

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

February 10, 2023

[REDACTED]
EASTERN COMFORT III INC
[REDACTED]
[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 12/07/2022 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

Facility Information

Name: *EASTERN COMFORT III* License #: *21677* License Expiration: *11/15/2023*
 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: *03/10/1999* 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: *12/07/2022*

Inspection Dates and Department Representative

12/07/2022 - 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: *18* Are 60 Years of Age or Older: *14*
 Diagnosed with Mental Illness: *16* Diagnosed with Intellectual Disability: *3*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

12/07/2022 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/31/2022*

01/10/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *02/09/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/20/2023*

Inspections / Reviews *(continued)*

01/27/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/09/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/01/2023

02/10/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/09/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

20b6 - Interest Bearing Account

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

6. If a home is holding more than \$200 for a resident for more than 2 consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

Description of Violation

Resident #2's financial balance from 8/26/22 through 11/28/22 was more than \$300.00. An interest-bearing account was not offered to the resident.

Plan of Correction

Accept (MM - 01/27/2023)

The administrator is responsible for maintaining the resident's PNA accounts. If a resident has a financial balance that is greater than two hundred dollars, the administrator will meet with the resident that day that the balance exceeds two hundred and offer to give them assistance in opening an interest bearing account at a local bank. It is then the administrator's responsibility to monitor the accounts to ensure that all of the accounts are documented properly to maintain compliance

Licensee's Proposed Overall Completion Date: 01/18/2023

Implemented (MM - 02/10/2023)

51 - Criminal Background Check

2. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff A, date of hire was [REDACTED]. Staff A began unsupervised direct care on [REDACTED]. A background check was not completed until [REDACTED].

REPEAT 4/20/22

Plan of Correction

Accept (MM - 01/10/2023)

Staff member A was rehired when the new owners and administrator took over the facility. A new background check was issued. The administrator will ensure that the new date of hire from the takeover matches the background check and that all of the employee documents are up to date, and the administrator will follow suit for future new employees.

Licensee's Proposed Overall Completion Date: 12/27/2022

Implemented (MM - 02/10/2023)

88a - Surfaces

3. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

88a - Surfaces (continued)

Description of Violation

The blue shag carpet on the stairs had a hole and was hanging down, creating a trip hazard. The ceiling tiles in the laundry room were damaged and falling due to a previous roof leak and there was water on the furnace room floor.

Plan of Correction**Accept (MM - 01/27/2023)**

When it comes to safety in the facility, it is the administrators responsibility to make sure that the home is free of any hazards at all times. The ceiling in the laundry room and the leak in the furnace room were both fixed on 12/8/2022 and the hole in the shag carpet on the back steps was stapled down to prevent tripping until it was able to be repaired on 1/1/2023. It is the administrators responsibility to constantly monitor the home for the safety hazards, and if there are any, it is [REDACTED] responsibility to have them fixed immediately. If the staff see a hazards as well, they are to notify the administrator right away.

Licensee's Proposed Overall Completion Date: 01/18/2023

Implemented (MM - 02/10/2023)

132a - Monthly Fire Drill

4. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

Fire Drills were not held in March, April, or May 2022.

Plan of Correction**Accept (MM - 01/10/2023)**

During the previous ownership of the facility, the owner neglected to complete the monthly fire drills in a timely manner. Moving forward, the current administrator will ensure that all monthly fire drills are completed and documented properly in a timely manner per state regulation.

Licensee's Proposed Overall Completion Date: 12/27/2022

Implemented (MM - 02/10/2023)

132c - Fire Drill Records

5. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill conducted on 10/25/22 did not indicate what the evacuation routes was.

Plan of Correction**Accept (MM - 01/27/2023)**

The administrator is responsible for making sure that all fire drills are documented properly when completed. The administrator will ensure that on the day that the monthly fire drill is being done, that the fire drill log is properly filled out and documented to maintain compliance. The administrator will continue to monitor the documented fire drills.

Licensee's Proposed Overall Completion Date: 01/18/2023

132c - Fire Drill Records (continued)

Implemented (MM - 02/10/2023)

187d - Follow Prescriber's Orders

6. Requirements

- 2600.
- 187.d. The home shall follow the directions of the prescriber.

Description of Violation

On 7/27/22, Staff B gave Resident #1 80 units of insulin instead of 30 units as prescribed by the residents PCP.

REPEAT - 4/20/22

Plan of Correction

Accept (MM - 01/27/2023)

The administrator is responsible for making sure that all of the staff are educated in not only administering medication and insulin, but that they are fully educated in the importance of always following the prescriber's orders. The administrator held a mandatory meeting on 12/14/2022 to go over medication review, mindfulness and safe management techniques when it comes to administering medication, insulin and following prescribing orders with the pharmacy. The administrator will continue to monitor all of the medication passes and the MAR book to ensure that we are staying in compliance per the state

Licensee's Proposed Overall Completion Date: 01/18/2023

Implemented (MM - 02/10/2023)

224a - Preadmission Screen Form

7. Requirements

- 2600.
- 224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1 was admitted on [REDACTED]. Resident #1's prescreen was completed on [REDACTED].

Plan of Correction

Accept (MM - 01/27/2023)

It is the administrator's responsibility to make sure that all of the resident files are documented correctly and that the documents are completed within the allotted time frame per state regulation. Moving forward, the administrator will make sure that all resident pre screens are done either on the day of or prior to admission, and that all completed documents are placed in the resident's personal files.

Licensee's Proposed Overall Completion Date: 01/18/2023

Implemented (MM - 02/10/2023)