

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

May 1, 2026

[REDACTED]
DS REALTY VENTURES LLC
[REDACTED]

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

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/26/2026 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *EASY LIVING COUNTRY ESTATES* License #: *44263* License Expiration: *12/25/2026*
 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: [REDACTED]
 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: *62* Waking Staff: *47*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *03/26/2026*

Inspection Dates and Department Representative

03/26/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *60* Residents Served: *48*

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: *48*
 Diagnosed with Mental Illness: *18* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *14* Have Physical Disability: *0*

Inspections / Reviews

03/26/2026 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/18/2026*

Inspections / Reviews (*continued*)

05/01/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/01/2026

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document
Submission*

05/01/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/01/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Direct care staff person A was hired [redacted] however, the home did not complete a Pennsylvania State Police Criminal Background Check until [redacted].

Plan of Correction

Accept [redacted] - 05/01/2026)

The Home was never notified of the change in the interruption of regulation 2600.51. The home believed it had 30 days since the date of hire to run the Criminal Background Check. As of 3/27/2026 all future staff will have their Criminal Background checks done on or prior to their start date. The Administrator will randomly pull 1-2 new employee files (dependent on the amount of new hires) weekly x 4 weeks to ensure continued compliance with regulation 2600.51 (Exhibit A).

Licensee's Proposed Overall Completion Date: 04/27/2026

Implemented [redacted] - 05/01/2026)

81b - Resident Personal Equipment

2. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

At 11:00 a.m., the enabler attached to resident [redacted] bed had an approximate 2 foot by 3 foot uncovered opening in the center, posing an entrapment hazard.

Plan of Correction

Accept [redacted] - 05/01/2026)

On 3/26/2026, the enabler was immediately removed from resident [redacted]s bed. The resident and family were notified at this time. On 3/27/2026, an audit of resident rooms was completed by the Administrator and no further violations of 2600.81.b were identified. ELCE created a policy that prohibited the use of bedside mobility devices (Exhibit B). The policy was sent out as a memo to all resident's families/designated persons (Exhibit C). All ELCE staff were in serviced on the policy (Exhibit D). The Administrator or designee will audit 5 resident's rooms/equipment weekly x 2 weeks, then 3 resident's rooms/equipment weekly x 1 week, then 1 resident's room/equipment weekly for 1 week to ensure continued compliance with regulation 2600.81.b (Exhibit E).

Licensee's Proposed Overall Completion Date: 04/27/2026

Implemented [redacted] - 05/01/2026)

185a - Implement Storage Procedures

3. 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.

185a Implement Storage Procedures (continued)

Description of Violation

At 11:00 a.m., resident [redacted]s bed had an enabler attached. However, the home did not develop and implement procedures to ensure that all bedside mobility devices are periodically assessed for proper installation and maintenance and that they remain appropriate for residents who utilize them.

Plan of Correction

Accept [redacted] - 05/01/2026)

On 3/26/2026, the enabler was immediately removed from resident [redacted] bed. The resident and family were notified at this time. On 3/27/2026, an audit of resident rooms was completed by the Administrator and no further violations of 2600.185.a) were identified. ELCE created a policy that prohibited the use of bedside mobility devices (Exhibit B). The policy was sent out as a memo to all resident's families/designated persons (Exhibit C). All ELCE staff were in serviced on the policy (Exhibit D). The Administrator or designee will audit 5 resident's rooms/equipment weekly x 2 weeks, then 3 resident's rooms/equipment weekly x 1 week, then 1 resident's room/equipment weekly for 1 week to ensure continued compliance with regulation 2600.185.a (Exhibit F).

Licensee's Proposed Overall Completion Date: 04/27/2026

Implemented [redacted] - 05/01/2026)

225c - Additional Assessment

4. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [redacted] has an enabler bar attached to [redacted] bed. However, the resident's assessment, does not indicate the following:

- The specific need for the device
- The intended use
- Any risks associated with the device
- The resident's ability to use the device safely for the intended purpose
- Identification of the specific device to be used
- If a cover is required to meet FDA guidelines

Plan of Correction

Accept [redacted] - 05/01/2026)

On 3/26/2026, the enabler was immediately removed from resident [redacted] bed. The resident and family were notified at this time. On 3/27/2026, an audit of resident rooms was completed by the Administrator and no further violations of 2600.225.c) were identified. ELCE created a policy that prohibited the use of bedside mobility devices (Exhibit B). The policy was sent out as a memo to all resident's families/designated persons (Exhibit C). All ELCE staff were in serviced on the policy (Exhibit D). The Administrator or designee will audit 5 resident's rooms/equipment weekly x 2 weeks, then 3 resident's rooms/equipment weekly x 1 week, then 1 resident's room/equipment weekly for 1 week to ensure continued compliance with regulation 2600.225.c (Exhibit G).

Licensee's Proposed Overall Completion Date: 04/27/2026

Implemented [redacted] - 05/01/2026)

251c - Standardized Forms

5. Requirements

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident [REDACTED]'s annual medical evaluation, dated [REDACTED] was not completed on the Department's current standardized form.

Resident [REDACTED] annual medical evaluation, dated [REDACTED], was not completed on the Department's current standardized form.

Plan of Correction**Accept [REDACTED] - 05/01/2026)**

On 3/27/2026, ELCE completed the request for waiver of regulation 2600.141.c (Exhibit H). On 4/16/2026, Our request to waive regulation 2600.141.a was granted (Exhibit I). ELCE is now in compliance with regulation 2600.251.c and will complete the necessary steps annually to maintain this waiver and ensure continued compliance.

Licensee's Proposed Overall Completion Date: 04/16/2026

Implemented [REDACTED] - 05/01/2026)