



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

Mailing Date: July 25, 2017

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 April 28, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

Sincerely,

Anne Graziano

Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 21677 - ~~03/27/2017~~ - Hummel, Jesse on site 04-28-17
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(1) - The contract shall specify that each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure.

2a. DESCRIPTION OF VIOLATION
 Department Representatives interviewed resident #1, #2, and #3. It was determined that the residents have not been receiving their monthly personal needs allowance for an undetermined amount of time.

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.

There was no DHS required financial form filled out showing residents received their personal care need allowance.

There was no documentation showing the residents receipt of PNA money. Administrator/designee will ensure proper procedures are followed regarding the distributing and documentation of residents personal care allowance. Residents will receive their personal care allowance as stated in the regulation. Administrator/designee will ensure residents receive their personal care allowance and will have documentation showing date and will have both staff and resident sign the required financial form as per state regulation.


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

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

Date 7/14/2017

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

The above plan of correction is approved as of <u>7-19-17</u> (Date)	Plan of correction implementation status as of <u>7-19-17</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 - ~~05/27/2017~~ - Hummel, Jesse on site 04-28-17
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa. Code §2600
 2600.25(d) - A home may not seek or accept payments from a resident in excess of one-half of any funds received by the resident under the Senior Citizens Rebate and Assistance Act (72 P.S. §§ 4751-1- 4751-12). If the home will be assisting the resident to manage a portion of the rent rebate, the requirements of § 2600.20 (relating to financial management) may apply. There may be no charge for filling out this paperwork.

2a. DESCRIPTION OF VIOLATION
 Department Representatives conducted interviews with resident #1, #2, #3, and #4. It was determined that the residents have not been receiving their annual rent rebate money in July. The facility assists the resident's in applying for the rent rebate, however has not issued the 50 percent owed to each resident.

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.

There was no documentation showing residents Rent Rebates were applied for or if 50% was given to the residents or if the rent rebates were ever received at the facility.

The Administrator/designee will make sure that residents rent rebates are applied for and will ensure that the resident receive 50% of the total amount of the rent rebate as stated in our admission contract. Administrator/designee will apply for the rent rebates ,document the receipt of rent rebate , distribute 50% of the total amount of rebate to the resident , have the resident and staff member sign the financial form as required per DHS regulation.


The home will retain a copy of the application for the annual rent rebate in each resident's record. Q. 7-19-17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Diane Deemer	Date 7/14/2017
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