



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]
MAILING DATE: October 6, 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' licensing inspection on September 1, 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,

A handwritten signature in black ink that reads "Michele Moskalczyk".

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 21677 - 09/01/2015 - Foulkes, Kimberli
 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 contract for resident #1, date of admission 7/30/15, was not signed by 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.

We got Advocacy Alliance signature on contract ~~on~~ on 8/11/15 in future this will be done immediately upon admission. Administrator will follow through & make sure this is done

Repeat Violation: Yes Date(s) of Previous Violation(s): 07/22/2015

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 9-22-15

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

The above plan of correction is approved as of 9/24/15 (Date)

Plan of correction implementation status as of 9/24/15 (Date)

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

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

Violation Report: 21677 - 09/01/2015 - Foulkes, Kimberli
 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

Upon arrival at the home, the screens to the sliding front door were leaning against the home. (One was leaning against the stationary side of the sliding door and the other screen was leaning against the adjacent wall to the sliding door. The screen doors are in need of repair.

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 sliding screen door was repaired & put back on the track the other door was removed. The Administrator will do walk through & make sure everything is in good repair

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

9-22-15

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

The above plan of correction is approved as of

9/24/15
 (Date)

Plan of correction Implementation status as of

9/30/15
 (Date)

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

The above plan of correction was approved by

[Signature]
 (Initials)

Violation Report: 21677 - 09/01/2015 - Foulkes, Kimberli
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The faucet handles to the sink in the kitchen, next to the coffee maker, does not shut off.

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 & in writing of small sink faucet maintenance was in said sink needs to be sandwared or closed OFF owner was told, is sending someone within the week by 9/29/15.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Kerry Poyer

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

Kerry Poyer, Administrator

Date

9-22-15

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

The above plan of correction is approved as of

9/24/15
 (Date)

Plan of correction implementation status as of

9/30/15
 (Date)

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

The above plan of correction was approved by

[Signature]
 (Initials)

Violation Report: 21677 - 09/01/2015 - Foulkes, 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 Frigidaire refrigerator, in the kitchen, had 3 slices of ham lunchmeat that was not wrapped completely.
 The large freezer by the kitchen door had 12 triangles of cheese pizza in a bag that was ripped and open.
 The small freezer between the two refrigerators in the kitchen had 10lbs. of chicken quarters in an open bag, a freezer bag of spaghetti sauce that was ripped and open, and 12 triangles of cheese pizza loose in the freezer.

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.

Staff educated on putting foods away - ^{proper} storage & labeling & dating all foods. Administrator will check refrigerator & freezers to ensure this is being carried 2x's a week & will educate to do a fridge & freezer check 1x's a 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 *9-22-15*

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

The above plan of correction is approved as of 9/24/15 (Date)

Plan of correction implementation status as of 9/30/15 (Date)

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

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

Violation Report: 21677 - 09/01/2015 - Foulkes, Kimberli
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

The Frigidaire refrigerator, in the kitchen, had 7 slices of turkey lunchmeat with an expiration date of 8/24/15, undated as to when the package was opened. The refrigerator also had 3 slices of ham lunchmeat not dated.
 The small freezer, between the refrigerators, in the kitchen had 12+ triangles of cheese pizza unwrapped and undated in the freezer. On the food storage shelves in the kitchen, there was a clear bag of bread in it that was not dated.

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.

Staff was educated on proper storage & labeling of foods. Designated staff is checking freezer & refrigerator. Administrator is checking freezer & fridge 2x's wk. to make sure this is being carried out.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

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

Date

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

The above plan of correction is approved as of

9/24/15
 (Date)

Plan of correction implementation status as of

9/30/15
 (Date)

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

The above plan of correction was approved by


 (Initials)

Violation Report: 21677 - 09/01/2015 - 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 on 7/30/15 does not include am or pm and the number of resident's 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 fire chief documented the missing information & initialed his late entries. In the future the Administrator will double check the fire logs and make sure all information is filled in.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 07/22/2015

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 9-22-15

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

The above plan of correction is approved as of

9/24/15
 (Date)

Plan of correction implementation status as of

9/30/15
 (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 - 09/01/2015 - 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
 Next to the medication cart located in the dining area of the home was a sharps container that was a red container large enough that a resident could easily put their hand down in it and grab the contents of the container. It did have a lid but the lid was not on it and the container was not locked and secured.

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.

Received a New hazardous container for needles. located on side of cart. container is safe no hands can be put in container

The administrator shall monitor and assure ongoing compliance.

M
 9/24/15

Repeat Violation: Yes Date(s) of Previous Violation(s): 07/22/2015

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 9-22-15

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

The above plan of correction is approved as of 9/24/15
 (Date)

Plan of correction implementation status as of 9/30/15
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress **14F**
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 21677 - 09/01/2015 - 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 #2's Acetaminophen COD#3 expired 8/29/15.

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.

designated staff goes through med cart & does a check.
 Administrator follows through & does a med cart check as well as a monthly check w/ Newhards pharmacy.
 • The administrator is responsible for ongoing compliance. m 9/24/15

Repeat Violation: Yes Date(s) of Previous Violation(s): 07/22/2015

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 *9-22-15*

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

The above plan of correction is approved as of 9/24/15
 (Date)

Plan of correction implementation status as of 9/30/15
 (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 - 09/01/2015 - Foulkes, Kimbarli
 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 9/1/15, resident # 1's Lantus Vial (discard 28 days after opening), resident # 3's Lantus Solostar (discard 28 days after opening) and Novalog Flex Pen Syringe (discard 28 days after opening), and resident # 4's Advair Discus (discard 30 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.

educated staff on dating insulin & inhalers when they are opened designated staff will check med cart and make sure this is done Administrator will follow through and check cart 1X5 w/o. to make sure being done

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/22/2015	07/30/2014
Signature of Legal Entity Representative (Required on EVERY Page) <i>Kerry Boyer</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kerry Boyer, Administrator</i>			Date <i>9-22-15</i>

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

The above plan of correction is approved as of <u>9/24/15</u> (Date)	Plan of correction implementation status as of <u>9/30/15</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 <i>1CF</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21677 - 09/01/2015 - 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

Resident # 2 has a physician's order to have a blood glucose (BG) test done 3 x daily. On 8/28/15 at 6:35pm the residents BG# was 215 and was recorded in the resident's MAR as 215.

*213

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.

* Description of violation is confusing it states BG Result 215 & documented as 213

215. * Discussed with ^{STAFF} Administrator on 9/25/15.

- designated staff will check BG machines 2x a wk & Administrator will follow through + check machines 1x a week.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

07/22/2015

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

9-22-15

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

The above plan of correction is approved as of

9/24/15
 (Date)

Plan of correction implementation status as of

9/30/15
 (Date)

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

The above plan of correction was approved by

M
 (Initials)