



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**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 **May 4, 2016** until **May 4, 2017**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **216770**

Robert E. Robinson
ISSUING OFFICER

Jay Baulk
DEPUTY SECRETARY

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

MAY 04 2016

Mr. Steven J. Miga, President/Owner
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 Human Services' licensing inspection on January 20, 2016 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

Jay Bausch
Deputy Secretary

Enclosures
License
License Inspection Summary

Violation Report: 21677 - 01/20/2016 - Novak, Ryan
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 for the slant fin company cast iron oil 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.

We have received our Boiler certificate Administrator will document date due and will follow through and schedule Boiler inspection in timely matter and will follow through with owner of any repairs needed for Boiler Certificate renewal

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 Date
(Required on EVERY Page) *Kerry Boyer Administrator* *2/13/16*

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

The above plan of correction is approved as of 3-14-16
(Date)

copy of cert enclosed

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

Plan of correction implementation status as of 3-14-16
(Date)

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

Violation Report: 21677 - 01/20/2016 - Novak, Ryan
PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A hired [redacted] 15 does not have a high school diploma, GED or active registration status on the Pennsylvania nurse aide registry.

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 she receives a copy of diploma or GED of all hired staff. Administrator will check staff records routinely (monthly) to make sure records are up to date and all things needed are present. Prior to filing new employee documents, admin. designee will review all required documents for completeness & compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):	3-14-16
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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 2-13-16

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

The above plan of correction is approved as of 3-14-16
(Date)

Plan of correction implementation status as of 3-18-16
(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 - 01/20/2016 - Novak, Ryan
 PCH Name: EASTERN COMFORT III

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

2a. DESCRIPTION OF VIOLATION
 Resident #1's glucometer contained dried blood on the machine.

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.

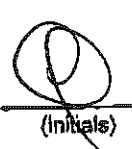
Administrator educated staff on checking glucometers making sure they are clean and wipe off with a sanitary alcohol swab. Administrator has a staff member to check glucometers. Administrator will follow up 2x's wk to make sure glucometers are clean. Adm will do a direct care staff training on sanitary practices by 06-01-16. Documentation to be retained by home.

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 *2-13-16*

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The above plan of correction is approved as of <u>3-14-16</u> (Date)	Plan of correction implementation status as of <u>3-18-16</u> (Date)
The above plan of correction was approved by  (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 - 01/20/2016 - Novak, Ryan
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 closet door in Room #7 was not attached to the track to keep the door in place.

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.

Maintenance was here & fixed closet door. Staff is to inspect Rooms when cleaning, write down all repairs and fax to owners. Administrator will follow up and call owner till Repairs are completed. Administrator will check Rooms & facility for Repairs weekly.

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


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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Herry Boyer Administrator* Date *2-13-16*

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

The above plan of correction is approved as of 3-14-16
(Date)

Plan of correction implementation status as of 3-18-16
(Date)

The above plan of correction was approved by 
(Initials)

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

Violation Report: 21677 - 01/20/2016 - Novak, Ryan
 PCH Name: EASTERN COMFORT III

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

2a. DESCRIPTION OF VIOLATION
 A head of cauliflower which had brown and black spots on it was located in the homes refrigerator.

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.

In Fridge

All foods will be checked regularly on a daily basis as foods are being prepared.

Freezers are checked 2x5 week all foods are free of dents, or spoiled.

Administrator will do check
 Adm will conduct a training for weekly - all kitchen staff on food safety training by 06-01-16. Documentation to be retained by the home. 3-14-16

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/01/2015

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 Date 2-13-16

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Plan of correction implementation status as of 3-18-16 (Date)

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- Fully Implemented
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Violation Report: 21677 - 01/20/2016 - Novak, Ryan
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

A large handful of lint was located in the lint trap of the kenmore dryer. The dryer was cool to touch and empty.

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 emptying dryer lint after each use. Staff on duty did receive a write up. Administrator will follow through & check dryer randomly 2x's a week to make sure staff is following through

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

2-13-16

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

The above plan of correction is approved as of

3-14-16
 (Date)

Plan of correction implementation status as of

3-18-16
 (Date)

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

The above plan of correction was approved by

[Signature]
 (Initials)

Violation Report: 21677 - 01/20/2016 - Novak, Ryan
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION

The home did not submit their emergency procedures to the local emergency management agency in 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.

Administrator Submitted
 plans to LC. Emergency -
 Administrator will make sure
 this is done annually.
 wrote date on calendar
 & attached date to front of
 Reference Book.

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 *2-13-16*

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

The above plan of correction is approved as of 3-14-16
 Signed sheet produced
 @ on-site verif.
 (Date)

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

Plan of correction implementation status as of 3-18-16
 (Date)

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

Violation Report: 21677 - 01/20/2016 - Novak, Ryan
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
 2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home does not have a letter to the fire department indicating the assistance needed 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.

This was done Administrator
 must understood see Attached
 Administrator will
 make sure all paperwork for
 fire safety is present and
 accounted for Administrator
 will review records monthly
 after the monthly fire drills, Adm will
 update any resident mobility needs if
 appropriate. Documentation to be recorded.

Repeat Violation: No Date(s) of Previous Violation(s): 3-14-16

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 2-13-16

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

The above plan of correction is approved as of 3-14-16
 (Date)

Plan of correction implementation status as of 3-18-16
 (Date)

The above plan of correction was approved by

[Handwritten Initials]
 (Initials)

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

Violation Report: 21677 - 01/20/2016 - Novak, Ryan
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
 2600.129(a) - A fireplace must be securely screened or equipped with protective guards while in use.

2a. DESCRIPTION OF VIOLATION

The home utilizes a gas fire place in the 2nd floor dining room. There is a screen in place around the fireplace but it is not secure, the screen poses a possible burn risk if a resident were to fall into the screen.

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.

maintenance notified
 and fixed attached screens.
 Staff will make a list of
 Repairs as needed fax to
 owner Administrator will call
 owner and follow through
 till Repairs are complete
 Administrator will do walk
 through to make sure fire
 Repairs

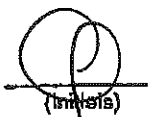
Repeat Violation: No Date(s) of Previous Violation(s):

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kenny Boyer Adm.* Date *2-13-16*

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

The above plan of correction is approved as of 3-14-16
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction Implementation status as of 3-18-16
 (Date)

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Violation Report: 21677 - 01/20/2016 - Novak, Ryan
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

According to an interview with Administrator B, the fire drill conducted on 11/19/15 at 11am was an announced to the staff participating in the drill due to the training of a new staff person.

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.

I don't agree with this violation yes on 11/19/15 it was an announced Fire drill to demonstrate the use of Fire Alarm system & evacuation. Administrator held another fire drill on 11/30/15 which was documented. As the regulation that you have listed states I unannounced fire drill a month. Adm will ensure that fire drills are NOT announced. Q. 3-14-16
11/30/15 10³⁸ AM 2min Exits 1,3 16 Res. 2 staff Adm/Alarm Staff were Wendy Neetz mic

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/22/2015

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 3-13-16

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The above plan of correction is approved as of 3-14-16 (Date)

Plan of correction implementation status as of 3-18-16 (Date)

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

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21677 - 01/20/2016 - Novak, Ryan
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
 2600.183(c) - Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

2a. DESCRIPTION OF VIOLATION
 Resident #1's Lantus solostar pens and Resident #2's vial of lantus was located unlocked in the black refrigerator in the kitchen.

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.

I disagree with this violation
 The insulin was located in a
 Box in the fridge ^{IN Kitchen} But the kitchen
area remains locked with a key
 entry. The key entry allows non-med trained
 staff access to the medication.
 The Adm / Designer will ensure there is a
 locked box in the black fridge in the kitchen in
 order to ensure compliance with this regulation.

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 *2-13-16*

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 (Date)

Plan of correction implementation status as of 3-18-16
 (Date)

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 (Initials)

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Violation Report: 21877 - 01/20/2016 - Novak, Ryan
 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 #3's simvastatin was not initialed as administered on 1/19/16 at 8pm.

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 did talk to that staff about her missed initials. Administer does have designated staff who checks MAR Book
 Administrator follows through & checks MAR Book 2x's a week
 Follow up checking will be done more frequently if missing components from 187a are found. Documentation to be attained.

Repeat Violation: Yes

Date(s) of Previous Violation(s): ~~07/22/2015~~ ~~09/01/2015~~ (P) 3-14-16

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 2-13-16

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

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 (Date)

Plan of correction implementation status as of 3-18-16
 (Date)

The above plan of correction was approved by 
 (Initials)

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Violation Report: 21677 - 01/20/2016 - Novak, Ryan
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 Resident #4's pre-admission screening dated 1/15/16 does not indicate the residents ability to handle poisons.

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 do necessary paperwork for resident admission and recheck paperwork to make sure paperwork is filled out entirely. Administrator will check records on a monthly basis to make sure everything is accounted for and updated. Records for new admissions will also be reviewed prior to filing. Q. 3-14-16

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 *2-13-16*

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

<p>The above plan of correction is approved as of <u>3-14-16</u> NO NEW ADMISSIONS (Date)</p> <p>The above plan of correction was approved by <i>[Signature]</i> (Initials)</p>	<p>Plan of correction implementation status as of <u>3-18-16</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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Violation Report: 21677 - 01/20/2016 - Novak, Ryan
 FCH 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 #4's record did not include a picture, eye color, religion and 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.

When we get a New Resident all paperwork will be filled out immediately a pic. taken Administrator will Recheck New Residents charts and make sure everything is done. Administrator will check records on a monthly Basis to make sure everything is completed and updated. All new resident records will be double checked prior to being filed in order to ensure compliance. 3-14-16

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

2-13-16

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 (Date)

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 (Date)

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The above plan of correction was approved by

[Signature]
 (Initials)