



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
Mailing Date: August 10, 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 inspection on April 27, 2018 and May 4, 2018 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
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 21677 - 04/27/2018 - Novak, Ryan
 PCH Name: EASTERN COMFORT III

1. REGULATION 65 Pa.Code §2600
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 It has been determined through an interview with the home's Administrator that the home implemented their fire watch procedures for 2 weeks due to the fire alarm system not working in the end of December 2017. The home did not submit an incident report to the Department regarding the implementation of the homes emergency procedures.

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 ensure any further problems or issues that require an incident report will be properly documented and all steps will be done to ensure proper steps taken to submit reports are followed. The Administrator will also ensure that all employees are familiar with the 19 events that must be reported, and the home has a process to ensure timely submissions, including nights, weekends and holidays. QP

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Tiffany Giomei* Date *6/6/18*


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

The above plan of correction is approved as of 7/24/18
 (Date)

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

Plan of correction implementation status as of 8-2-18
 (Date)

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

Violation Report: 21677 - 04/27/2018 - Novak, Ryan PCH Name: EASTERN COMFORT III	
1. REGULATION 56 Pa, Code §2600 2600.96(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 tape. The first aid kit located on the 1st floor did not include tape, scissors, thermometer and a breathing shield.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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>	
<p>The first aid kit on 2nd floor has been restocked and has proper supplies</p> <p>The first aid kit on the 1st floor has also been restocked and has all proper supplies</p> <p><u>Administrator will do weekly checks to ensure these kits stay stocked as it is a regulation.</u></p>	
Repeat Violation: No <input checked="" type="checkbox"/> YES	Date(s) of Previous Violation(s): 12-28-17
Signature of Legal Entity Representative (Required on EVERY Page) <i>Tiffany Giamei</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Tiffany Giamei</u>	Date <u>6/16/18</u>
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The above plan of correction is approved as of <u>7/24/18</u> (Date)	Plan of correction implementation status as of <u>8/2/18</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21677 - 04/27/2018 - Novak, Ryan
 PCH Name: EASTERN COMFORT III

1. REGULATION 88 Pa.Code §2600
 2600.101(j)(6) - Each resident shall have the following in the bedroom: A mirror.

2a. DESCRIPTION OF VIOLATION
 Room #1 does not have a mirror.

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 Mirror has been placed into room #1.
 Administrator will do weekly walk throughs to ensure required items are in rooms and replace when needed.

Repeat Violation: No YES Date(s) of Previous Violation(s) 12-28-17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Liffany Gianni Date 6/6/18

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Violation Report: 21677 - 04/27/2018 - Novak, Ryan
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
 2800.130(a) - There shall be an operable automatic smoke detector located within 15 feet of each bedroom door.

2a. DESCRIPTION OF VIOLATION
 There is no smoke detector located within 15ft of Room #5 and #6.

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 Smoke detector was installed within 15ft of room 5 and 6. Administrator will do monthly checks to ensure detector is working properly.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tiffany Gigami* Date *8/16/18*

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Violation Report: 21877 - 04/27/2018 - Novak, Ryan
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
 2600.130(b) - The smoke detectors specified in § 2800.130(a) shall be located in hallways.

2a. DESCRIPTION OF VIOLATION
 There is no smoke detector in the hallway near the medication 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.


A Smoke detector was installed in the hallway by the medication room. Administrator will do monthly checks to ensure detector is working properly.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Tiffany Cicamei* Date *6/16/18*

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Violation Report: 21877 - 04/27/2018 - Novak, Ryan
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
 2600.130(d) - If the home serves nine or more residents, there shall be at least one smoke detector on each floor interconnected and audible throughout the home or an automatic fire alarm system that is interconnected and audible throughout the home.

2a. DESCRIPTION OF VIOLATION
 The home currently serves 14 residents, the homes interconnected smoke detector system is not working.

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 interconnected alarm system has been repaired by ADT. A New Panel was installed and all sensors are working properly. The administrator will do monthly checks / drills to ensure system is working at all times and will report to owner if a problem arises.

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 *8/2/18*

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Violation Report: 21677 - 04/27/2018 - Novak, Ryan PCH Name: EASTERN COMFORT III	
1. REGULATION 55 Pa.Code §2600 2600.130(g) - If a smoke detector or fire alarm becomes inoperative, repair shall be completed within 48 hours of the time the detector or alarm was found to be inoperative.	
2a. DESCRIPTION OF VIOLATION The homes fire alarm system has been inoperative since the end of December 2017, the system is still not operable.	
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.	
<p>The Fire alarm system was fixed by ADT. A new Panel was installed and all sensors are working. Administrator will do monthly checks to ensure the system is working properly and will contact owner if a problem arises.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Tiffany Biamei</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Tiffany Biamei</i>	Date <i>8/2/18</i>
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