



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 25 2018

Mr. Steven J. Miga
Owner/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's Bureau of Human Services Licensing annual inspection on December 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 21677 - 12/28/2017 - Novak, Ryan
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 4/28/17 was not posted in a public area of 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 license Summary from 4-28-17
has been posted. Administrator will ensure
any inspections home has will be posted.

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

Signature of Legal Entity Representative
Required on EVERY Page) *Tiffany Giamrei*

Printed Name and Title of Legal Entity Representative
Required on EVERY Page) *Tiffany Giamrei* Date *2-23-18*

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

The above plan of correction is approved as of 4-27-18
(Date)

Plan of correction implementation status as of 5-11-18
(Date)

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

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

Violation Report: 21677 - 12/28/2017 - Novak, Ryan
FCH 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 summary dated 1/19/17 posted near the laundry room had the resident's privacy coding document attached. The coding document exposes 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 coding document was removed.
Administrator will ensure any inspections posted will not have the coding document attached as it is a breach of confidential information.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Liffany Giamei

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

Liffany Giamei

Date

4-13-18

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

The above plan of correction is approved as of

4-27-18
(Date)

Plan of correction implementation status as of

5-11-18
(Date)

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

The above plan of correction was approved by

LG
(Initials)

Violation Report: 21677 - 12/28/2017 - Novak, Ryan

PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code 52600

2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION

The home did not provide residents #1, #2, #3 and #4 or the resident's designees an itemized account of financial transactions made on the resident's behalf for the last 4 quarter of 2017.

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.

Quarterly reports have been done for month of January and will continue to be done per quarter. Administrator will ensure this is done as it is state regulated.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Tiffany Fiomei*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tiffany Fiomei Date 2-28-18

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

The above plan of correction is approved as of 4-27-18 (Date)

Plan of correction implementation status as of 5-1-18 (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 - 12/28/2017 - Novak, Ryan

POC Name: EASTERN COMFORT III

1. REGULATION 55 Pa. Code §2600

2600.83(a) - The indoor temperature, in areas used by the residents, shall be at least 70°F when residents are present in the home.

2a. DESCRIPTION OF VIOLATION

The indoor room temperatures in the home, on 12/28/17, were as follows: 66.3°F in the resident dining room at 9:56 am and 62°F in the first floor hallway next to room #8 at 10am.

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.

On first floor, hallway temp was very low due to an empty room windows being open. windows were closed. Administrator will ensure on colder days windows are closed to prevent temperature being too low.

In dining room, ceiling fans were turned on to help circulate heat as the ceilings are very high. with doing this room did get warm. fans are now on to ensure room stays at appropriate temperature.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Teffany Biamei

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Teffany Biamei

Date

2-23-18

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4-27-18
(Date)

Plan of correction implementation status as of

5-11-18
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 21677 - 12/28/2017 - Novak, Ryan
PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
2800.96(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 did not include a thermometer. The first aid kit located on the 1st floor did not include adhesive bandages and tape and a thermometer.

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.

A thermometer has been placed into First aid kit on 2nd floor. Administrator will do weekly checks to ensure proper contents are inside the kit.

In First Aid Kit on First Floor; a thermometer, bandages and tape have been added.

Administrator will do weekly checks to ensure all proper contents are inside kits and purchase anything that needs refilled.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Tiffany Glamei*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Tiffany Glamei Date 2-29-18

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

The above plan of correction is approved as of 4-27-18
(Date)

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

Plan of correction implementation status as of 5-11-18
(Date)

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

Violation Report: 21677 - 12/28/2017 - Novak, Ryan
PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Coda §2600
2600.101(j)(6) - Each resident shall have the following in the bedroom: A mirror.

2a. DESCRIPTION OF VIOLATION
Bedrooms #10 and #15 occupied by residents did not contain a mirror.

1. 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.

A mirror has been placed into room 10 and 15.
Administrator will do weekly walk throughs to ensure all proper necessities for residents are in there rooms and purchase anything needed if needs to be replaced.

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


Signature of Legal Entity Representative
(Required on EVERY Page) *Liffany Diamei*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Liffany Diamei* Date *4-23-18*

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

The above plan of correction is approved as of 4-27-18
(Date)

Plan of correction implementation status as of 5-11-18
(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 - 12/28/2017 - Novak, Ryan
PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Codo §2600

2000.101(r)(1) - There must be drapes, shades, curtains, blinds or shutters on the bedroom windows.

2a. DESCRIPTION OF VIOLATION

The windows in room #10 did not contain drapes, shades, curtains, blinds or shutters to provide privacy for the residents that occupy the room.

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.

Curtains have been replaced in Room 10. Administrator informed all staff persons when curtains are removed for cleaning they are to be replaced when they are finished as this is a state regulation.


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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Tiffany Giamei* Date *7-23-18*

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

The above plan of correction is approved as of 4-27-18
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 5-14-18
(Date)

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

REGULATION 35 PA. CODE § 2009

600.107(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 complete an annual review of the home's emergency procedures for 2017.
167d

2. 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 ensured emergency procedures have been reviewed. Understanding the importance of having this done and ensures it will continue to be done properly.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Tiffany McNamee* Date *2-13-18*

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

The above plan of correction is approved as of 4-27-18
(Date)

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

Plan of correction implementation status as of 5-14-18
(Date)

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

pg 23

Violation Report: 21677 - 12/28/2017 - Novak, Ryan

Facility Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600

2500.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2. DESCRIPTION OF VIOLATION

Exit #3 had a wheelchair in front of the exit on the ramp which exits the building, preventing 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.

Wheelchair has been removed from the exit area. Administrator informed all staff of the importance of making sure all exits and doorways must be free from blockage in case of emergencies and safety of our residents. Administrator will do weekly walk throughs to ensure all exits and doorways are free from blockage.

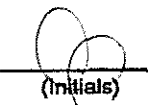
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Tiffany Giamei*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tiffany Giamei* Date *2-23-18*

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

The above plan of correction is approved as of 4-27-18 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 5-11-18 (Date)

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

Violation Report: 21677 - 12/28/2017 - Novak, Ryan
 PCH Name: EASTERN COMFORT III

REGULATION 55 Pa.Code §2600
 §300.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

DESCRIPTION OF VIOLATION
 The most recent fire safety inspection and supervised fire drill was conducted on 7/26/16.

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.

Fire Marshall was scheduled to come to the home 12/15 - rescheduled. Further date was for January. They came to the home and our alarm box was not working. Per Steve Miga installed other fire detectors. We are awaiting a new appointment with Fire Marshall.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Tiffany Triamei* Date *2-13-18*

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

The above plan of correction is approved as of 4-27-18 (Date) Plan of correction implementation status as of 5/3/18 (Date)

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

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

Scheduled 8-15-18

Violation Report 21677 - 12/28/2017 - Novak, Ryan
FCH Name: EASTERN COMFORT III

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 conducted on 6/9/17 at 5:40pm notes 9 residents in the home at the time the alarm sounds and 9 residents evacuated. The fire drill conducted on 3/28/17 at 9am notes 11 residents in the home at the time the alarm sounds and 11 residents evacuated. The above noted fire drills both had one resident refuse to evacuate, the home is not properly documenting the fire drill logs.

2. 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 ensure fire drills are documented properly. Reviewed drills with staff and discussed how numbers must match. Administrator will ensure all future fire drills are conducted and properly documented.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Tiffany Giamei*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Tiffany Giamei* Date *2-13-18*

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

The above plan of correction is approved as of 4-27-18
(Date)

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

Plan of correction implementation status as of 5-11-18
(Date)

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

Violation Report: 21677 - 12/28/2017 - Novak, Ryan
FCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The fire drills conducted on 12/26/17 at 11:43pm took 2 minutes and 49 seconds for evacuation. The fire drill conducted on 11/4/17 at 7:30pm took 2 minutes and 40 seconds for evacuation. The fire drill conducted on 9/19/17 at 1am took 2 minutes and 40 seconds for evacuation. The home does not have a valid letter from the fire safety expert extending the home's evacuation time.

2. 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 understands the importance of having residents evacuated in the time limit. Stressed importance to staff. Future fire drills conducted will have residents out in proper timely manner.

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/19/2017

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tiffeny Biamei Date 2-13-18

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

The above plan of correction is approved as of 4-27-18 (Date)

Plan of correction implementation status as of 5-11-18 (Date)

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

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

Violation Report: 21677 - 12/28/2017 - Novak, Ryan
FCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600

2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

The home conducted a sleeping hours fire drill on 9/19/17 at 1am, the previous sleeping hours fire drill was conducted on 11/18/16 at 2am.

2b. 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 ensure sleeping drills are performed once every 6 months as per state regulations.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Tiffany Gramei

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

Tiffany Gramei

Date

2-13-18

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

The above plan of correction is approved as of 4-27-18
(Date)

Plan of correction implementation status as of 5-11-18
(Date)

- Fully Implemented
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- Not Implemented

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

Violation Report: 21677 - 12/28/2017 - Novak, Ryan

Facility Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600

2600.132(f) - Alternate exit routes shall be used during fire drills.

2. DESCRIPTION OF VIOLATION

The fire drills conducted from September 2017-December 2017 all exits were utilized.

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.

Fire exits will be rotated. Administrator is aware that all exits can not be used at every drill. Will rotate exits per state regulations.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

TIPPERNY GICAMEI

Date

2-13-18

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

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- Fully Implemented
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- Not Implemented

The above plan of correction was approved by

[Handwritten Initials]
(Initials)

Violation Report: 21677 - 12/28/2017 - Novak, Ryan
PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

The fire drill conducted on 6/9/17 at 5:40pm and on 3/28/17 at 9am had one resident refuse to evacuate.

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 talked to all residents about the importance of evacuating during fire alarms. Will continue to stress importance to residents and staff that everyone must evacuate.

Repeat Violation: No

Date(s) of Previous Violation(s):

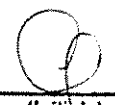
Signature of Legal Entity Representative
(Required on EVERY Page) *Tiffany Giamei*

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

Date *2-13-18*

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The above plan of correction is approved as of 4-27-18
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 5-14-18
(Date)

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

Violation Report: 21077 - 12/28/2017 - Novak, Ryan
PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
Resident #4's medical evaluation dated 8/29/17 did not indicate immunizations history.
Resident #2's medical evaluation dated 8/23/17 did not indicate body positioning.
Resident #3's medical evaluation dated 2/1/17 did not indicate medication regimen.

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.

Residents files have been updated and missing information has been corrected. Administrator will ensure all charts and files are completed per State regulations.

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/19/2017

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tiffany Giamei Date 2-13-18

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

The above plan of correction is approved as of 4-27-18 (Date)

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

Plan of correction implementation status as of 5-11-18 (Date)

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

Violation Report: 21677 - 12/28/2017 - Novak, Ryan
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
 2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION
 A metal can with extinguished cigarette butts was located outside exit #3 on the ramp, this is not the homes designated smoking area.
 On 12/28/2017 at 9:50am approximately 3 cigarette butts were located on the grounds of the home near the resident designated smoking area.

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.

All Cigarette Butts have been cleaned up. The metal can has been removed. Residents and staff have all reviewed the smoking policy and the designated smoking area.
 Administrator will do weekly checks to ensure this policy is followed.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tiffany Greene* Date *2-13-18*

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

The above plan of correction is approved as of 4-27-18 (Date)

Plan of correction implementation status as of 5-11-18 (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 - 12/28/2017 - Novak, Ryan
PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #5's Contour glucometer was not calibrated to the correct date.
Resident #6's PRN ludens throat drops were not available at the time of the inspection.

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 glucometer that was not calibrated has been re-calibrated to correct date. Administrator stressed this importance to staff and will do weekly checks on all machines to ensure correct calibration.

Resident #6 ludens throat drops have been discontinued. Administrator informed all staff the importance of having all medications that are listed on their MARs are in the building.

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/19/2017

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lillian Brimage* Date *2-23-18*

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The above plan of correction is approved as of 4-27-18 (Date)

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Plan of correction implementation status as of 5-11-18 (Date)

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Violation Report: 21677 - 12/28/2017 - Novak, Ryan
PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
Resident #6 has an order for diphem/lido/antacid swish and spit 3 times daily for 10 days. The order should have stopped on 12/23/17. The home administered the medication on 12/24, 12/25, and 12/26/17 at 8am.

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 had a meeting with staff and stressed the importance of making sure medication described for a certain amount of time is stopped when instructed to be stopped. Administrator will check med book weekly to ensure medications that are ending on a certain date are no longer being given

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Tiffany Giamei*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Tiffany Giamei* Date *4-23-18*

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The above plan of correction is approved as of 4-27-18
(Date)

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

Plan of correction implementation status as of 5-14-18
(Date)

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

Violation Report: 21677 - 12/28/2017 - 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

The preadmission screening in the record of resident #4 (dated 10/2/17) did not indicate a reason for leaving current residence or medical, psychological and behavioral diagnosis, if any.

The preadmission screening in the record of resident #1 (dated 8/8/17) did not indicate a reason for leaving current residence or medical, psychological and behavioral diagnosis, 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.

Resident 4 and 1 preadmission screenings have been updated with proper medical information. Administrator will ensure all prescreenings are filled out properly as this is a state regulation.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Tiffany Giamei

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

Tiffany Giamei

Date: 4-23-18

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

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Plan of correction implementation status as of 5-11-18 (Date)

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The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 21677 - 12/28/2017 - Novak, Ryan
 CH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
 600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION
 Resident #1's Resident Assessment Support Plan dated 8/10/17 did not indicate any medical or mental health diagnosis.

2. 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.

Resident 1 RASP has been updated with medical / mental health information. Administrator will ensure ALL RASPs are properly filled out and have all proper information as this is a state regulation

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Tiffany Giamei*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Tiffany Giamei Date 2-23-18

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 (Date)

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

Plan of correction implementation status as of 5-11-18
 (Date)

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Violation Report: 21677 - 12/28/2017 - Novak, Ryan

PCN Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600

2600.252 - Each resident's record must include the following information: (1) through (25)

2a. DESCRIPTION OF VIOLATION

The record of resident #1 did not indicate the resident's 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.

I Tiffany Giamei updated resident #1 file and all proper documents are complete. Administrator will ensure all residents charts are filled out completely and correctly.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

01/19/2017

Signature of Legal Entity Representative

(Required on EVERY Page)

Tiffany Giamei

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Tiffany Giamei

Date 2/13/18

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The above plan of correction is approved as of 7-27-18 (Date)

Plan of correction implementation status as of 5-11-18 (Date)

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The above plan of correction was approved by

OG
(Initials)