

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

June 1, 2026

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

RE: ARDEN COURTS (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 04/07/2026 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: 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:** Dept of L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 118 **Waking Staff:** 89

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint **Exit Conference Date:** 04/07/2026

Inspection Dates and Department Representative

04/07/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 65 **Residents Served:** 59

Secured Dementia Care Unit

In Home: Yes **Area:** Entire Home **Capacity:** 64 **Residents Served:** 59

Hospice

Current Residents: 22

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 58
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 59 **Have Physical Disability:** 0

Inspections / Reviews

04/07/2026 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/01/2026

05/20/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 05/28/2026
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 05/27/2026

Inspections / Reviews *(continued)*

06/01/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/28/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

A copy of the 2600 chapter was posted in a glass enclosed bulletin board that was locked and therefore not accessible to all residents and visitors.

Plan of Correction

Accept ([redacted] - 05/20/2026)

In response to the violation on 04/07/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/18/2026 by the Executive Director to on 3/18/26 the Executive director relocated the PA 2600 regulations to open in a clearly visible area within the facility. Regulations were placed in library area within facility. Ensuring residents and visitors have unrestricted access at all times.

To enhance the currently compliant operations, on 04/18/2026 the Executive Director will implement a policy requiring all required postings, including 2600 regulations, to remain accessible without restriction, with a completion date of 05/22/2026.

Effective 04/17/2026 the Executive Director will perform weekly audits of auditing required postings in facility weekly for 5 weeks, through 05/22/2026 to maintain ongoing compliance. Findings will be documented weekly for 5 weeks any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 05/22/2026

Licensee's Proposed Overall Completion Date: 05/22/2026

Implemented ([redacted] - 05/29/2026)

28f - Resident's Funds and 30-day Refund

2. Requirements

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident #1 was discharged on [redacted] The home did not issue a refund until [redacted]

Plan of Correction

Accept ([redacted] - 05/20/2026)

In response to the violation on 04/07/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/08/2026 by the Executive Director to Reviewed residents chart to make sure refund was administered in a timely matter.

To enhance the currently compliant operations, on 04/08/2026 the Bussinesss Office will Audited all discharges from 12/01/2025 to present for refund timeliness; any outstanding statements/refunds processed today with proof of mailing/payment, with a completion date of 05/22/2026.

28f - Resident's Funds and 30-day Refund (continued)

Effective 04/17/2026 the Business office manager will perform weekly audits for 5 weeks, through 05/22/2026 to maintain ongoing compliance with Implemented a standardized Discharge Financial Close-Out Checklist requiring: itemized account, notification of balance due/refund, and refund issuance within 30 days. Audit completed on 5 random residents for 5 weeks of discharge and any refunds. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/22/2026

Implemented (█) - 05/29/2026

85a - Sanitary Conditions**3. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At 9:20 a.m., the shelves of the refrigerator in the Berry Ridge kitchenette were sticky and stained with spilled juice.

Plan of Correction

Accept (█) - 05/20/2026

In response to the violation on 04/07/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/08/2026 by the Director of Nursing to wipe out refrigerator immediately. All sticky, dirty areas were wiped and cleaned.

To enhance the currently compliant operations, on 04/08/2026 the Director of Nursing will complete audit to all refrigerators weekly for 5 weeks to ensure no spillage or sticky areas, with a completion date of 05/22/2026.

Effective 04/17/2026 the Director of nursing will perform weekly audits on all refrigerators for 5 weeks, through 05/22/2026 to maintain ongoing compliance with Caregivers maintaining sanitary conditions. Audits to be completed on all refrigerators for cleanliness. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/22/2026

Implemented (█) - 05/29/2026

96a - First Aid Kit**4. Requirements**

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the Dockside area did not include scissors, tweezers, eye coverings, or a CPR face shield.

96a - First Aid Kit (continued)

Plan of Correction

Accept (█) - 05/20/2026

In response to the violation on 04/07/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/08/2026 by the Director of Nursing to Replenished the Dockside first aid kit with scissors, tweezers, eye coverings, and a CPR face shield on 04/8/2026. Verified kit contents against the required checklist and placed a dated contents tag inside the kit.

To enhance the currently compliant operations, on 04/08/2026 the Director of Nursing will update the standardized First Aid Kit Contents Checklist to match regulatory requirements includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing/CPR shield, eye coverings, and tweezers, with a completion date of 05/22/2026.

Effective 04/17/2026 the Director of Nursing will perform weekly audits of weekly for 5 weeks, through 05/22/2026 to maintain ongoing compliance with Weekly First Aid Kit Inspection Log completed for all houses for 5 weeks. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/22/2026

Implemented (█) - 05/29/2026

103e - Left Overs

5. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At 9:25 a.m., there was a paper cup with an unlabeled, undated, small bag of frozen sausage links in the freezer located in the Cloverdale kitchenette.

Repeat violation: 4/2/25.

Plan of Correction

Accept (█) - 05/20/2026

In response to the violation on 04/07/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/08/2026 by the Director of Nursing to remove and dispose of the unlabeled, undated frozen sausage links immediately cleaned and sanitized the the kitchenette freezer area and inspected for other unlabeled/undated items.

To enhance the currently compliant operations, on 04/08/2026 the Director of Nursing will reissue labeling protocol to all staff: all food stored in communal/freezer areas must have item name, preparer initials, and date. Provided pre-printed freezer labels and permanent markers to kitchenette, with a completion date of 05/22/2026.

Effective 04/17/2026 the Executive Director will perform weekly audits of inspection of all refrigerators and freezers, through 05/22/2026 to maintain ongoing compliance with Weekly documented audit of all resident/staff food storage by Executive director; audit log submitted for 5 weeks. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

103e Left Overs (continued)

Licensee's Proposed Overall Completion Date: 05/22/2026

Implemented (█) - 05/29/2026

183e - Storing Medications

6. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

At 2:45 p.m., two loose Tylenol pills were found in the 2nd and 3rd drawers of the Harvest medication cart, and one loose pill was found in the 2nd drawer of the Dockside medication cart.

Repeat violation: 4/2/25.

Plan of Correction

Accept (█) - 05/20/2026

In response to the violation on 04/07/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/08/2026 by the Director of Nursing to Removed and accounted for the loose Tylenol pills from the medication cart immediately. Disposed per medication disposal policy. Inspected all medication carts for additional loose pills, damage, or unsecured packaging; none found.

To enhance the currently compliant operations, on 04/08/2026 the Director of Nursing will Retrained all licensed nursing staff and medication aides on proper medication storage, handling, and cart organization with emphasis on: keeping pills in original/blister packaging or properly labeled unit dose containers, never loose in drawers, and immediate reporting of unsecured medications. Training completed and attendance documented, with a completion date of 05/22/2026.

Effective 04/17/2026 the Director of Nursing will perform weekly audits for 5 weeks, through 05/22/2026 to maintain ongoing compliance with Nursing staff and med techs. Nursing to perform a visual check of medication in carts daily. Nurse Manager to perform a documented weekly audit of all medication carts for packaging, labeling, storage conditions, and drawer organization; any discrepancies corrected within 24 hours. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/22/2026

Implemented (█) - 05/29/2026

184b - Labeling OTC/CAM

7. 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 approximately 2:49 p.m., a bottle of Tylenol Extra Strength 500mg tablets identified by staff as belonging to

184b - Labeling OTC/CAM (continued)

Resident #2 was in the 2nd drawer of the Dockside medication cart and was not labeled with the resident's name.

Plan of Correction

Accept () - 05/20/2026

In response to the violation on 04/07/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/08/2026 by the Director of nursing to Removal of unlabeled OTC Tylenol from medication cart.

To enhance the currently compliant operations, on 04/08/2026 the Director of nursing will Completed audits of all carts on a weekly basis, with a completion date of 05/22/2026.

Effective 04/17/2026 the Director of Nursing will perform weekly audits of medication carts, through 05/22/2026 to maintain ongoing compliance with Weekly cart audit for 5 weeks to be completed to ensure all OTC medication is labeled and stored correctly. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/22/2026

Implemented () - 05/29/2026

190c - Record of Training**8. Requirements**

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

On 4/7/26, the home's medication administration training record for Staff Person A's 2025 annual practicum does not include the completion date, the signature and date of the student and trainer, and clarification if the student was recertified.

Plan of Correction

Accept () - 05/20/2026

In response to the violation on 04/07/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/08/2026 by the Executive Director to Located Staff Person 2025 medication administration practicum record and completed all missing elements on final completion date, student signature/date, trainer signature/date, and documented recertification status. Verified supporting evidence.

To enhance the currently compliant operations, on 04/08/2026 the Executive Director will Implement a standardized Medication Administration Training Record template requiring: trainee name, course/practicum dates, trainer name/credentials, source/materials, completion date, pass criteria, student/trainer signatures with dates, and certification/recertification status, with a completion date of 05/22/2026.

Effective 04/17/2026 the Executive Director will perform monthly audits through 05/22/2026 to maintain ongoing compliance to ensure records are complete prior to filing. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/22/2026

Implemented () - 06/01/2026

190c - Record of Training (continued)

233c - Key-Locking Devices

9. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

On 4/7/26, at approximately 10:00 a.m., the directions for operating the home's locking mechanism at the outside gate near the entrance to the Dockside hallway of the Secured Dementia Care Unit (SDCU) was incorrect and would not open the gate..

Repeat Violation: 4/02/25.

Plan of Correction

Accept ([redacted]) - 05/20/2026

In response to the violation on 04/07/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/08/2026 by the Executive Director to Removed incorrect directions and installed accurate, conspicuously at eye level within 12 inches of the device; verified they open the gate as written.

To enhance the currently compliant operations, on 04/08/2026 the Maintenance will Reviewed all outside door codes for location and accuracy, with a completion date of 05/22/2026.

Effective 04/17/2026 the Maintenance will perform daily audits of 5 days a week for 5 weeks, through 05/22/2026 to maintain ongoing compliance with Daily 5 days a week visual check and functional test . Checking the accuracy and placement of door code. Any discrepancy corrected within 24 hours. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/22/2026

Implemented ([redacted]) - 05/29/2026

234d - Support Plan Revision

10. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

A support plan for resident #3 was completed on [redacted]; however, the support plan does not include the resident's current need for a mechanical, thin diet.

Plan of Correction

Accept ([redacted]) - 05/20/2026

In response to the violation on 04/07/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/08/2026 by the Director of Nursing to update Residents support plan with appropriate diet. Training provided for all staff on correct diet.

To enhance the currently compliant operations, on 04/08/2026 the Director of Nursing will Implemented diet-change audit: any new/changed diet orders for same-day updates to care plan, and EMR diet field, with a completion date of 05/22/2026.

234d Support Plan Revision (continued)

Effective 04/17/2026 the Director of Nursing will perform weekly audits of audit for 5 weeks, through 05/22/2026 to maintain ongoing compliance with Weekly audit of 10 residents' support plans vs. active diet orders, then monthly; discrepancies corrected within 24 hours. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/22/2026

Implemented (█ - 06/01/2026)