



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]  
MAILING DATE: July 1, 2016

Mr. Steven J. Miga, President  
Eastern Comfort III Inc.  
4136 Nazareth Pike  
Bethlehem, Pennsylvania 18020

RE: Eastern Comfort III  
206 Diamond Street  
Slatington, Pennsylvania 18018  
License: #216770

Dear Mr. Miga:

As a result of the Department of Human Services' licensing inspection on March 18, 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.

Sincerely,

*Anne Graziano*  
Anne Graziano  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

<b>PCH Name:</b> EASTERN COMFORT III		<b>License Number:</b> 21677
<b>Address:</b> 206 DIAMOND STREET, SLATINGTON, PA 18018		<b>County:</b> Lehigh
<b>Administrator:</b> Kerry Boyer		<b>Region:</b> NORTHEAST
<b>Legal Entity Name:</b> EASTERN COMFORT III INC		
<b>Legal Entity Address:</b> 4136 NAZARETH PIKE, BETHLEHEM, PA 18020		
<b>Certificate(s) of Occupancy</b> C-2 LP 09/14/1998 L&I		
<b>Staffing Hours</b> Resident Support: 0                                  Total Daily Staff: 17                                  Waking Staff: 13		
Type of Inspection: Partial                                  BHA Docket Number:                                  Notice: Unannounced		
<b>Reason(s) for Inspection(s)</b> Interim		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 03/18/2016: Harvey, Jason; Novak, Ryan		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b> Partial or Full Triggers:                                  Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 20 <b>Number of Residents Served:</b> 17 <b>Secured Dementia Care Unit in Home:</b> No <b>Area:</b> <b>Secured Dementia Unit Capacity, if Applicable:</b> <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> <b>Number of Current Hospice Residents:</b> 0 <b>Number of Hospice Residents in past year:</b> 0		<b>Number of Residents who:</b> <b>Receive Supplemental Security Income:</b> 15 <b>Are 60 Years of Age or Older:</b> 13 <b>Have Mental Illness:</b> 1 <b>Have an Intellectual Disability:</b> 5 <b>Have a Mobility Need:</b> 0 <b>Have a Physical Disability:</b> 0

Violation Report: 21677 - 03/18/2016 - Harvey, Jason  
 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 home did not properly maintain the monthly fire drill log. The drill held on 12/28 indicated the year was 2016 instead of 2015 and the drills held on 1/18 and 2/27 indicated the year as 2017 instead of 2016.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

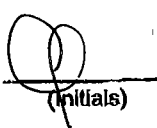
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Administrator will make sure the right documentation is done on the fire drill log. She (Administrator) will go back & check for proper documentation on past drills as well as current drill. Being done, Adm will review the monthly fire drill log to ensure ongoing compliance. Cp  
 6-18-16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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)		Date	4-14-16
Kerry Boyer, Administrator			

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

The above plan of correction is approved as of <u>6-18-16</u> (Date)	Plan of correction implementation status as of <u>6-18-16</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