

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

April 9, 2026

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

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

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/10/2026 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: ARDEN COURTS (OLD ORCHARD) **License #:** 22604 **License Expiration:** 01/17/2027
Address: 4098 FREEMANSBURG AVENUE, EASTON, PA 18045
County: NORTHAMPTON **Region:** NORTHEAST

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: C 2 LP **Date:** 06/07/1995 **Issued By:** L & I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 106 **Waking Staff:** 80

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 02/10/2026

Inspection Dates and Department Representative

02/10/2026 **On Site:** [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 65 **Residents Served:** 53

Secured Dementia Care Unit

In Home: Yes **Area:** n/a **Capacity:** 64 **Residents Served:** 53

Hospice

Current Residents: 18

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: 53 **Have Physical Disability:** 0

Inspections / Reviews

02/10/2026 - Partial

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 03/14/2026

Inspections / Reviews *(continued)*

03/31/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/02/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/02/2026

04/09/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/02/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] at approximately 11:29 p.m. resident [redacted] sustained a fall, was sent out to St. Luke's hospital for evaluation, and returned to the home with sutures in the right eyebrow. The home did not report this incident to the department.

Repeated violation [redacted]

Plan of Correction

Accept [redacted] 03/31/2026)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/11/2026 by the Executive Director to educate the Director of nursing and the assistant director of nursing on Regulation 16C. State report was then submitted to the Department also on 2/11/2026.

To enhance the currently compliant operations, on 02/11/2026 the Director of nursing or designee will do weekly audit x 6 weeks on all falls that were sent to the hospital for higher level of care, If they resulted in any injury that required sutures, staples or head injury, a state reportable was completed, with a completion date of 03/25/2026.

Effective 02/11/2026 the Director of nursing or designee will perform weekly audits of reportable incident, through 03/25/2026 to maintain ongoing compliance with reporting an incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department, and to follow the guidelines in § 2600.15 (relating to abuse reporting covered by law). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/25/2026

Implemented [redacted] - 04/09/2026)

121a - Unobstructed Egress

2. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [redacted] at 9:17 a.m., 3 rocks the size of grapefruits were observed outside of the door to the Berry Ridge courtyard. The courtyard can be used as emergency exit. The rocks blocked egress from the home as the door would not open freely.

On [redacted] at 9:25 a.m. a sign stating "do not use" was observed on the door leading out to the courtyard in the Cloverdale dining room. The posted sign may prevent egress by deterring residents from using a viable emergency exit in the event of an emergency.

Repeated Violation [redacted]

121a Unobstructed Egress (continued)

Plan of Correction

Accept () - 03/31/2026

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/11/2026 by the Building Service Coordinator to The building service coordinator removed the grapefruit size rocks from the door on Berry Ridge. The building coordinator removed sign that stated do not use that was leading to the courtyard.

To enhance the currently compliant operations, on 02/11/2026 the Building Service Coordinator or designee will complete a daily audit for 5 days a week on blocked egresses. The building service coordinator will audit 5 days a week that there is no signage at exit doors, with a completion date of 03/25/2026.

Effective 02/11/2026 the Building Service Coordinator or designee will perform daily inspections of Audit completed 5 days a week, through 03/25/2026 to maintain ongoing compliance with ensuring stairways, hallways, doorways, passageways and egress routes free from being unobstructed. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/25/2026

Implemented () - 04/09/2026

141b1 - Annual Medical Evaluation

3. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [REDACTED] most recent medical evaluation was completed on [REDACTED]. The resident's medical evaluation does not indicate if the residents needs can be met at the personal care home or if the resident would require care in a skilled nursing facility.

Plan of Correction

Accept () - 03/31/2026

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/11/2026 by the Director of Nursing or designee to On 2/11/26 the immediate action was taking to have physician correct and check missed box on DME.

To enhance the currently compliant operations, on 02/11/2026 the Director of Nursing or designee will audit 5 residents' DME's weekly for 6 weeks. To ensure all appropriate information is checked and completed on audited DME's, with a completion date of 03/25/2026.

Effective 02/11/2026 the Director of Nursing or designee will perform weekly audits of 5 resident DME a week for 6 weeks, through 03/25/2026 to maintain ongoing compliance with ensuring each resident has a medical evaluation at least annually. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/25/2026

Implemented () 04/09/2026

184b - Labeling OTC/CAM

4. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

At 3:50p.m., a bottle of Nystatin powder was in the Berry Neighborhood medication cart and was not labeled with a resident's name. Staff could not confirm who the medication belonged to.

Plan of Correction

Accept [REDACTED] - 03/31/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/10/2026 by the Director of Nursing of removal of unlabeled nystatin powder from medication cart.

To enhance the currently compliant operations, on 02/11/2026 the Director of Nursing or designee will complete weekly cart audits for 6 weeks to ensure all medications are labeled correctly, with a completion date of 03/25/2026.

Effective 02/11/2026 the Director of Nursing or designee will perform weekly cart audits for 6 weeks, through 03/25/2026 to maintain ongoing compliance with the ensuring of the OTC medications and CAM belonging to the resident, they will be identified with the resident's name. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/25/2026

Implemented [REDACTED] - 04/09/2026)

187a - Medication Record

5. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident [REDACTED] is prescribed blood pressure checks daily at 10:00 a.m. and 9:00 p.m. prior to the administration of [REDACTED] tablets. However, resident's [REDACTED]'s February medication administration record does not list residents blood pressure that was taken on [REDACTED] at 10:00 am. by staff person A.

Repeated violation [REDACTED]

Plan of Correction

Accept [REDACTED] - 03/31/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/11/2026 by the Director of nursing to Education on violation 184B to the two nurses identified on giving medication on dates identified.

To enhance the currently compliant operations, on 02/11/2026 the Director of Nursing or designee will Completing weekly cart audit for 6 weeks, and blood pressure flow sheet to ensure all medication ordered with parameters are being completed and documented, with a completion date of 03/25/2026.

187a - Medication Record (continued)

Effective 02/11/2026 the Director of Nursing or designee will perform weekly audits of weekly EHR audits on 3 residents each house for 6 weeks , through 03/25/2026 to maintain ongoing compliance with keeping a medication record, for each resident for whom medications are administered, that includes blood pressure monitoring. An audit of the weekly EHR will be completed for 3 residents on each house for 6 weeks. Compliance monitoring activities will be implemented under the supervision of the Director of Nursing. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Executive director for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 03/25/2026

Implemented [REDACTED] - 04/09/2026)

6. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident [REDACTED] is prescribed a PRN order for [REDACTED] tablets however, the medication is not included on resident [REDACTED]'s February 2026 medication administration record.

Plan of Correction

Accept [REDACTED] - 03/31/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/11/2026 by the Director of Nursing or designee to Education on violation 184B to all nurses to ensure active orders are showing in EHR.

To enhance the currently compliant operations, on 02/11/2026 the Director of Nursing or designee will Complete weekly EHR audits for 6 weeks, of current orders for 3 residents on each house, with a completion date of 03/25/2026.

Effective 02/11/2026 the Director of Nursing or designee will perform weekly audits for 3 residents on each house for 6 weeks, through 03/25/2026 to maintain ongoing compliance with keeping a medication record, for each resident for whom medications are administered. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/25/2026

Implemented [REDACTED] - 04/09/2026)

187b - Date/Time of Medication Admin.**7. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [REDACTED]'s medication administration records were not initialed as administered on the following dates:

- [REDACTED]

187b - Date/Time of Medication Admin. (continued)

• [REDACTED]

Plan of Correction

Accept [REDACTED] 03/31/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/11/2026 by the Director of Nursing or designee to educate the staff that missed signatures on MAR.

To enhance the currently compliant operations:

1. on 02/11/2026 the Director of Nursing or designee will Electronic Health record has been put in place to ensure all signatures by staff are obtained at time of medication administration, with a completion date of 03/25/2026.
2. on 02/11/2026 the Director of Nursing or designee will Education for all med techs and nurses of regulation 187B, with a completion date of 03/25/2026.

The overall completion date is 03/25/2026.

Effective 02/11/2026 the Director of nursing or designee will perform weekly audits of EHR for 3 resident on each house, through 03/25/2026 to maintain ongoing compliance with weekly audit of electronic health record of 3 resident per unit to ensure signatures are completed at time of administration, ensuring the information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/25/2026

Implemented ([REDACTED] - 04/09/2026)

187d - Follow Prescriber's Orders

8. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] at bedtime. On [REDACTED] the medication was not administered.

Repeated violation [REDACTED]

Plan of Correction

Accept [REDACTED] - 03/31/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/11/2026 by the Director of Nursing to completed DHS reportable on 2/11/26.

To enhance the currently compliant operations, on 02/11/2026 the Director of Nursing or designee educated nurses and med tech on regulation 187b, Documentation of medication held, reason and MD follow-up, with a completion date of 03/25/2026.

187d - Follow Prescriber's Orders (continued)

Effective 02/11/2026 the Director of Nursing or designee will perform weekly audits of 3 residents on each house, through 03/25/2026 to maintain ongoing compliance with ensuring the home must follow the directions of the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/25/2026

Implemented [REDACTED] - 04/09/2026)