the investigation and employment ended on 2/16/2020
- Current staff to attend scheduled training on Abuse, Neglect and Domestic Violence/ Older Adult Protective Services Act with Kelly Fleming-Kellerman, RN, Medi Home Health. Training completion date March 31, 2020. Documentation of training will be kept.
- Current staff received additional training on 1/28/20 & 1/29/20 of ELCE policy for securing a safe environment "lock-up" of facility and that no person including employees are to be in the building without prior permission by management unless they are reporting for duty for their scheduled shift. (see pages 2b, 2c, 2d, 2e)
- Upon hire, staff will receive additional training on ELCE policy for securing a safe environment, documentation of this training will be kept in employee file. Administrator or designee to audit new employee files within 48 hours of hire to ensure compliance.
- Administrator or Designee to interview 5 residents weekly for 4 weeks to ensure all care needs are met and satisfaction with treatment then will discuss findings at next QA meeting.
- Administrator or Designee will continue to address any concerns or issues during monthly resident council meeting and give the resident an option for private discussion. All concerns will be documented and addressed immediately by Administrator.
- Completion date March 31, 2020

Josi Hughes, PCHA 3-11-2020