



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail: dbstgc@rcn.com**  
**Mailing Date: June 7, 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 January 31, 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  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

<b>PCH Name:</b> EASTERN COMFORT III		<b>License Number:</b> 21677
<b>Address:</b> 206 DIAMOND STREET, SLATINGTON, PA 18018		<b>County:</b> Lehigh
<b>Administrator:</b> Tiffany Giamei		<b>Region:</b> NORTHEAST
<b>Legal Entity Name:</b> EASTERN COMFORT III INC		
<b>Legal Entity Address:</b> 4136 NAZARETH PIKE, BETHLEHEM, PA 18020		
<b>Certificate(s) of Occupancy</b> C-2 LP 03/10/1999 L&I		
<b>Staffing Hours</b> <b>Resident Support:</b> 0 <b>Total Daily Staff:</b> 11 <b>Waking Staff:</b> 8		
<b>Type of Inspection:</b> Partial <b>BHA Docket Number:</b> <b>Notice:</b> Unannounced		
<b>Reason(s) for Inspection(s)</b> Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 01/31/2019: Novak, Ryan		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b> 02/12/2019: Novak, Ryan		
<b>Other Details</b> <b>Partial or Full Triggers:</b> <b>Random Indicators:</b>		
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 20 <b>Number of Residents Served:</b> 11 <b>Secured Dementia Care Unit in Home:</b> No <b>Area:</b> <b>Secured Dementia Unit Capacity, if Applicable:</b> <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> <b>Number of Current Hospice Residents:</b> 0 <b>Number of Hospice Residents in past year:</b> 0	<b>Number of Residents who:</b> <b>Receive Supplemental Security Income:</b> 9 <b>Are 60 Years of Age or Older:</b> 9 <b>Have Mental Illness:</b> 0 <b>Have an Intellectual Disability:</b> 2 <b>Have a Mobility Need:</b> 0 <b>Have a Physical Disability:</b> 1	

**Violation Report:** 21677 - 01/31/2019 - Novak, Ryan

**PCH 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 upstairs dining room measured 67.1 degrees Fahrenheit.

The bathroom located on the 1st floor next to bedroom #6 measured 57.5 degrees Fahrenheit.

The hallway on the 1st floor near the bedrooms measured 60.6 degrees Fahrenheit.

**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 notified the owner with the different temperatures of the areas of concern. The owner will have those areas of concern checked by his heating and air conditioning company.

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 5-14-19  
(Date)

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

Plan of correction implementation status as of 5-14-19  
(Date)

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