

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to **EASTERN COMFORT III INC**
LEGAL ENTITY

To operate **EASTERN COMFORT III**
NAME OF FACILITY OR AGENCY

Located at **206 DIAMOND STREET, SLATINGTON, PA 18018**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **20**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **October 28, 2012** until **October 28, 2013**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **216770**

Robert E. Robinson
ISSUING OFFICER

[Signature]
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



OCT 11 2012

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

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

Dear Mr. Miga:

As a result of the Department of Public Welfare's (Department) licensing inspection on August 1, 2012 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 Human Services Licensing so that compliance can be verified.

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

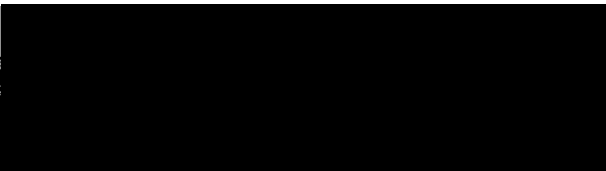
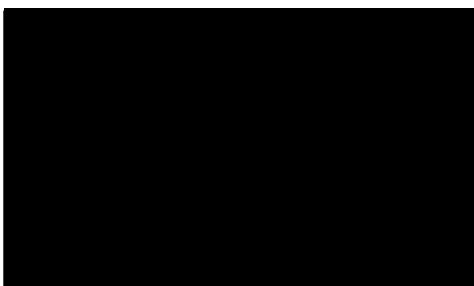
Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky". The signature is written in a cursive style with a long horizontal stroke at the end.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: EASTERN COMFORT III		License Number: 216770
Address: 206 DIAMOND STREET, SLATINGTON, PA 18018		County: Lehigh
Administrator: KERRY BOYER		Region: NORTH
Legal Entity Name: EASTERN COMFORT III, INC.		
Legal Entity Address: 4136 NAZARETH PIKE, BETHLEHEM, PA 18020		
Certificate(s) of Occupancy C-2 LP 03/10/1998 LABOR AND INDUSTRY		
Staffing Hours Resident Support: 16 Total Daily Staff: 32 Waking Staff: 24		
Type of Inspection: Ind - 49 Indicators BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Indicator		
On-Site Inspections Dates and Department Representatives On-Site 08/01/2012: Dumas, Gerald; Harvey, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: 224a,225a Random Indicators: 5a4, 186a,96c,54c,104a		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 20 Number of Residents Served: 16 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 21677 - 08/01/2012 - Dumas, Gerald
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contracts for residents # 1 (Date of Admission 6/21/12) and # 2 (Date of Admission 6/13/12) was not signed by the residents or the payer.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident # 1 and Resident # 2 has signed these contracts. Copy of signature page enclosed. In the future contracts will be filled out in appropriate time frames. Will double check New admits charts to make sure contracts are filled out entirely.

- The administrator will monitor for ongoing Compliance

mm
 10/3/12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kerry C Boyer*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kerry C Boyer, Administrator* Date *9/11/2012*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10/3/12
 (Date)

The above plan of correction was approved by *mm*
 (Initials)

Plan of correction implementation status as of 10/3/12
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21677 - 08/01/2012 - Dumas, Gerald
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION
 Administrator A only completed 14 of the required 24 hours of DPW approved administrator training for the training year of 2011.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

administrator will make sure appropriate training hours are completed and will have the documentation needed for this training. Documentation from training will be put in Admin Training folder immediately. Administrator will check folder monthly to make sure correct amount of hours of training are being done.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kerry C Boyer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kerry C Boyer</i>	Date <i>9/11/2012</i>
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The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21677 - 08/01/2012 - Dumas, Gerald
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 A ceiling block next to the bathroom ventilation fan was missing, exposing a white ventilation hose, and a red wire in the first floor common bathroom.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

New ceiling tile has been put in Bathroom ceiling (picture enclosed) will do walk through weekly to make sure repairs & maintenance is done when needed. Staff will write down any maintenance and repairs that are needed and pass onto administrator. Administrator will call and fax owner. List of repairs. ASAP.
 * The administrator will monitor for ongoing compliance.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Kerry C Boyer* 10/3/12

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kerry C Boyer, Administrator* Date *9/11/2012*

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Plan of correction implementation status as of 10/3/12 (Date)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21677 - 08/01/2012 - Dumas, Gerald
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 The external ductwork for the home's clothes dryer located on the right side of the home was caked with lint. In addition, lint covered the wall below the vent approximately 4"X1ft.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The dryer vent duct will be cleaned out with extended wire brush. The first week of every month and will be documented will also brush off lint on side of building with a scrub brush at the same time (copy of documentation and picture enclosed)

* The administrator will monitor and assure compliance.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kerry C Bayer*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kerry C Bayer, Administrator* Date *9/11/2012*

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Violation Report: 21677 - 08/01/2012 - Dumas, Gerald
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

The initial medical evaluation for Resident # 1 was not completed within 30 days of admission to the home. (Date of Admission 6/21/12)

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident # 1 Medical evaluation was completed (copy enclosed). New Residents Medical evaluations will be done within 30 days of admission. Admin. will check New Residents Chart to make sure Medical eval. is completed. document admit on calendar on desk and date Med. eval has to be completed.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kerry C Boyer*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kerry C Boyer, Administrator* Date *9/11/2012*

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The above plan of correction is approved as of 10/3/12
 (Date)

The above plan of correction was approved by *AM*
 (Initials)

Plan of correction implementation status as of 10/3/12
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
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- Not Implemented

Violation Report: 21677 - 08/01/2012 - Dumas, Gerald
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 The DME for Resident # 1 completed 7/10/12 did not include height, weight or temperature.
 The DME for Resident # 3 completed 7/9/12 did not include weight or temperature.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident # 1 and Resident # 3 DME was filled out entirely (copies enclosed). Administrator will double check the DME when Received from Doctor to make sure it was filled out completely.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kerry C Boyer*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kerry C Boyer, Administrator* Date *9/11/2012*

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The above plan of correction is approved as of *10/3/12*
 (Date)

Plan of correction implementation status as of *10/3/12*
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

- Fully Implemented
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Violation Report: 21677 - 08/01/2012 - Dumas, Gerald
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 An annual medical evaluation was not completed for Resident #4. Resident #4's last medical evaluation was completed on 5/3/11.
 An annual medical evaluation for Resident #5 was not completed for resident #5. The last medical evaluation for Resident #5 was dated 11/3/10.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Medical evaluations for Resident #4 and Resident #5 were completed (copies enclosed). Residents names will be put on desk calendar when medical evaluations are due. Calendar will be checked 3x's a week by administrator. Will keep list of Residents with dates of medical evaluation. Will check weekly. * The administrator will maintain ongoing compliance. /m 10/3/12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kerry C Boyer*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kerry C Boyer, Administrator* Date *9/11/2012*

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 Not Implemented

Violation Report: 21677 - 08/01/2012 - Dumas, Gerald
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2800

2600.187(a) - 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 (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The following medications were located in the facility medications cart for resident #5. These medications were not listed on the medication administration record (MAR): Calcium 500 + vitamin D 200, take one tablet at 8am and 5pm, PRN of Albuterol nebulizer treatment and PRN of Gas Relief tablets.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Will make sure meds that are in med cart are also on medication MAR'S. MAR'S will be checked with medications before each med cycle begins. Will have monthly med checks with Pharmacy. *The administrator will monitor for ongoing compliance.

Repeat Violation: No Date(s) of Previous Violation(s): MAR 11/12

Signature of Legal Entity Representative. (Required on EVERY Page): *Kerry C Bayer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kerry C Bayer, Administrator* Date *9/11/2012*

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The above plan of correction is approved as of 10/3/12 (Date)

Plan of correction implementation status as of 10/3/12 (Date)

The above plan of correction was approved by *mb* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21677 - 08/01/2012 - Dumas, Gerald
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The prescreening form for Resident # 1 (Date of Admission 06/12/12) was not completed prior to the day of admission or on the day of admission to the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Residents #1 preadmit screening was completed (copy enclosed). Administrator will complete preadmission screening prior to New Residents admit or on day of admit all New Residents charts will be double checked by administrator to make sure preadmit screenings are completed.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kerry C Bayer*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kerry C Bayer, Administrator* Date *9/11/2012*

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 (Date)

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 (Initials)

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 (Date)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21677 - 08/01/2012 - Dumas, Gerald
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 The initial assessment for Resident #1, (Date of Admission 6/21/12), was not completed.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #1 assessment was completed (copy enclosed). New Residents assessments will be done within 15 days of admit Residents Name will be put on calendar on admit date with list of paperwork due dates. Administrator will double check all New Residents charts to make sure assessments are completed

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kerry C Boyer*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kerry C Boyer, Administrator* Date *9/11/2012*

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The above plan of correction was approved by <u><i>mm</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21677 - 08/01/2012 - Dumas, Gerald
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

An updated assessment was not completed for Resident #4. Resident #4's last assessment was completed on 5/4/11.

An updated assessment was not completed for Resident #5. Resident #5's previous assessments were not able to be located since the resident's admission on 4/25/07.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #. 4 & #5 assessments, were completed (copy enclosed) Administrator will keep list of Residents with dates of all assessments. Admin. will check list weekly and complete assessments in appropriate time frame. administrator will check Residents charts to make sure all paperwork (assessments are completed) Residents charts are checked ^{first} Monday of month

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kerry C Boyer*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kerry C Boyer, Administrator* Date *9/11/2012*

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 (Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 21677 - 08/01/2012 - Dumas, Gerald
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
 The resident record for Resident # 2 (Date of Admission 6/13/12) did not include color of hair, color of eyes or identifying marks, if any.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident Record for Resident #2
 was completed (copy enclosed).

Resident Record will be completed
 on day of admission by administrator
 all New Residents charts will be checked
 by administrator to make sure all
 paperwork is completed from admission.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kerry Boyer*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Kerry Boyer, Administrator Date 9/11/2012

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 (Date)

Plan of correction implementation status as of 10/3/12
 (Date)

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 (Initials)

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