

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

May 5, 2025

[REDACTED], SECRETARY/TREASURER
DS REALTY VENTURES LLC
ONE EASY LIVING DRIVE
HUNKER, PA, 15639

RE: EASY LIVING COUNTRY ESTATES
ONE EASY LIVING DRIVE
HUNKER, PA, 15639
LICENSE/COC#: 44263

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/21/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *EASY LIVING COUNTRY ESTATES* License #: *44263* License Expiration: *12/25/2025*
 Address: *ONE EASY LIVING DRIVE, HUNKER, PA 15639*
 County: *WESTMORELAND* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *DS REALTY VENTURES LLC*
 Address: *ONE EASY LIVING DRIVE, HUNKER, PA, 15639*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *01/12/2011* Issued By: *Hempfield Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *61* Waking Staff: *46*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *03/21/2025*

Inspection Dates and Department Representative

03/21/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *60* Residents Served: *54*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *11*

Number of Residents Who:
 Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *54*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *7* Have Physical Disability: *1*

Inspections / Reviews

03/21/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/12/2025*

04/09/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/01/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/16/2025*

Inspections / Reviews *(continued)*

04/10/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/01/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 05/02/2025

05/05/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/01/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

82c - Locking Poisonous Materials

1. Requirements

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

At 10:54 a.m. there was an unsecured ½ full spray bottle of Comet Cleaner with Bleach in the right drawer cabinet of the wall unit located in the second floor Lounge room. The Comet Cleaner with Bleach had a warning label "if swallowed drink water. Call physician immediately." However, multiple residents to include residents #1 and #2, were assessed to be unsafe around poisons.

Plan of Correction

Accept ([REDACTED]) - 04/10/2025)

The Comet Cleaner was immediately removed on 3/21/2025 from cabinet during inspection by the Executive Director (ED).

A full audit of the home was performed on 3/24/2025 by the ED, PCHA and RCC to remove any unsecured poisonous materials and no unsecured poisonous materials were found. The home was found to be in compliance with regulation 2600.82.c on 3/24/2025.

All staff were in-serviced on the importance of securing and maintaining safe storage for poisonous materials by PCHA on 3/27/2025 and 3/28/2025. (in-service attached)

7-3 Med Techs on each floor will be responsible for ensuring all poisonous materials are secured safely in compliance with regulation 2600.82.c.

Weekly Audits as of 4/4/2025-5/2/2025 will be performed by the RCC to ensure the home remains in compliance. (Audit form attached)

Licensee's Proposed Overall Completion Date: 05/02/2025

Implemented ([REDACTED]) - 05/05/2025)

101j7 - Lighting/Operable Lamp

2. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

At 10:30 a.m., resident #1 does not have access to a source of light that can be turned on/off at bedside. The closest light was approximately 9 feet from the head of the resident's bed.

Repeat 03/06/2024.

Plan of Correction

Accept ([REDACTED]) - 04/10/2025)

On 3/21/2025 a battery operated touch light was immediately secured to resident #1's bedside table. (photo attached)

On 3/26/2025 all rooms were audited by the RCC and PCHA to ensure compliance with 2600.101.j.7. All rooms are

101j7 - Lighting/Operable Lamp (continued)

in compliance as of 3/26/2025.

All staff in-serviced on regulation 2600.101.j.7 on 3/27/2025 and 3/28/2025. (in-service attached).

3-11 Med Techs on each floor will be responsible to ensure all resident rooms are in compliance with 2600.101.j.7 daily.

RCC will audit each resident room weekly 4/4/2025-5/2/2025 to ensure on going compliance is being maintained.

Licensee's Proposed Overall Completion Date: 05/02/2025

Implemented (█ - 05/05/2025)

181c - Self-administration Assessment**3. Requirements**

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

At 11:17 a.m., there was a bottle of AZO Cranberry take 2 soft gel by mouth daily, on resident #2's bed side dresser located in resident's room. The medication was administered 3/15/25, though 3/20/25. However, the resident was not authorized to be administered this medication by a prescribing physician.

Plan of Correction

Accept (█ - 04/10/2025)

Resident #2's family brought in this medication and was administering it to resident #2 without the home's knowledge.

Medication was immediately removed on 3/21/2025 from resident #2's room by RCC.

An order from the provider was obtained on 3/21/2025 for medication (order attached).

Medication will be kept in medication cart and administered to resident #2 by medication technician as prescribed by the provider.

Family, resident and staff were all educated on Home's Medication Administration Policy by PCHA on 3/21/2025 (Policy attached).

On 3/24/2025 the PCHA, RCC and ED audited each resident room to ensure compliance with 2600.181.c. The home was in compliance with 2600.181.c. as of 3/24/2025.

Med Techs on each floor, each shift will be responsible for ensuring no medications are in any resident room and no resident is self administering medication unless in compliance with 2600.181.

The PCHA will audit 3 different resident rooms from each floor every week 4/4/2025-5/2/2025 to ensure

181c - Self-administration Assessment (continued)

compliance is being maintained. (audit form attached)

Licensee's Proposed Overall Completion Date: 05/02/2025

Implemented (█ - 05/05/2025)

183d - Prescription Current**4. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

At 11:17 a.m., there was a bottle of Nystop 100000 POW, apply moderate amounts to feet and groin twice daily as needed, on resident #2's bed side dresser located in resident room █. However, there was not a valid prescriber order for this medication.

At 11:17 a.m., there was a tube of Zink Oxide Paste Skin Protectant, on resident #2's bed side dresser located in resident room █. However, there was not a valid prescriber order for this medication.

At 11:17 a.m., there was a bottle of AZO Cranberry take 2 soft gel by mouth daily, on resident #2's bed side dresser located in resident's room. The medication was administered 3/15/25, though 3/20/25. However, there was not a valid prescriber order for this medication.

Plan of Correction

Accept (█ - 04/10/2025)

Resident #2's family brought in these medications without the home's knowledge.

All medications were immediately removed on 3/21/2025 from resident #2's room by RCC.

Orders from the provider were obtained on 3/21/2025 for medications (order attached).

Medications will be kept in medication cart and administered to resident #2 by medication technician as prescribed by the provider.

Family, resident and staff were all educated on Home's Medication Administration Policy by PCHA on 3/21/2025 (Policy attached).

On 3/24/2025 the PCHA, RCC and ED audited each resident room to ensure compliance with 2600.183.d. The home was in compliance with 2600.183.d. as of 3/24/2025.

Med Techs on each floor, each shift will be responsible for ensuring no medications are in any resident room unless assessed by a physician, physician's assistant or certified registered nurse practitioner.

The PCHA will audit 3 different resident rooms from each floor every week 4/4/2025-5/2/2025 to ensure compliance is being maintained. (audit form attached)

Licensee's Proposed Overall Completion Date: 05/02/2025

183d - Prescription Current (*continued*)

Implemented (█ - 05/05/2025)

185a - Implement Storage Procedures

5. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1 was prescribed Furisiosemid 40 mg take one tablet by mouth every 4 hours as needed for secretions. The medication was discontinued 2/24/25, However the medication was still in med cart.

On 3/14/25, at 7:30 a.m., resident #2's glucometer indicated a blood sugar measurement of 112. However, the resident's March 2025, Medication Administration Record indicated a blood glucose reading of 122 for the corresponding field's date/time.

Plan of Correction

Accept (█ - 04/10/2025)

Resident #1's discontinued medication was immediately removed from medication cart on 3/21/2025 by RCC.

On 3/25/2025 a complete audit of all the medication carts were performed by PCHA and RCC. Home is in compliance with 2600.185.a on 3/25/2025.

RCC will perform weekly audits from 4/4/2025-5/2/2025 on the medication carts to ensure compliance is maintained (audit form attached).

Resident #2 insulin parameter orders read "a blood sugar less than 150 give no insulin" therefore no adverse reaction occurred to resident.

All other diabetic resident's glucometer readings were compared to March MARs on 3/31/2025 by RCC and PCHA.

Med Techs were verbally in-serviced on proper documentation and observed on taking a blood sugar and recording proper reading in MAR on 3/31/2025 by PCHA.

PCHA will conduct a minimum of 3 MAR blood sugar audits weekly from 4/4/2025-5/2/2025 to ensure compliance with 2600.185.a is being maintained (Audit form attached). Documentation of MAR audits will be kept on file at facility.

Licensee's Proposed Overall Completion Date: 05/02/2025

Implemented (█ - 05/05/2025)

186b - Medication Used by Resident

6. Requirements

2600.

186.b. Prescription medications shall be used only by the resident for whom the prescription was prescribed.

Description of Violation

At 11:17 a.m., there was a bottle of AZO Cranberry take 2 soft gel by mouth daily, on resident #2's bed side dresser

186b - Medication Used by Resident (continued)

located in resident room [REDACTED]. The medication was administered 3/15/25, though 3/20/25. However, the resident was not authorized to be administered this medication by a prescribing physician.

Plan of Correction**Accept ([REDACTED] - 04/10/2025)**

Resident #2's family brought in this medication and was administering it to resident #2 without the home's knowledge.

Medication was immediately removed on 3/21/2025 from resident #2's room by RCC.

An order from the provider was obtained on 3/21/2025 for medication (order attached).

Medication will be kept in medication cart and administered to resident #2 by medication technician as prescribed by the provider.

Family and resident were all educated on Home's Medication Administration Policy by PCHA on 3/21/2025 (Policy attached).

On 3/24/2025 the PCHA, RCC and ED audited each resident room to ensure compliance with 2600.186.b. The home was in compliance with 2600.186.b. as of 3/24/2025.

All staff in-serviced on 3/24/2025. Medication Technicians on each floor, each shift will be responsible for ensuring no medications are in any resident room and no resident is self administer medication unless assessed by a physician, physician's assistant or certified registered nurse practitioner. (in-service attached)

The PCHA will audit 3 different resident rooms from each floor every week 4/4/2025-5/2/2025 to ensure compliance is being maintained. (audit form attached)

Licensee's Proposed Overall Completion Date: 05/02/2025

Implemented ([REDACTED] - 05/05/2025)