



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

OCT 30 2013

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 licensing inspection on August 7, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) must be maintained.

Your regular license for the period October 28, 2013 to October 28, 2014 was issued on July 10, 2013. Your regular license remains in good standing.

Sincerely,

Matthew Jones  
Acting Director */SH*

Enclosure  
License Inspection Summary



Violation Report: 21577 - 08/07/2013 - Hummel, Jesse  
 PCH Name: EASTERN COMFORT III

**1. REGULATION 55 Pa.Code §2600**

2600.9(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

**2a. DESCRIPTION OF VIOLATION**

On 8/7/13, the facility did not have the licensing inspection summaries issued as a result of the inspections conducted on 8/1/12 and 10/15/12, posted in a public and conspicuous place within the home as required.

**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 administrator will make sure she has the most recent inspection licensing summary posted at a public place which is in wall shelf right outside dining area . wall shelf will be checked weekly to make sure the licensing summary is present

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: 8/21/2013

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

The above plan of correction is approved as of

10.4.13  
 (Date)

Plan of correction implementation status as of

10.4.13  
 (Date)

The above plan of correction was approved by

*M*  
 (Initials)

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

Violation Report: 21677 - 08/07/2013 - Hummel, Jesse  
 PCH Name: EASTERN COMFORT III

- 1. REGULATION 55 Pa.Code §2600**  
 2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:
- (1) Training that includes a demonstration of job duties, followed by supervised practice.
  - (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
  - (3) Initial direct care staff person training to include the following:
    - (i) Safe management techniques.
    - (ii) ADLs and IADLs.
    - (iii) Personal hygiene.
    - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
    - (v) The normal aging cognitive, psychological and functional abilities of individuals who are older.
    - (vi) Implementation of the initial assessment, annual assessment and support plan.
    - (vii) Nutrition, food handling and sanitation.
    - (viii) Recreation, socialization, community resources, social services and activities in the community.
    - (ix) Gerontology.
    - (x) Staff person supervision, if applicable.
    - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
    - (xii) Safety management and hazard prevention.
    - (xiii) Universal precautions.
    - (xiv) The requirements of this chapter.
    - (xv) Infection control.
    - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

**2a. DESCRIPTION OF VIOLATION**  
 Direct care staff person A hired on 12/29/12 did not complete the Department approved direct care training course and competency test which is required prior to providing unsupervised care to residents.

**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.

upon hire of any new staff they will immediately be informed of completing the direct care competency test which shall be completed within their training period before any direct care is completed. The staff training will be kept in their charts.

*The Administrator shall be responsible for ongoing compliance*  
 m  
 10/4/13

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 **8/21/2013**

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

The above plan of correction is approved as of <u>10/4/13</u> (Date)	Plan of correction implementation status as of <u>10/4/13</u> (Date)
The above plan of correction was approved by <u>m</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: 21877 - 08/07/2013 - Hummel, Jesse  
 PCH Name: EASTERN COMFORT III

**1. REGULATION 55 Pa.Code §2600**  
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:  
 (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.  
 (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.  
 (3) Resident rights.  
 (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).  
 (5) Falls and accident prevention.  
 (8) New population groups that are being served at the home that were not previously served, if applicable.

**2a. DESCRIPTION OF VIOLATION**  
 Direct care staff person B hired on 11/28/05 did not receive annual training in Fire Safety completed by a Fire Safety Expert as required for the 2012 training year.

**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.

On August 13, 2013 the Slatington Fire Chief, [REDACTED] conducted our fire drill, Fire Safety Check of the building and the Fire Chief and his staff broke up the Staff and residents into two groups and did fire safety training. He gave us some suggestions to more adequately ensure the residents safety. He also walked around and explained what we have to look for that could be a fire hazard. To ensure our training is done in a timely manner we have it marked on our calendar to start calling 4 months in advance we are going to contact the fire department in April, we will call twice a week to ensure we can get a date scheduled to have our fire safety training I am also looking to take the fire safety course to be able to adequately train my staff annually. I will keep all documentation of training to be available upon dpw request.

The administrator shall be responsible for monitoring and ongoing compliance -

M  
 10/15/13

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Kerry C Boyer</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kerry C Boyer			Date 10/09/13

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

The above plan of correction is approved as of <u>10/15/13</u> (Date)	Plan of correction implementation status as of <u>10/15/13</u> (Date)
The above plan of correction was approved by <u>M</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 - 08/07/2013 - Hummel, Jesse  
PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600  
2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

On 8/7/13 the facility had 16 residents residing at the facility. Based on the number of residents, the facility is required to have a minimum of 48 gallons of water on hand in the event of an emergency. On 8/7/13 the facility had only 15 gallons on hand. The facility has a contract with a local bottled water company, however the contract does not specify when the water will be delivered. The contract also does not guarantee that water will be delivered as a priority even in the event of a regional general emergency as required.

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 there is the proper amount of emergency water supply available in the facility it will be checked and replenished as necessary.

\* I have 10-5 gallon bottles - 16 residents

\* The administrator shall monitor and assure that there is a 3 day supply of nonperishable food and drinking water for all the residents residing in the home.

M 10/15/13

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 8/21/2013

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

The above plan of correction is approved as of 10/15/13 (Date)

Plan of correction implementation status as of 10/15/13 (Date)

The above plan of correction was approved by M (Initials)

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


Violation Report: 21677 - 08/07/2013 - Hummel, Jesse  
 PCH Name: EASTERN COMFORT III

**1. REGULATION 55 Pa.Code §2600**  
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

**2a. DESCRIPTION OF VIOLATION**  
 The facility most recently had a fire safety inspection and supervised drill conducted by a fire safety expert on 7/22/12, which was more than 12 months ago. A fire safety inspection and supervised drill is required annually.

**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.

We have contacted our fire chief who has conducted our annual fire drill and fire safety check on 8/13/13 To ensure our annual fire drill is done in a timely manner we are going to mark our desk calendar to start to call Slatington Fire Department, Chief [REDACTED] in the month of April and start calling him twice a week till we have something scheduled with him [REDACTED] informed me that we should not have trouble scheduling a fire drill to be done by August 2014 . If I Find that we are having trouble scheduling our fire drill by the end of June I will contact a fire safety expert to conduct our fire drill. All documentation will be on file at our facility .

*\* The administrator shall be responsible for ongoing compliance*  
  
 10/15/13

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      Date: 10/9/2013

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

The above plan of correction is approved as of 10/15/13  
 (Date)

Plan of correction implementation status as of 10/15/13  
 (Date)

The above plan of correction was approved by   
 (Initials)

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

Violation Report: 21877 - 08/07/2013 - Hummel, Jesse  
 PCH Name: EASTERN COMFORT III

**1. REGULATION 55 Pa.Code §2800**

2800.141(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**

Resident #1 was admitted to the facility on 11/5/12. Resident #1's medical evaluation dated 2/28/12 was completed more than 60 days prior to the residents admission date.

**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 medical evaluation forms will be completed no more than 60 days prior to admission or within 30 days after admission  
 The administrator will make sure the residents paper work is checked thoroughly and will contact the doctor to complete paperwork needed in the appropriate time frame

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/01/2012
-----------------------	-----------------------------------	------------

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 8/21/20 13
--	-----------------

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

The above plan of correction is approved as of 10/4/13  
 (Date)

Plan of correction implementation status as of 10/4/13  
 (Date)

The above plan of correction was approved by M  
 (Initials)

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



Violation Report: 21877 - 08/07/2013 - Hummel, Jesse  
 PCH Name: EASTERN COMFORT III

**1. REGULATION 55 Pa.Code §2800**

2800.225(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**

Resident #2 was admitted to the facility on 11/27/07. The resident's most recent assessment of personal care needs was completed on 11/23/12. The resident's previous assessment of personal care needs was completed on 11/27/10. An assessment of personal care needs is required annually.

**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 charts will be checked every 2 weeks to make sure all proper paperwork is kept in there charts administrator will keep chart of dates when residents paperwork is due will also be marked on desk calendar

The administrator is responsible for ongoing compliance.

M  
10/4/13

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/01/2012
-----------------------	-----------------------------------	------------

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 8/21/2013
--	-------------------

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

The above plan of correction is approved as of <u>10/4/13</u> (Date)	Plan of correction implementation status as of <u>10/4/13</u> (Date)
The above plan of correction was approved by <u>M</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