



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail: tlpch112@gmail.com**  
**Mailing Date: August 19, 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 May 18, 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, appearing to read "M. Moskalczyk".

Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Violation Report



EASTERN COMFORT III

227d - Support Plan Medical/Dental

Regulations

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The Resident's Assessment and Support Plan dated 03/24/19 indicates that resident #1 needs supervision and assistance when in unfamiliar places and staff will assist and supervise when resident is out of the home. Resident was admitted to the home on 03/16/19. On 03/19/19, resident left the facility without staff knowing and tripped on the curb across the street of the facility and broke her nose. On 04/23/19, resident left the facility without staff knowing, and did not know how to return to the home. Resident was given a ride back to the facility by a neighbor.

The RASP does not document that the resident has a need for being outside nor does it document how the home is going to meet the needs of the resident.

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 had security bell system installed immediately 7-10-2019. The security bell is heard on floor #1 and on floor #2. The security bell is loud enough to alert staff of the entrance or exit of all persons. Administrator will make sure system is working at all times. In the event it stops working, Administrator will have it repaired immediately.

SEE BELOW\*\*\*\*\*

Signature

Diane Deemer

Printed Name and Title

Diane Deemer Administrator

Date

8-4-19

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The above plan of correction is approved as of 8-7-19 (Date)

Plan of correction implementation status as of 8-7-19 (Date)

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

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

\*\*\*Immediately and Ongoing:

Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. The administrator shall monitor for ongoing compliance. 8-7-19

MM