



**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/SERVICE LOCATION

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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**  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 **November 15, 2021** until **November 15, 2022**,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **216770**

*Janette Siderup*  
ISSUING OFFICER

*Jamie J. Buchenauer*  
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.



September 7, 2021

Eastern Comfort III, Inc.  
4136 Nazareth Pike  
Bethlehem, Pennsylvania 18020

RE: Eastern Comfort II  
1493 East Emmaus Avenue  
Allentown, Pennsylvania 18102  
Certificate #: 216770

Dear Eastern Comfort III, Inc.:

The Department has received your July 26, 2021 renewal application to operate the above Personal Care Home pursuant to Title 55, PA Code, Chapter 2600. A regular license is being issued in response to your application. Your license is enclosed.

Please be advised that, pursuant to 55 Pa.Code § 20.31 (relating to annual inspection), the Department is required to conduct an onsite inspection of the above Personal Care Home at least once every twelve months. The Department will conduct an inspection of Eastern Comfort III within the next twelve months. If evidence of noncompliance with Title 55, PA Code, Chapter 2600 is found during the inspection, the Department will take appropriate enforcement action.

If you have any questions about the Department's process, please contact the Bureau of Human Services Licensing's Provider Support Hotline at 1-866-503-3926 or by electronic mail at [ra-pwarlheadquarters@state.pa.us](mailto:ra-pwarlheadquarters@state.pa.us).

Sincerely,

A handwritten signature in black ink that reads "Jamie L. Buchenauer". The signature is written in a cursive style with a large initial "J".

Jamie L. Buchenauer  
Deputy Secretary  
Office of Long-term Living

Enclosure  
License

**RENEWAL APPLICATION FOR EXISTING CERTIFICATE OF COMPLIANCE  
APPLICATION IS MADE HEREWITH TO RENEW THE CERTIFICATE OF COMPLIANCE TO OPERATE  
THE FACILITY/AGENCY TO PROVIDE THE SERVICE SPECIFIED**

TYPE OR USE PEN, SIGN AND RETURN			
IDENTIFICATION <span style="float: right; color: red; font-size: 1.2em;">2391060026</span>			
1. NAME OF AGENCY/FACILITY <b>EASTERN COMFORT III</b>	TELEPHONE NUMBER <b>(610) 900-4074</b>		
FACILITY ADDRESS <b>206 DIAMOND STREET, SLATINGTON 18018</b>	E-MAIL FOR FACILITY (NOT the WEB site URL) <b>N/A</b>	3. COUNTY <b>LEHIGH</b>	
2. NAME OF LEGAL ENTITY <b>EASTERN COMFORT III INC</b>	TELEPHONE NUMBER <b>610-691-3020</b>		
MAILING ADDRESS (CORRESPONDENCE TO BE DELIVERED TO) <b>4136 NAZARETH PIKE BETHLEHEM PA 18020</b>	E-MAIL FOR LEGAL ENTITY (NOT the WEB site URL) <b>N/A</b>	4. DATE CERTIFICATE EXPIRES <b>11/15/2021</b>	
6. NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE		5. CERTIFICATE NUMBER <b>216770</b>	
7. TYPE OF SERVICE PROVIDED <b>PERSONAL CARE HOMES</b>		FEIN OR SSN <b>06-1719608</b>	
8. REQUESTED/LICENSED CAPACITY (PERSONAL CARE HOMES AND ASSISTED LIVING FACILITIES) <b>ch # 1880      \$15.00</b>			
9. TYPE OF OPERATION <input checked="" type="checkbox"/> PROFIT <input type="checkbox"/> NON-PROFIT	10. TYPE OF OWNERSHIP/CONTROL <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> FOREIGN PART <input type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> SCHOOL DISTRICT <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> FOREIGN CORP <input type="checkbox"/> LLC <input type="checkbox"/> OTHER		
11. PRIOR LICENSE STATUS Has the agency/facility (Item 1) or Legal Entity (Item 2), or the Person Responsible (Operator) (Item 6), or the person signing the application ever been denied a Certificate or License, had a Certificate of Compliance or License revoked, or had a Certificate of Compliance or License non-renewed in Pennsylvania or any other state? <input type="checkbox"/> YES (IF YES, EXPLAIN ON SEPARATE SHEET) <input checked="" type="checkbox"/> NO			
12. PLEASE ANSWER THE FOLLOWING (IF YES, EXPLAIN ON SEPARATE SHEET) HAS THE LEGAL ENTITY, OWNER, OR OPERATOR EVER A. BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B. BEEN CONVICTED OF A CRIME INVOLVING CHILD ABUSE, CHILD NEGLECT, MORAL TURPITUDE, OR PHYSICAL VIOLENCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO C. BEEN NAMED A PERPETRATOR IN AN INDICATED OR FOUNDED REPORT OF CHILD ABUSE IN ACCORDANCE WITH THE CHILD PROTECTIVE SERVICE LAW (11 P.S. 2201-2225) OR THE CARE-DEPENDENT SERVICES ACT (18 P.A.C.S. 2713)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
13. CURRENT STATUS OF LEGAL ENTITY, OWNER OR OPERATOR IS THE LEGAL ENTITY, OWNER, OR OPERATOR CURRENTLY CHARGED WITH A FELONY OR MISDEMEANOR? <input type="checkbox"/> YES (IF YES, EXPLAIN ON SEPARATE SHEET) <input checked="" type="checkbox"/> NO			

**DECLARATION**

Any false information or statement knowingly given in this application is punishable under section 4904 of the PA Crimes Code.

I understand that the Certificate of Compliance will be issued to me on the condition that I will operate the above named facility or agency in accordance with the laws of the Commonwealth of Pennsylvania and with the rules and regulations of the Department of Human Services; Title VI of the Civil Rights Act of 1964; the Age Discrimination Act of 1975; the Rehabilitation Act of 1973; and the PA Human Relations Act of 1955; and I hereby declare that the information given in this application is true to the best of my knowledge.

Stevan J. Miga  
NAME (Type or Print)  
Owner  
TITLE

**JUL 26 2021**  
[Signature]  
SIGNATURE OF THE LEGAL ENTITY REPRESENTATIVE  
(Where the legal entity is a corporation, the signature must be of a corporate officer)  
7-20-21  
DATE