



pennsylvania
DEPARTMENT OF HUMAN SERVICES

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

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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 **September 29,** **2015** until **March 29,** **2016**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **216771**

Robert E. Robinson
ISSUING OFFICER

Matthew J. [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.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE:

SEP 29 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 #: 216771

Dear Mr. Miga:

As a result of the Department of Human Services' (Department) licensing inspections on July 22, 2015 and September 1, 2015 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #216770 dated October 28, 2014 to October 28, 2015 is REVOKED. Additionally, your license dated October 28, 2015 to October 28, 2016 is REVOKED. A FIRST PROVISIONAL license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated October 28, 2015 to October 28, 2016 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

All violations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
91	III	18	\$3	\$54	15 calendar days from mailing date of this letter
183e	III	18	\$3	\$54	15 calendar days from mailing date of this letter
187a	III	18	\$3	\$54	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

Mr. Steven J. Miga

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This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosures
License
Licensing Inspection Summary

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

PCH Name: EASTERN COMFORT III		License Number: 21677
Address: 206 DIAMOND STREET, SLATINGTON, PA 18018		County: Lehigh
Administrator: Kerry Boyer		Region: NORTHEAST
Legal Entity Name: EASTERN COMFORT III INC		
Legal Entity Address: 4136 NAZARETH PIKE, BETHLEHEM, PA 18020		
Certificate(s) of Occupancy C-2 LP 09/14/1998 PA Dept of L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 18 Waking Staff: 14		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 07/22/2015: Foulkes, Kimberli; Novak, Ryan		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 20 Number of Residents Served: 18 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 18 Are 60 Years of Age or Older: 14 Have Mental Illness: 0 Have an Intellectual Disability: 4 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 21677 - 07/22/2015 - Foulkes, Kimberli
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600

2600.3(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

The licensing inspection summary dated 7/30/14 was not posted in a public conspicuous place in 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.

The administrator posted current inspection and will do a walk through & make sure they are always at there designated place.

The administrator is responsible for monitoring and ongoing compliance - M 8/18/15

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Berry Boyer Administrator</i>	Date <i>8-12-15</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8/18/15
 (Date)

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

Plan of correction implementation status as of 9/1/15
 (Date)

Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented *9/1/15*

Violation Report: 21677 - 07/22/2015 - Fouikes, Kimberli
PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

The licensing inspection summaries dated 4/3/15 and 8/7/13 located on the 2nd floor contained the resident privacy coding documents. The documents are to maintain resident's confidential information.
At approximately 9:15am the Medication Administration Records (MAR'S) and log books for blood sugar, blood pressure and weight were located on a table and on a med cart in the dining room open and unattended. These records contain confidential information of the 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.

The appropriate pages were removed from the violation Report. Had a staff meeting on 7/27/15 where administrator educated staff of locking up MAR Book & Bld./weight book
Administrator will do Random walk through to make sure carried out

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kerry Bayer Administrator* Date *8-12-15*

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The above plan of correction is approved as of 9/1/15 (Date)

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

Plan of correction implementation status as of 9/1/15 (Date)

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

Violation Report: 21677 - 07/22/2015 - Foulkes, Kimberli
PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
The certificate of boiler or pressure vessel operation for the Slant Fin Company cast iron boiler expired 12/7/14.

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 owner was notified verbally & in writing from Administrator of Labor & Industry of what steps need to be done for boiler to get certified. Owner has contacted a maintenance guy who fixed what needs to be done. Labor & Industry contacted for reinspection of boiler.

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 *8-12-15*

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The above plan of correction was approved by 9/1/15 (Initials)

Plan of correction implementation status as of 9/1/15 (Date)

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

Violation Report: 21677 - 07/22/2015 - Foulkes, Kimberl

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

Resident # 1's contract dated 5/28/15 was not signed by the payer.
Resident # 2's contract dated 1/14/15 was not signed by the resident until 1/26/15.

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 all documentation is done & correctly in the Residents charts. Resident # 1 chart payer signed on 7-28-15. Administrator will check Residents charts on a weekly basis.

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 *8-12-15*

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(Date)

Plan of correction implementation status as of 9/1/15
(Date)

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

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

Violation Report: 21877 - 07/22/2015 - Foulkes, Kimberli

PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 7/22/15, resident #2's bedroom had a musty odor.

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.

Owner was notified verbally and in writing by the administrator of this incident owner sent maintenance to check situation Administrator will follow through & keep telling the owner of this incident until it is resolved. Administrator will do walk through 2x's a week & notify owner of any repairs immediately

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Berry Boyer Date 8-12-15

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

The above plan of correction is approved as of 8/18/15 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 9/1/15 (Date)

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

Violation Report: 21677 - 07/22/2015 - Foulkes, Kimberli
FCH Name: EASTERN COMFORT III

1. REGULATION 86 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

The wall surrounding Resident # 3's bed is brown, crumbling and water stained. Brown water marks surround the electrical outlet on the wall. The bedroom smells musty.

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 notified owner Both ~~physically~~ ^{ERROR} verbally and in writing Administrator will follow through & keep contacting owner till this is resolved completely. Administrator will do walk through 2x's week Notify owner of repairs needed.

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 *8-12-15*

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

Plan of correction implementation status as of 9/1/15 (Date)

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

Violation Report: 21677 - 07/22/2015 - Foulkes, Kimberli
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The telephone located next to the Administrator's office does not have the emergency numbers posted on or near the phone.

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 placed the numbers needed for emergency by the residents line when Administrator does walk through it's a week Administrator will make sure the emergency numbers are visible and placed by all telephones

Repeat Violation: Yes

Date(s) of Previous Violation(s): 07/30/2014

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 8-12-15

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

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8/18/15
 (Date)

Plan of correction implementation status as of

9/1/15
 (Date)

The above plan of correction was approved by

M
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented *CY-KF*

Violation Report: 21877 - 07/22/2015 - Foulkes, Kimberli

PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600

2600.98(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.

2a. DESCRIPTION OF VIOLATION

The first aid kit located on the 2nd floor was not equipped with scissors.

The first aid kit located on the 1st floor was not equipped with gloves.

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.

First aid kits were fixed immediately at staff meeting on 7-27-15 I discussed w/ staff that when they use something from the first aid kits it has to be returned immediately. That supplies have to be replenished & when back up supplies are low Administrator needs to be notified Administrator will check weekly

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

8-12-15

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8/18/15
(Date)

Plan of correction implementation status as of

9/1/15
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

KF

The above plan of correction was approved by

M
(Initials)

Violation Report: 21677 - 07/22/2015 - Foulkes, Kimberli
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
 2600.102(k) - Use of a common towel is prohibited.

2a. DESCRIPTION OF VIOLATION

The common bathroom located across from the Administrator's office and the common bathroom located on the 2nd floor did not contain paper towels. The home was utilizing a common towel in both bathrooms.

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.

Had a staff meeting on 7-27-15 discussed inspection. Explained to the staff that common towels can't be used and that the staff needs to let me know when supplies are low so that I can make sure we have them in stock. Administrator will check paper supplies 2x's week.

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 *8-12-15*

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

The above plan of correction is approved as of 8/18/15
 (Date)

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

Plan of correction implementation status as of 9/1/15
 (Date)

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

Violation Report: 21677 - 07/22/2015 - Foulkes, Kimbarli

PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

The freezer chest located in the kitchen contained the following items that were not dated or labeled: 1/2 bag of frozen chicken pieces, 2 bags of ravioli's, a bag of chicken filets and a bag of chicken fingers.

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.

Had a staff meeting on 7/27/15 & reviewed inspection discussed foods being labeled & dated & in sealed containers administrator will do a check 2x's a week as well as a designated staff will do checks 2x's a week also

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

8-12-15

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8/18/15 (Date)

Plan of correction implementation status as of

(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 - 07/22/2015 - Foulkas, Kimberli
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa. Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

The magic chef freezer chest located in the kitchen contained a 1/2 bag of Mrs. T's mini pierogies and 2 waffles that were not sealed.

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.

Have explained the importance of proper food storage & labeling at staff meeting on 7/27/15
 Administrator will check foods 2x's wk make sure food is labeled & dated a designated staff will do checks 2x's a week also.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Kerry Bayer Administrator Date 8-12-15

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

The above plan of correction is approved as of 8/18/15
 (Date)

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

Plan of correction implementation status as of _____
 (Date)

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

Violation Report: 21677 - 07/22/2015 - Foulkes, Kimberli

PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa. Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

A white plastic chair was located in front of the exit labeled #4.
Piles of dried leaves and a cinder block were located in front of the exit labeled #2.
The objects prevent immediate egress in the event of an emergency.

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.

Had a staff meeting on July 27th and discussed inspection. Removed chair immediately & explained to staff that No door ways can be obstructed firehazard, Administrator will do walk through of Building 2x's week.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Kerry Bayer

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)

Kerry Bayer Administrator

Date 8-12-15

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8/18/15 (Date)

Plan of correction implementation status as of

9/1/15 (Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 21677 - 07/22/2015 - Foulkes, Kimberti

PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600

2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION

No fire drill was conducted during May 2015.

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 monthly unannounced fire drills are being done fire log book will be checked on a weekly basis by administrator. Administrator has scheduled and documented upcoming drills in her personal day planner (no staff access)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Berry Boyer

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)

Berry Boyer, Administrator

Date

8-12-15

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8/18/15
(Date)

Plan of correction implementation status as of

9/1/15
(Date)

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

The above plan of correction was approved by

m
(Initials)

Violation Report: 21677 - 07/22/2015 - Foulkes, Kimberli
PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
The fire drill record for the drill conducted in June 2015 does not include the exit routes used.

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 held a staff meeting on July 27th 2015 and Reviewed proper procedures & documentation for Fire drills
Administrator will activate drill unannounced and make sure correct documentation is being 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 *8-12-15*

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The above plan of correction was approved by *[Signature]* (Initials)
Plan of correction implementation status as of _____ (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress *KF*
 Not Implemented

Violation Report: 21677 - 07/22/2015 - Foulkes, Kimberli
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral, topical, eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

From 10pm on 7/4/15 through 7am on 7/5/15 and from 11pm on 7/9/15 through 7am on 7/10/15, staff person A administered medications to residents. Staff person A is not a medical professional and has not completed the Department's medication administration training annual practicum for 2014.

From 7am to 3pm on 7/9/15, staff person B administered medications to residents. Staff person B is not a medical professional and has not completed the Department's medication administration training annual practicum for 2014.

From 3pm to 11pm on 7/9/15, staff person C administered medications to residents. Staff person C is not a medical professional and has not completed the Department's medication administration training annual practicum 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.

The staff has retaken their medication training the administrator has a list of dates due for review & audits administrator will check list every Friday & follow through with training

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 *8-12-15*

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

The above plan of correction is approved as of 8/18/15 (Date)

Plan of correction implementation status as of 9/1/15 (Date)

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

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

Violation Report: 21677 - 07/22/2015 - Foulkes, Kimberli

PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

At approximately 9:15am Resident # 4's Lantus solostar insulin pen, Resident # 5's novolog insulin flex pen and Resident # 6's Humalog flex pen and symlin pen were located on top of the medication cart unlocked and accessible.

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 held a staff meeting on 7-27-15 Reviewed medication procedures, documentation & proper storage of medications. Staff member was written up for this incident. Administrator is doing random walkin as well as a designated person & making sure staff is following proper procedures.

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

8-12-15

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The above plan of correction is approved as of

8/18/15
(Date)

Plan of correction implementation status as of

9/1/15
(Date)

The above plan of correction was approved by

m
(Initials)

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

Violation Report: 21677 - 07/22/2015 - Foulkes, Kimberli
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 Resident #6's Lotrin AF 2% Powder located in the home's medication cart expired 3/18/15.

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 held a staff meeting on 7-27-15. Reviewed medication procedures documentation & storage. Administrator scheduled medication cart check w/ Newhards pharmacy it was on 8-4-15. Med cart checks w/ pharmacy are going to be on a monthly basis. Administrator will check med cart 2x's a week and designated staff will check 5x's wk. Administrator will make sure this is being 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 *8-12-15*

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

The above plan of correction is approved as of *8/18/15*
 (Date)

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

Plan of correction implementation status as of *9/1/15*
 (Date)

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

Violation Report: 21677 - 07/22/2015 - Foulkas, Kimberli
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

On 7/22/15, Resident #6's Humalog (discard 28 days after opening), Symlinpen (discard 30 days after opening), and Levimer Flex Touch (discard 42 days after opening) were in use, in the home's medication cart, and they were not labeled with the date they were opened.

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 held a staff meeting on 7-27-15 and reviewed proper med procedures. Administrator will check med cart 2x's wk to make sure all meds are stored and labeled correctly. The Administrator has also designated a staff member to check med cart & MAR book 5x's a week. Administrator will check & make sure this is being followed through.

Repeat Violation: Yes Date(s) of Previous Violation(s) 07/30/2014

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 8-12-15

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

The above plan of correction is approved as of 8/18/15 (Date)

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

Plan of correction implementation status as of 9/1/15 (Date)

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

Violation Report: 21677 - 07/22/2015 - Foulkes, Kimberly
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600

2600.185(b) - At a minimum, the procedures in § 2600.185(a) shall include:

- (1) Documentation of the receipt of controlled substances and prescription medications.
- (2) A process to investigate and account for missing medications and medication errors.
- (3) Limited access to medication storage areas.
- (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

2a. DESCRIPTION OF VIOLATION

The home did not implement their procedures for the safe use of medical equipment. The home's policy is that glucometers should be locked. Between 9am and 9:15am one glucometer, not in use, was observed sitting on the downstairs table and two glucometers, not in use, were sitting on the table in the upstairs dining area.

The home did not implement their procedures for the safe use of medications. Resident #1 is prescribed Tramadol-APAP 37.5-325 take one or two tablets by mouth every 4-6 hours as needed. The resident's narcotic count log for this medication indicated that the resident should have 45 pills left in the medication cart. The resident only had 44 pills in the medication cart.

Resident #7 is prescribed Oxycodone HCL 5mg tablet, one tablet by mouth three times daily at 8am, 2pm, and 8pm. This medication is a controlled substance. According to the home's medication storage policy Narcotics are to be kept in a locked box inside the locked med cart. This medication was located in the locked med cart but not in the locked narcotic box. The home also has a narcotic count log for medications kept in the locked narcotics box. This medication did not have a narcotic count log.

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 held a staff meeting on 7/27/15 & reviewed proper medication procedures & storage. The Administrator will do checks 2x's wk and make sure staff are following procedure. Administrator has designated a staff member also to do those checks.

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 *8-12-15*

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

The above plan of correction is approved as of 8/18/15 (Date)

Plan of correction implementation status as of 9/1/15 (Date)

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

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

Violation Report: 21677 - 07/22/2015 - Foulkes, Kimberli

PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600

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 Medication Administration Record for Resident # 5 does not include the amount of insulin administered according to the sliding scale from 7/18/15-7/21/15. ok

The Medication Administration Record for Resident # 6 does not include the initials of the staff member administering the residents Humalog 100units/ml, inject 30 units before meals at 7am on 7/22/15 and 11am on 7/15/15, 7/16/15, and 7/17/15. It does not include the initials of the staff member administering the residents Symlinpen 60 pen Injector, Inject 30mcg three times daily before meals at 11:30am on 7/15/15. NO

The medication administration record for resident # 7 does not include the initials of the staff person administering the resident's Oxycodone HCL 5mg on 7/22/15 at 8am and 2pm. ok

The medication administration record for resident # 5 does not include the initials of the staff person administering the resident's Oxycodone APAP 5-325 on 7/21/15 at 7am. ok

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 had a staff meeting on 7/27/15 & Reviewed with the staff the importance of proper documentation procedures. The administrator will check MAR Book 2x's wk and has designate staff member to check MAR Book 5x's wk.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/30/2014		
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Violation Report: 21677 - 07/22/2015 - Foulkes, Kimberli
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600

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.

Signature of Legal Entity Representative

(Required on EVERY Page)

Henry Boyer

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Henry Boyer, Administrator

Date

8-12-15

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The above plan of correction is approved as of

8/18/15
(Date)

Plan of correction implementation status as of

(Date)

The above plan of correction was approved by

M
(Initials)

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

Violation Report: 21677 - 07/22/2015 - Foulkes, Kimberli

PCH Name: EASTERN COMFORT III

1. REGULATION 56 Pa.Code §2600

2800.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident # 5 has an order for blood sugar readings 4 times daily according to a sliding scale. On 7/18/15 at 7:18am the blood glucose reading was 150. According to the sliding scale a blood sugar reading of 150-224 requires 1 unit of insulin. The resident did not receive any insulin.

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 educated the staff on the importance of observing the ~~staff~~^{ERROR} Residents doing Blood sugars & physically seeing the Results of there Bld sugars & then documenting the results Right away.

NOTE: Administrator stated resident only checks BS readings Resident #5 no longer receives insulin Coverage via sliding scale. 9/1/15

Repeat Violation: Yes

Date(s) of Previous Violation(s)

07/30/2014

Signature of Legal Entity Representative (Required on EVERY Page)

Kerry Bayer

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)

Kerry Bayer, Administrator

Date

8-12-15

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The above plan of correction is approved as of

9/1/15 (Date)

Plan of correction implementation status as of

9/1/15 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

M (Initials)

Cy

Violation Report: 21677 - 07/22/2015 - Foulkes, Kimberli
PCH Name: EASTERN COMFORT III

1. REGULATION 56 Pa.Code §2600

2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION

The DME dated 3/14/14 for Resident # 6 contained white out over the date the resident was evaluated.

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 No whiteout is used on any forms pertaining to the Residents and kept in the Residents Charts. If mistake it will be crossed out marked error & initialed

The Administrator will go through Residents charts on a weekly basis & check to make sure paperwork is done appropriately

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 8-12-15

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The above plan of correction is approved as of 8/18/15 (Date)

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

Plan of correction implementation status as of 9/1/15 (Date)

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

Violation Report: 21677 - 07/22/2016 - Foulkes, Kimberli
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
Resident # 2's record did not include 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.

Administrator went through residents charts & made sure everything was filled in appropriately. New Admits administrator will be more mindful and make sure paperwork in there charts are filled out entirely. Administrator will go through Residents charts on a weekly basis. To make sure paperwork is done completely.

Repeat Violation: Yes Date(s) of Previous Violation(s): 07/30/2014

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 *8-12-15*

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

The above plan of correction is approved as of 8/18/15 (Date)

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

Plan of correction implementation status as of 9/1/15 (Date)

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