

Department of Human Services
Bureau of Human Service Licensing

December 2, 2022

[REDACTED]
EASTERN COMFORT III INC
[REDACTED]

RE: EASTERN COMFORT III
206 DIAMOND STREET
SLATINGTON, PA, 18018
LICENSE/COC#: 21677

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/22/2021, 09/23/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *EASTERN COMFORT III* License #: *21677* License Expiration: *11/15/2022*
Address: *206 DIAMOND STREET, SLATINGTON, PA 18018*
County: *LEHIGH* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *EASTERN COMFORT III INC*
Address: *4136 NAZARETH PIKE, BETHLEHEM, PA, 18020*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/01/1997* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *18* Waking Staff: *14*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/23/2021*

Inspection Dates and Department Representative

09/22/2021 - On-Site: [REDACTED]
09/23/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *20* Residents Served: *18*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *17* Are 60 Years of Age or Older: *9*
Diagnosed with Mental Illness: *14* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

09/22/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *11/06/2021*

10/23/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *10/31/2022*

Reviewer: [REDACTED] o

Follow-Up Type: *Document Submission* Follow-Up Date: *10/31/2022*

12/02/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: *10/31/2022*

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

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 § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident #1 did not receive the prescribed levothyroxine 25mcg from 9/21-9/23/21, the home did not report the medication error to the Department.

POC Submission

Accept (AG - 10/23/2022)

The administrator shall ensure that all incidents are not only documented but an incident report is also made and submitted to the department within 24 hours of the incident. The administrator will educate the staff on the importance of being observant while doing a medication pass so that future medication errors may be prevented. If a future incident is to occur, the proper documentation will be filed and sent to the department as soon as possible and within the allotted time frame.

Licensee's Proposed Overall Completion Date: 09/29/2022

Implemented (AG - 12/02/2022)

18 - Compliance With Laws

2. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The batteries in the carbon monoxide detector located near the propane fossil fueled burning device in the dining room were dated 12/11/17. According to the Care Facilities Carbon Monoxide Standards Act the batteries need to be changed annually.

POC Submission

Accept (AG - 10/23/2022)

The administrator will make sure that there is a procedure set in place to ensure that the batteries in all of the carbon monoxide detectors and fire/ smoke detectors are changed annually and dated properly when they are changed. The administrator will set the annual change and dating of the batteries the same day as the annual inspection with the fire department. Along with that, the administrator will have a checklist that ensures that the batteries in all of the detectors are checked monthly to ensure proper operation.

Licensee's Proposed Overall Completion Date: 09/29/2022

Implemented (AG - 12/02/2022)

63a - First Aid/CPR Training

3. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

The home currently serves 18 residents. On 9/17/21 there was no one certified in first aid and CPR from 11p-7a.

63a - First Aid/CPR Training (*continued*)**POC Submission****Accept (AG - 10/23/2022)**

The administrator will make sure that there is always one CPR and first aid certified staff on shift at all times. The administrator will also make sure to keep an updated CPR and first aid card for the certified staff and will update the staffs cards as needed with a certified trainer.

Licensee's Proposed Overall Completion Date: 09/29/2022

Implemented (AG - 12/02/2022)

86b - Bathroom

4. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The ventilation fan located in the upstairs bathroom is inoperable and there is no window that opens in the bathroom.

POC Submission**Accept (AG - 10/23/2022)**

The administrator will ensure that all of the fans in the bathrooms of the facilities are operable. The administrator will have a checklist for the staff and myself to check on the bathroom fans weekly to make sure that they are operating properly. If at any point a bathroom in the facility that has a broken fan, and does not have a window for proper ventilation, the administrator will call to have the fan fixed immediately.

Licensee's Proposed Overall Completion Date: 09/29/2022

Implemented (AG - 12/02/2022)

107c - Food/Water 3 Day Supply

5. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

The home serves 18 residents and is required to have 54 gallons of emergency water on hand. The home currently has 15 gallons of water available.

POC Submission**Accept (AG - 10/23/2022)**

The administrator will ensure that the proper amount of emergency water and food supply is in the facility at all times. The administrator will immediately get the remaining amount of emergency supplies to stay up to code with the regulation, and will make sure that the facility is always stocked with the proper amount of emergency supplies.

Licensee's Proposed Overall Completion Date: 09/30/2022

Implemented (AG - 12/02/2022)

125a - Combustible Storage

6. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

125a - Combustible Storage (continued)

Description of Violation

A sock and a pillow case were located behind the homes dryer on top of the dryer duct, posing a possible fire hazard.

POC Submission**Accept (AG - 10/23/2022)**

The administrator will make sure that there are never any flammable items near any heat sources, especially the dryer. The administrator will create a checklist where the staff must check behind the dryer every day when it is being used to make sure there are no flammable items behind it, and to maintain safety within the facility. The administrator will also check daily to ensure that we are following the proper safety protocols at all times.

Licensee's Proposed Overall Completion Date: 09/30/2022

Implemented (AG - 12/02/2022)

130f - Testing Smoke Detectors

7. Requirements

2600.

130.f. Smoke detectors and fire alarms shall be tested for operability at least once per month. A written record of the monthly testing shall be kept.

Description of Violation

The home has not tested the smoke detectors or fire alarms for the following months: 8/20, 9/20. 11/20-5/21, 7/21 & 8/21.

POC Submission**Accept (AG - 10/23/2022)**

The administrator will make sure that once a month the fire alarms and smoke detectors are tested to make sure that they are fully operable. The one day per month that we do our mandatory fire drills, we will test the smoke detectors and fire alarms and the administrator will make sure there is an up to date log being kept when the detectors are tested. When it is time for the monthly fire drill, the administrator calls [REDACTED] to have the alarm system turned to test mode and then the administrator manually sets off the fire alarms. If we have an inoperable smoke detector the administrator will have it fixed immediately.

Licensee's Proposed Overall Completion Date: 09/30/2022

Implemented (AG - 12/02/2022)

187c - Refusal of Medication

8. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #3 refused the prescribed seroquel 50mg at 10pm on 9/7, 9/12, 9/15, 9/19 & 9/20/21. The prescriber was not notified regarding the refusal.

POC Submission**Accept (AG - 10/23/2022)**

In the event that a resident refuses to take a medication, the administrator shall ensure that it is documented in the MARs, in the nurses notes and will make sure that the prescriber is notified immediately. The administrator will then await further instructions from the prescriber.

187c - Refusal of Medication (*continued*)

Licensee's Proposed Overall Completion Date: 09/30/2022

Implemented (AG - 12/02/2022)

187d - Follow Prescriber's Orders

9. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 has an order for blood glucose readings 3 times daily per a sliding scale. On 9/20/21 at 12pm the blood glucose reading was 279 and 6 units of insulin was administered. 12 units of insulin should have been administered per the sliding scale.

Resident #1 did not receive the prescribed levothyroxine 25mcg from 9/21-9/23/21.

Repeat violation: 8/14/19

POC Submission

Accept (AG - 10/23/2022)

The administrator will make sure that all of the residents that have their blood glucose tested, and receive insulin all get the proper amount of insulin per their prescribed orders. the administrator will educate the staff of the importance of concentrating and being observant while giving insulin, taking blood glucose readings and the importance of giving the right amount of insulin to the right resident per their prescribed orders. The administrator will go over the proper way to read the sliding scales and the proper way to measure and give insulin to the residents.

Licensee's Proposed Overall Completion Date: 09/30/2022

Implemented (AG - 12/02/2022)

188b - Medication Error Reporting

10. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #1 did not receive the prescribed levothyroxine 25mcg from 9/21-9/23/21. The home notified the prescriber regarding the errors but did not have any documentation of doing so.

POC Submission

Accept (AG - 10/23/2022)

In the event of future medication errors, the administrator will make sure that not only the prescriber is notified, but the administrator will make sure that the resident's designated person is notified, it is documented in the nurses notes, the MARs and a proper incident report is done and sent to the department. The administrator will make sure that documentation is written regarding the facility contacting the prescriber and the resident's designated person about the medication error.

Licensee's Proposed Overall Completion Date: 09/30/2022

Implemented (AG - 12/02/2022)