

Department of Human Services  
Bureau of Human Service Licensing

April 7, 2022

[REDACTED]  
OLD ORCHARD HEALTH CARE CENTER - EASTON PA LLC  
[REDACTED]

RE: ARDEN COURTS OF OLD ORCHARD  
4098 FREEMANSBURG AVENUE  
EASTON, PA, 18045  
LICENSE/COC#: 22604

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/09/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *ARDEN COURTS OF OLD ORCHARD* License #: *22604* License Expiration: *01/17/2023*  
Address: *4098 FREEMANSBURG AVENUE, EASTON, PA 18045*  
County: *NORTHAMPTON* Region: *NORTHEAST*

**Administrator**

Name: [REDACTED] Phone: *4843735135* Email: [REDACTED]

**Legal Entity**

Name: *OLD ORCHARD HEALTH CARE CENTER - EASTON PA LLC*  
Address: [REDACTED]  
Phone: *4843735135* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *Other* Date: *10/15/2015* Issued By: *Bethlehem Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *80* Waking Staff: *60*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint, Incident* Exit Conference Date: *12/17/2021*

**Inspection Dates and Department Representative**

12/09/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *64* Residents Served: *40*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *na* Capacity: *64* Residents Served: *40*

**Hospice**

Current Residents: *5*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *40*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *40* Have Physical Disability: *0*

**Inspections / Reviews**

**12/09/2021 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/21/2022*

Inspections / Reviews (*continued*)

04/05/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *04/08/2022*

04/07/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 227d - Support Plan Medical/Dental

**1. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

The medical assessment for resident 1 dated [REDACTED]/21, indicates the resident has a need for a mechanical soft diet. The resident's assessment and support plan, dated [REDACTED] 21 does not indicate the resident needs a special diet.

**Plan of Correction****Accept**

Rasps was updated immediately to address resident's dietary needs.

Ed will monitor Rasps to ensure information is current.

Audit 5 Rasps weekly for 4 weeks to ensure any changes to the resident's care.

**Completion Date:** 04/05/2022

**Update:** 04/05/2022

Please send updated RASP (dietary section) - 4-5-2022 MM

**Document Submission****Implemented**

Please send updated RASP (dietary section) - 4-5-2022 MM