



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]
MAILING DATE: July 21, 2015

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
License: #216770

Dear Mr. Miga:

As a result of the Department of Public Welfare's licensing inspection on April 3, 2015 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 must be maintained.

Sincerely,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 21677 - 04/03/2015 - Harvey, Jason
 PCH Name: EASTERN COMFORT III

1. REGULATION 56 Pa.Code §2600

2600.16(c) - 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 section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 3/24/2015 resident #1 began choking and stopped breathing, a staff member performed CPR until the paramedics arrived and transported the resident to the hospital by ambulance. This incident was not reported to the Department.

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 Reducated herself & the Staff on what is a Reportable incident Administrator copied Reportable incidents from Regulation Book for staff to Refer Back to. When Reportable incidents occur Staff will follow through with paper work and contacting Administrator Administrator will follow up and make sure all procedures are done.

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 *04/13/15*

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

The above plan of correction is approved as of 7/17/15 (Date)
 Adm will ensure there is a plan in place to submit reports on time even on weekends and holidays. CP.
 The above plan of correction was approved by *[Signature]* (Initials)

Plan of correction implementation status as of 7/17/15 (Date)

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

Violation Report: 21877 - 04/03/2015 - Harvey, Jason
 PGH 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

The initial medical evaluation in the record of resident #1 was completed 10/14/2012. An annual medical evaluation had not been completed for 2013 and 2014.

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 went through all Residents charts and made a chart of all Residents and when the DME are due. They are also written on our calendar. Chart is hung in office where Administrator can check list twice a week & contact Dr setup App'ts.

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 *6/13/15*

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

The above plan of correction is approved as of 7/17/15
 (Date)

resident review returned.

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 7-17-15
 (Date)

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

Violation Report 21677 - 04/03/2015 - Harvey, Jason
PCN Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2800

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

The initial resident assessment support plan in the record of resident #1 was completed 10/9/2013. An annual RASP had not been completed for 2014.

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 went through all Residents charts and made a chart of all Residents and the date there RASP is due this chart is posted in office where Administrator checks the chart 2x's a week Adm. completes paperwork when due

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative (Required on EVERY Page)	Date
<i>Kerry Boyer</i>	6-13-15

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Kerry Boyer Administrator	6-13-15

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

The above plan of correction is approved as of 7/17/15
(Date)
Resident never returned.

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

Plan of correction implementation status as of 7-17-15
(Date)

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