



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

NOV 04 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Mr. Steven J. Miga, President
Eastern Comfort Assisted Living III, Inc.
4136 Nazareth Pike
Bethlehem, Pennsylvania 18020

RE: Eastern Comfort Assisted Living III
206 Diamond Street
Slatington, Pennsylvania 18018

Dear Mr. Miga:

As a result of the Department of Public Welfare's licensing inspection on September 8, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

VIOLATION REPORT
 PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME EASTERN COMFORT ASSISTED LIVING III, 206 DIAMOND STREET SLATINGTON, PA 18018		CURRENT LICENSE NUMBER 216770	
INSPECTION DATES (Include all dates of the inspection) 09/08/2010		REGIONAL REPRESENTATIVE Florence Babiarz	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Eastern Comfort Assisted Living III <i>Kerry Boyer Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Kerry Boyer</i>	DATE <i>9/30/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>B.J. Branigan</i>	DATE <i>10/18/10</i>

16c 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).	On September 8, 2010, the home failed to report to the Department that it did not have the prescribed medications Musinex and Veramyst on hand to administer to resident # 1 at the following times: • Musinex 1200mg tablet at 8am and 8pm from 8/17/10, 8pm dose, through 9/8/10, 8am dose • Veramyst 27.5 mcg nasal spray on 8/15/10 and 8/16/10 for the 8am and 8pm doses. The home has not submitted an incident report to the Department until September 8, 2010.	9/9/10 9/13/10	The administrator will routinely check MAR Book. All medication errors, missed doses and lack of medication on hand will be reported to DRLO by submitting an incident report within 24 hrs. The Administrator has also educated the staff on the importance of letting the Administrator know immediately of any of these occurrences (medication unavailable, missed doses medication errors)	10/18/10 B.B.
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 Adult Residential Licensing

VIOLATION REPORT
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SIGNATURE OF LEGAL ENTITY <i>Kerry Bayer</i>	DATE <i>9/30/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Bd. Berginani</i>	DATE <i>10/18/10</i>

<p>28d</p> <p>If the home does not require a written notice prior to a resident's departure, the administrator shall refund the remainder of previously paid charges to the resident within 30 days of the date the resident moved from the home.</p>	<p>The home did not have an accounting of funds for resident # 2 to indicate if any money was owed to the resident upon discharge to a higher level of care on 5/1/10. Resident was moved to a higher level of care. Administrator [REDACTED] stated there was no refund due as resident owed the facility money.</p>	<p><i>9/9/10</i></p>	<p>The Administrator will keep an itemized Summary of the residents account which will be kept in their chart to verify if refund is owed at discharge.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>10/18/10</i> <i>BS</i></p> <p>Date Initials (DPW)</p>
<p>RECEIVED</p> <p>OCT 12 2010</p> <p>SCRANTON FIELD OFFICE Adult Residential Licensing</p>				

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SIGNATURE OF LEGAL ENTITY <i>Kerry Bayer</i>	DATE 9/30/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>B.B. Babiarz</i>	DATE 10/18/10

<p>81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.</p>	<p>The home had an oxygen line attached to the top of the wall that initiated from resident room #7 and stretch approximately 35 feet into the first floor television area.</p> <p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">OCT 12 2010</p> <p style="text-align: center;">SCRANTON FIELD OFFICE Adult Residential Licensing</p>	<p>9/30/10</p>	<p>The oxygen line has been removed. Resident is using portable tank in sitting area.</p> <p>Administrator will do walk through of facility and be mindful if everything is safe and in good repair.</p>	<p>10/18/10 B.B.</p>
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SIGNATURE OF LEGAL ENTITY <i>Henry Bayer</i>	DATE 9/30/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Sgt. Bragioni</i>	DATE 10/18/10

<p>103g Food shall be stored in closed or sealed containers.</p>	<p>The following food items were found stored in unsealed or opened packages in the home's kitchen:</p> <ul style="list-style-type: none"> • (2) torn bags of frozen pizza containing approximately 15 slices each were stored in the Maytag chest freezer. • (2) opened packages of potato chips (in white bags) were stored in the corner cabinet above the counter where the built-in lazy Susan cabinet was located. 	<p>9/8/10 9/13/10</p>	<p>All foods were checked & put in sealed containers/bags. Administrator will do weekly check Staff was educated on putting foods in sealed containers and being mindful while working in the kitchen</p> <p>The 11pm-7am Staff will have a kitchen check of foods sealed & dated as part of their job duty.</p>	<p>10/18/10 B.B.</p>
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OCT 12 2010

SCRANTON FIELD OFFICE
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103i Outdated or spoiled food or dented cans may not be used.	On 9/8/2010, at 10:00am, (1) bag of frozen chicken breasts containing approximately 15 pieces, (1) bag of frozen chicken patties containing approximately 30 pieces, and (3) packages of frozen pizza in clear cellophane wrapping were found undated and unlabeled, and was located in the home's kitchen.	9/8/10	All foods were checked and labeled and dated	10/13/10 B.S
		9/13/10	Staff was educated on labeling & dating foods. The 11pm-7AM staff will have a kitchen check as part of their job duties. Administrator will do weekly check	

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<p>105g1 To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.</p>	<p>At 9:35am on 9/8/2010, the lint trap in the home's "Roper" brand dryer was 1/2 full of lint. The dryer was cool to the touch and did not contain any clothing in it.</p>	<p>9/8/10</p>	<p>Lint was removed from dryer. Staff was educated on removing lint from vent after each use.</p> <p>Administrator will do check of lint trap on dryer to make sure this is being done</p>	<p>10/18/10 B.B.</p>
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<p>107c The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.</p>	<p>On 9/8/2010, the home had 16 residents, but only 10 gallons of emergency drinking water.</p>	<p>10/5/10</p>	<p>Have received letter from Devine Springs for emergency supply to be delivered. Copy of letter included in packet</p>	<p>10/18/10 B.B.</p>
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<p>141b2 A resident shall have a new medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.</p>	<p>An updated medical evaluation due to a significant change was not completed for resident # 3 who started receiving hospice services from Lehigh Valley Hospice, Inc. on 2/23/10. The resident's record did not contain a physician's order for hospice services at the time of this inspection.</p>	<p>9/8/10</p>	<p>An updated medical evaluation will be done for any resident who has had a significant change in their condition. The Administrator will be responsible to review the record for any resident whose medical condition changes prior to the annual medical evaluation and arrange for an updated medical evaluation to be completed which reflects</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable Date 10/18/10 Initials (DPW) <i>B.B.</i></p>
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OCT 12 2010

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the significant change - Bob B. 10/18/10

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<p>183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.</p>	<p>On 9/8/2010, Novolog prescribed for individual 1, was found stored in the locked medication box in the home's kitchen refrigerator.</p>	<p>9/8/10</p>	<p>Outdated Novolog was discarded. A sign posted on front of Refrigerator has the dates of all the insulin & when they expire staff initials when expires & discards insulin. The Administrator will monitor for compliance with this regulation. Bob B. 10/12/10</p>	
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<p>186c Changes in a medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.</p>	<p>On 8/12/2010, the home MAR indicated Tobramycin-Dexameth 1 drop into right eye 4 times a day was not administered on 8/16/2010 at 12pm, 4pm, 8pm, or on 8/17/2010 at 8am] for resident 4.</p> <p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">OCT 12 2010</p> <p>SCRANTON FIELD OFFICE Adult Residential Licensing</p>	<p>9/13/10</p> <p>9/9/10</p>	<p>Staff was educated on medication procedures. Any orders received concerning medications has to be written from the Dr. and faxed to our facility. Verbal orders are not acceptable. Administrator will routinely check MARs to make sure this is being done.</p>	
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188b A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	On 8/17/2010, an error in resident 1's medication administration occurred involving there was no documentation that the prescriber was informed that medications were not available to be administered to the resident.	9/9/10	Administrator will do a routine MAR check to make sure all documentation is being done properly.	Steps have been taken to correct violation; full compliance is not verifiable Date: 10/18/10 Initials (DPW): <i>SS</i>
		9/13/10	Staff was educated on medication documentation and to notify Dr. of missed doses of medication and Refusals and to Notify Dr. if a med. isn't available.	

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OCT 12 2010

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<p>187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata</p>	<ul style="list-style-type: none"> Resident # 4 - did not indicate a diagnosis or purpose for the prescribed medication Tobramycin-Dexameth, and it was not initialed or dated by the staff person who administered the 12pm dose of this medication on 8/20/10 to the resident. Resident # 1 - was not initialed or dated by the staff person who administered the following medications: Albuterol 0.083% inhaler -- noon doses on 8/18/10, 8/20/10 or 8/30/10 Ambien CR 12.5mg tablet, 10:30pm doses on 9/1/10 and 9/3/10 Ativan 1mg tablet, 10:30pm doses on 9/1/10 and 9/3/10 Calcium Acetate 667mg GE 5pm dose on 9/1/10 Cardizem CD 180mg capsule 8am dose on 9/2/10 Dulcolax 5mg tab, 8am doses on 9/2/10, 9/4/10 and 9/5/10 Elocon 0.1 lotion, 5pm dose on 9/1/10 Tylenol 500mg, 8am doses on 8/12/10, 8/13/10, 8/14/10, 8/15/10, 8/16/10, 8/17/10 and 8/18/10 and the 8pm doses on 8/14/10, 8/15/10, 8/17/10, 8/19/10 and 9/1/10 <p>These resident records did not indicate that the residents refused these medications at these times.</p>	<p>9/9/10</p> <p>9/13/10</p>	<p>Administrator will routinely check MAR BOOK to make sure all documentation is carried out properly</p> <p>Staff was educated on proper medication documentation.</p>	<p>10/18/10 B.B.</p>
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(PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	<i>see previous page</i>	<i>see previous page</i>	
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<p>187c If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.</p>	<p>The record of resident # 1 did not have any documentation that the prescribers were notified that the resident refused the following medications:</p> <p><u>Albuterol</u> 0.083% inhal So at the following dates/times -</p> <ul style="list-style-type: none"> • 8am doses: 8/13/10, 8/18/10, 8/21/10, 8/23/10, 8/25/10, 8/30/10 and 9/1/10 - 9/8/10 • Noon doses: 8/24/10, 9/1/10, 9/3/10 - 9/8/10 • 4pm doses: 9/3/10, 9/5/10 and 9/6/10 • 8pm doses: 9/5/10 and 9/6/10 <p><u>Elocon</u> 0.1% lotion</p> <ul style="list-style-type: none"> • 8am doses: 8/13/10, 8/18/10, 8/21/10 and 8/22/10 <p><u>Nicotine</u> 21mg</p> <ul style="list-style-type: none"> • 5am administration times: 8/25/10, 9/1/10 and 9/8/10 • 8am doses: 8/30/10, 8/31/10, 8/28/10, 8/29/10, 9/2/10, 9/3/10 and 9/7/10 <p><u>Pulmicort</u> 0.5mg/2ml</p> <ul style="list-style-type: none"> • 8am doses: 8/13/10, 8/18/10, 8/21/10, 8/23/10 - 8/27/10, 8/30/10 and 9/1/10 - 9/8/10 • 8pm doses: 9/3/10 - 9/6/10 	<p>9/9/10</p> <p>9/13/10</p>	<p>The Administrator will do a routine MAR check to make sure all documentation is completed and Dr. Notified as needed.</p> <p>Staff was educated on proper documentation & proper procedure on notifying the Doctor on Refusals, missed doses, No meds Available</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date 10/18/10 Initials (DPW) S.B.</p>
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187d The home shall follow the directions of the prescriber.	Review of the 8/12/10 - 9/8/10 medication administration record, indicated that the following medications were not on-hand to administer to resident # 1 as prescribed by the resident's physician: <u>Musinex</u> 1,200mg tablet, 8am and 8pm doses from 8/17/10, 8pm, through 9/8/10, 8am <u>Veramyst</u> 27.5mcg nasal spray, 8am and 8pm doses on 8/15/10 and 8/16/10	9/9/10	Administrator will routinely check MAR Book & med cart to make sure proper documentation & meds are available / or Doctor was notified	Steps have been taken to correct violation. Full compliance is not verifiable 10/18/10 [Signature] Initials (DPW)
		9/13/10	Staff was educated on proper documentation procedures. making sure meds on MAR sheets are in med cart / or notifying Dr. of unavailability	

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OCT 12 2010

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