



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: dbstgc@rcn.com
Mailing Date: April 29, 2019

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 #216771

Dear Mr. Miga:

As a result of the Department's Bureau of Human Services Licensing inspection on September 5, 2018 of the above facility, the citations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano".

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report: 21677 - 09/05/2018 - Novak, Ryan

PCH Name: EASTERN COMFORT III

1. REGULATION 65 Pa.Code §2600

2600.101(j)(1) - Each resident shall have the following in the bedroom: A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident.

2a. DESCRIPTION OF VIOLATION

Resident #1's mattress had several tears on the bottom and top of the mattress. The mattress was not in good repair.

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.

Mattress was purchased and replaced with a new mattress. Administrator / DCS will check the conditions of the bed mattress weekly when changing sheets & if the mattress needs replacing; Admn. will do it in timely manner.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Diane Deemer Adm

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

Diane Deemer

Date 4-11-19

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

The above plan of correction is approved as of 4-11-19
(Date)

The above plan of correction was approved by ag
(Initials)

Plan of correction implementation status as of 4-11-19
(Date)

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