



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **EASTERN COMFORT III INC**
LEGAL ENTITY

To operate **EASTERN COMFORT III**
NAME OF FACILITY OR AGENCY

Located at **206 DIAMOND STREET, SLATINGTON, PA 18018**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **20**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller
(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **April 17, 2019** until **October 17, 2019**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **216771**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE:

APR 17 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 annual inspection on December 13, 2018 and March 19, 2019 of the above facility, the citations specified on the enclosed violation report were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), your current license # 216770 dated May 4, 2018 to May 4, 2019 is REVOKED. A FIRST PROVISIONAL license is being issued. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated May 4, 2019 to May 4, 2020 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
20b8	III	12	\$3	\$36	15 calendar days from mailing date of this letter
121a	II	12	\$5	\$60	5 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:


Mr. Miga

3

Shivani Patel, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe". The signature is stylized with a large, looping initial "J" and a cursive "Rowe".

Jacqueline L. Rowe
Director

Enclosures
License
Violation Report

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

PCH Name: EASTERN COMFORT III		License Number: 21677
Address: 206 DIAMOND STREET, SLATINGTON, PA 18018		County: Lehigh
Administrator: Tiffany Giamei		Region: NORTHEAST
Legal Entity Name: EASTERN COMFORT III INC		
Legal Entity Address: 4136 NAZARETH PIKE, BETHLEHEM, PA 18020		
Certificate(s) of Occupancy C-2 LP 03/10/1999 L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 12 Waking Staff: 9		
Type of Inspection: Full		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 12/13/2018: Mendez, Vanessa; Foulkes, Kimberli; Moskalczyk, Michele		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 20 Number of Residents Served: 12 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 12 Are 60 Years of Age or Older: 10 Have Mental Illness: 3 Have an Intellectual Disability: 3 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 21677 - 12/13/2018 - Mendez, Vanessa
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 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

On 10/24/18, the automatic fire alarm sounded, the fire company responded and they found a hot bulb in a lamp with a burnt shade. The home did not submit an incident report to the Department.

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 understands the importance of incident reports and will continue to follow state regulations when it comes to informing the state on incidents within the building.

Immediately and Ongoing:

The administrator will review the incidents required to be reported by 2600.16a with all staff.

All future incidents will be reported as required.

4-15-19

MM

Repeat Violation: Yes

Date(s) of Previous Violation(s): 04/27/2019

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 2/12/2019

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

The above plan of correction is approved as of 2-13-19
 (Date)

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

Plan of correction implementation status as of 3-27-19
 (Date)

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

Violation Report: 21677 - 12/13/2018 - Mendez, Vanessa
PCH 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

On 12/14/18, the Licensing Inspection Summary, dated 12/28/17, was posted in the hallway on the second floor and had the resident privacy coding document attached.

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 licensed summary that was posted has now been replaced without the coding paper attached. The Administrator will be more mindful when posting inspections so that the coding paper is not posted with it.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/28/2017		
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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
2/12/2019

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Violation Report: 21677 - 12/13/2018 - Mendez, Vanessa
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
 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
 Residents #1 and #2 have not received a quarterly account of financial transactions since January 2018.

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 1 and 2 have signed a paper stating they wish to not receive quarterly account summaries. This paper was approved before by state inspectors as an ok form to use. Administrator will keep this form with their PNA as it is a regulation to have them.

Beginning (15 days from DPOC) and quarterly thereafter

The administrator will 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. If no transactions were made, the administrator will give the resident/designated person a statement of monies held with the notice "no transactions made." A copy of the itemized account will be kept in each resident's record, even if the resident declines to review the account.

The administrator shall be responsible for monitoring and on-going compliance.

4-15-19
 MM

Repeat Violation: <u>Yes</u>	Date(s) of Previous Violation(s): <u>12/24/17</u>		
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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 <u>2/12/2019</u>
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Violation Report: 21677 - 12/13/2018 - Mendez, Vanessa
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
 2600.28(f)(2) - Refunds shall be made within 30 days of the resident's discharge.

2a. DESCRIPTION OF VIOLATION
 Resident #3 was discharged on 8/7/18. The home did not provide the required refund until 11/15/18.

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 understands the importance of making sure the refunds are returned within the state regulated time frame. Administrator will ensure any future refunds are returned within the required time frame.

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 2/12/2019
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Violation Report: 21677 - 12/13/2018 - Mendez, Vanessa

PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

The home did not complete 2017's annual fire safety training for required staff members.

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 understands the importance of all trainings that are required by the state and will make sure that all future trainings will be completed within the calander year.

(Within 10 days of DPOC)

The administrator will develop a staff training plan that includes the following information:

- (1) The name, position and duties of each direct care staff person, ancillary staff person, substitute personnel and regularly-scheduled volunteer
- (2) The required training courses for each person identified in (1).
- (3) The dates, times and locations of the scheduled training for each person identified in (1) for the upcoming year.

The training plan will include, at a minimum, the topics required by 2600.65f and 2600.65g.

Training Year 2019 and each year thereafter

The home will implement the developed plan. Compliance with the plan will be kept in accordance with 2600.65i and 2600.66c. The administrator shall be responsible. 4-15-19

MM

Repeat Violation: No

Date(s) of Previous Violation(s):

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(Required on EVERY Page)

Tiffany Giamei

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

Tiffany Giamei

Date
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Violation Report: 21677 - 12/13/2018 - Mendez, Vanessa
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

Located by the exterior ramp exit, behind the fire extinguisher was a hole in the wall measuring approximately 4 inches by 8 inches, which needs repair.
 Resident bedroom #8, the door knob used to enter the room is loose and difficult for enter and exit the room in the event of an emergency.
 Located in the common bathroom, across from Med room #4, the floor drain cap is broken, cracked and a tripping hazard.

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.

These repairs have been brought to the attention of the owner and are on a repair list to be completed within 30 days.

Administrator will follow up with the owner to ensure the repairs get completed.

Weekly beginning (within 1 week of DPOC)

The administrator will check all surfaces in the home to ensure that they are clean, in good repair, and free of hazards. And surfaces found to be in need of cleaning or repair will be cleaned or repaired immediately.

4-15-19

MM

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Tiffany Giamei</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Tiffany Giamei	Date	2/12/2019
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Violation Report: 21677 - 12/13/2018 - Mendez, Vanessa
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

Located in the common bathroom, across from Med room #4, the light fixture above the sink is missing a cover exposing the hot light bulbs.
 Located in resident bedroom #13, the 10-foot cover to the baseboard heating unit is damaged, exposing the heating coil.

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 repairs in question have been brought to the attention of the owner and are on a repair list to be completed within 30 days. Administrator will follow up with the owner to ensure these repairs are completed.

Weekly beginning (5 days from DPOC)

The identified items will be repaired, cleaned, or replaced as needed.

The administrator will check all furniture and equipment in the home to ensure that it is clean, in good repair, and free of hazards. Furniture found to be in need of cleaning, repair, or replacement will be cleaned, repaired, or replaced as needed. Documentation of monthly checks and actions taken as a result of findings will be kept.

4-15-19

MM

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
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Violation Report: 21677 - 12/13/2018 - Mendez, Vanessa
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The front steps of the home leading from the second floor to the sidewalk through the double set of wooden doors is made of concrete. The bottom step where it meets the sidewalk has a portion missing and has loose pieces of concrete posing a tripping hazard to the residents.
 The rear exterior wooden ramp had several floor boards that were rotten and movable when walked on creating a possible hazard in the event of an emergency evacuation.

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.

These repairs have been brought to the attention of the owner, they are on a repair list to be completed within 30 days. Administrator will follow up with the owner to ensure these repairs get completed.

Weekly beginning (Within 5 days of DPOC)

The administrator will check the exterior of the building, the building grounds and yard to ensure that these areas are in good repair and free of hazards. Any areas found to be in need of repair or cleaned will be repaired or cleaned immediately.

4-15-19

MM

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 2/12/2019

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Violation Report: 21677 - 12/13/2018 - Mendez, Vanessa
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 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
 Located in resident bedroom #13, the mattress is in poor condition, concaved with the wires springs poking through the mattress and in need of replace.

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 threw the poor condition matteress in the garbage replaced it with another matteress. In the future if a matteress is in poor condition it will be immediately replaced.

Immediately and Ongoing:

The administrator will check all mattresses in the home to ensure that they are in good repair, clean, and supportive. Any mattresses found to be in need of replacement will be replaced by the date shown.

4-15-19

MM

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 2/12/2019
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Violation Report: 21677 - 12/13/2018 - Mendez, Vanessa

PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600

144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

2a. DESCRIPTION OF VIOLATION

The exterior wooden ramp is surrounded with dried leaves. Located in the leaves ~~were~~^{were} several dozen cigarette butts. Cigarette ash marks were visible on the wooden railing as well. This is highly combustible and not the homes smoking area. The homes smoking area is located on the far-right side of the front entrance. Piles of dried leaves were in the corners of the smoking area creating a fire hazard.

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 has informed all residents and staff that the back wooden ramp is not a designated smoking area. Administrator had a meeting to make all aware of where the designated smoking area is.

The pile of leaves in the front of the facility have been removed. The cigarette butts were removed from the back of the facility. Administrator will do a weekly walk thru to ensure that this does not happen again, also to ensure the home rules are being followed and enforced.

Immediately and On-going:

The administrator shall conduct weekly walk-through of all the smoking locations on the home's property. Documentation of the walk-through's shall be kept and made available to the department upon request.

4-15-19

MM

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
2/12/2019

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Violation Report: 21677 - 12/13/2018 - Mendez, Vanessa
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

The form was not signed or dated by the trainer for Staff Member A's annual practicum.

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 new form has been made for training of Medication administration for this employee. Administrator will continue to ensure that all forms required for employee files are dated and signed properly.

(Within 15 days of DPOC)

The administrator will obtain a certified Medication Trainer the Trainer who is qualified through the Department's approved Train the Trainer course to provide instruction and train staff on the elements of this regulation. Training shall be reviewed and completed for all staff administering medications to residents.

4-15-19
 MM

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 **2/12/2019**

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- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - inadequate Progress
- Not Implemented

Violation Report: 21677 - 12/13/2018 - Mendez, Vanessa
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

Resident #4, date of admission 9/28/18, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident #5 was not educated on the right to question or refuse a medication if the resident believes there may be a medication error.

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.

Part Z of the resident rights paperwork have been added to the residents charts.
 Administrator explained this section to the residents and had them sign and date this form.
 Administrator will check charts weekly to ensure all proper paperwork is dated and signed and any new papers will be review by the resident with their signatures.

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 2/12/2019

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

The above plan of correction is approved as of <u>2-13-19</u> (Date)	Plan of correction implementation status as of <u>3-27-19</u> (Date)
The above plan of correction was approved by <u>MM</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

Violation Report: 21677 - 12/13/2018 - Mendez, Vanessa
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600

2600.221(b) - The program must provide social, physical, intellectual and recreational activities in a planned, coordinated and structured manner.

2a. DESCRIPTION OF VIOLATION

Through multiple interviews with residents and staff, it was determined that the home does not engage residents in any activities. There is an activities calendar hanging in the home, however no planned activities happen in the home on a daily basis.

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 is working with the residents to come up with some activities that they would all enjoy doing as a group. Administrator also has a volunteer that comes to the facility to do activities twice a week. The residents play bingo and some other activities that the residents enjoy. Administrator will continue to make sure activities are followed through.

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 2/12/2019

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

The above plan of correction is approved as of 2-13-19
 (Date)

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

Plan of correction implementation status as of 3-27-19
 (Date)

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

Violation Report: 21677 - 12/13/2018 - Mendez, Vanessa
 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 pre-admission screening form for resident #4, admitted 9/28/18, does not include a determination that the home can meet the service needs of the 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.

Administrator corrected and properly completed the form. Administrator will do weekly checks to ensure that all forms in the residents charts are filled out completely per regulations.

(Within 5 days of DPOC)

The home will ensure that all residents admitted after the date shown have a preadmission screening completed. The administrator will ensure that the preadmission screening is accurate and completed in its entirety, including signing and dating the screening form. If the home determines that the resident's needs cannot be met by the home based on the preadmission screening, the home will refer the resident to the appropriate local assessment agency.

4-15-19

MM

Repeat Violation: Yes	Date(s) of Previous Violation(s): 12/23/2017		
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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 2/12/2019
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2-13-19
 (Date)

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

Plan of correction implementation status as of 3-27-19
 (Date)

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

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

PCH Name: EASTERN COMFORT III		License Number: 21677
Address: 206 DIAMOND STREET, SLATINGTON, PA 18018		County: Lackawanna
Administrator: Diane Deemer		Region: NORTHEAST
Legal Entity Name: EASTERN COMFORT III INC		
Legal Entity Address: 4136 NAZARETH PIKE, BETHLEHEM, PA 18020		
Certificate(s) of Occupancy C-2 LP 03/10/1999 L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 13 Waking Staff: 10		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Complaint, Monitoring		
On-Site Inspections Dates and Department Representatives On-Site 03/19/2019: Mendez, Vanessa; DeVries, Kristin		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 20 Number of Residents Served: 13 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 9 Are 60 Years of Age or Older: 9 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 1

Violation Report: 21677 - 03/19/2019 - Mendez, Vanessa
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
 2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION
 There were no contracts completed for resident #1 and #2. Per staff interviews, residents were admitted to the facility on 03/17/19.

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.

In the future the Administrator will do the Admission Contract within 24 hours of admission..

The Administrator will not file chart until Admission contract is completed and signed.

Immediately and ongoing

The home will complete a contract with Resident #1 and #2.

The home will use the Department's model contract for all newly-admitted residents, or will use a contract that contains all of the elements required by this Chapter at a minimum.

4-15-19

MM

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 Administrator

Date 4/3/2019

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

The above plan of correction is approved as of <u>4-3-19</u> (Date)	Plan of correction implementation status as of <u>4-3-19</u> (Date)
The above plan of correction was approved by <u>MM</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

Violation Report: 21677 - 03/19/2019 - Mendez, Vanessa

PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

The home placed a yellow caution tape from one side of the handrail to the other side of the handrail located at the front steps of the home. This egress was obstructed.

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 yellow caution tape was taken down at time of inspection. The owner was notified and told that the corner of the damaged step must be repaired .

Immediately and ongoing

The administrator shall conduct weekly walk-through's at the facility to ensure that the identified area will be unobstructed, as will all stairways, hallways, doorways, passageways and egress routes from rooms and from the building.

The administrator shall be responsible. 4-15-19

MM

Repeat Violation: YesDate(s) of Previous Violation(s): 12/28/2017Signature of Legal Entity Representative
(Required on EVERY Page)

Diane Deemer

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Diane Deemer AdministratorDate 4/3/2019**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**The above plan of correction is approved as of 4-3-19
(Date)The above plan of correction was approved by MM
(Initials)Plan of correction implementation status as of 4-3-19
(Date)

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

Violation Report: 21677 - 03/19/2019 - Mendez, Vanessa

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 form was not completed for resident #1 and #2.

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 that when doing an admission the preadmission screening will be completed in the time specified per regulation 2600.224(a) Prescreening will then be placed in the residents chart.

(Within 5 days of DPOC)

The home will ensure that all residents admitted after the date shown have a preadmission screening completed. The administrator will ensure that the preadmission screening is accurate and completed in its entirety, including signing and dating the screening form. If the home determines that the resident's needs cannot be met by the home based on the preadmission screening, the home will refer the resident to the appropriate local assessment agency.

4-15-19

MM

Repeat Violation: YesDate(s) of Previous Violation(s): 12/24/2017Signature of Legal Entity Representative
(Required on EVERY Page)*Diane Deemer*Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Diane Deemer AdministratorDate 4/3/2019**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**The above plan of correction is approved as of 4-3-19
(Date)The above plan of correction was approved by MM
(Initials)Plan of correction implementation status as of 4-3-19
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