



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail: dbstgc@rcn.com**  
**Mailing Date: June 18, 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 #216770

Dear Mr. Miga:

As a result of the Department's Bureau of Human Services Licensing inspection on January 9, 2019 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 - 01/09/2019 - Harvey, Jason

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**

The home failed to notify the Department's regional office of a medication error that occurred on 1/7/19 at 8pm until 1/9/19.

**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.

The Administrator will notify the regional office within 24 hours of a medication error, the Administrator with document that the appropriate steps were followed per DHS requirements.

The Administrator will also ensure that all employees of the home are educated about the other 18 events that need to be reported. In addition, the Administrator will ensure that there is a process in place to report necessary incidents within the 24 hour time frame, including nights, holidays and weekends.

The Administrator will retain documentation of this training as well as the work flow for the home's process for ensuring that incidents are reported timely. 6-6-19

Repeat Violation: Yes

Date(s) of Previous Violation(s):

04/27/2018

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

6-6-19

(Date)

The above plan of correction was approved by

*AG*

(Initials)

Plan of correction implementation status as of 6-6-19

(Date)

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

**Violation Report:** 21677 - 01/09/2019 - Harvey, Jason

**PCH Name:** EASTERN COMFORT III

**1. REGULATION 55 Pa.Code §2600**

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

**2a. DESCRIPTION OF VIOLATION**

On 1/7/19 at 8pm staff person A gave resident #1's 8pm medications to resident #2. The home failed to notify the resident #2's doctor and designated person of the 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.*

The Administrator will report all medication errors to all residents designated persons involved also residents physician. Documentation will be filled in residents chart.

Repeat Violation: No

Date(s) of Previous Violation(s):

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 6-6-19  
(Date)

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

Plan of correction implementation status as of 6-6-19  
(Date)

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

**RESIDENT PRIVACY CODING DOCUMENT  
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600**

<b>PCH Name:</b> EASTERN COMFORT III	<b>License Number:</b> 216770
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<u>Designation</u>	<u>Resident's Name</u>
Resident 1	Rebecca Root
Resident 2	Donna Pritchard

Diane Deemer Administrator  
\_\_\_\_\_  
Printed Name and Title of Legal Entity Representative

*Diane Deemer*  
\_\_\_\_\_  
Signature of Legal Entity Representative

4/3/2019  
\_\_\_\_\_  
Date

**STAFF PRIVACY CODING DOCUMENT  
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600**

<b>PCH Name:</b> EASTERN COMFORT III	<b>License Number:</b> 216770
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Designation      Staff Member's Name

A                      Heather Sievers

Diane Deemer Administrator  
\_\_\_\_\_  
Printed Name and Title of Legal Entity Representative

*Diane Deemer*  
\_\_\_\_\_  
Signature of Legal Entity Representative

4/3/2019  
\_\_\_\_\_  
Date