

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

March 20, 2024

[REDACTED], ADMINISTRATOR
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 01/17/2024 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]
Human Services Licensing Supervisor

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: [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: *19* Waking Staff: *14*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *01/17/2024*

Inspection Dates and Department Representative

01/17/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *20* Residents Served: *19*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *19* Are 60 Years of Age or Older: *14*
 Diagnosed with Mental Illness: *19* Diagnosed with Intellectual Disability: *3*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

01/17/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/17/2024*

03/04/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *03/20/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/11/2024*

Inspections / Reviews *(continued)*

03/12/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/20/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/15/2024

03/20/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/20/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

25c6 - Refunds

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 6. The conditions under which refunds will be made, including the refund of admission fees and refunds upon a resident's death.

Description of Violation

The resident-home contract, dated [REDACTED], for Resident #1 does not specify the conditions under which refunds will be made, including the refund of admissions fees and refunds upon the resident's death.

Plan of Correction

Accept ([REDACTED] - 03/04/2024)

As of 1/19/2024 an addendum regarding refunds upon the death of a resident has been added to all home contracts. The administrator will continue to make sure that all of the proper documents are in all of the resident files and contracts

Licensee's Proposed Overall Completion Date: 02/16/2024

Implemented ([REDACTED] - 03/20/2024)

28f - Resident's Funds and 30-day Refund

2. Requirements

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident #2 was discharged from the facility on [REDACTED]. The home did not provide the resident with an itemized account of the resident's funds.

Plan of Correction

Accept ([REDACTED] - 03/12/2024)

It is the administrator's responsibility to ensure that an itemized receipt is sent to the resident/POA/guardian within 30 days of discharge. The administrator will make sure that within the 30 allotted days of each discharge, an itemized account of that resident's funds is sent to them along with their refund.

The administrator will make sure to notify and inform the financial department at our main office with ample time to ensure that they print out and send an itemized written account of their funds to the resident/POA/guardian within the required 30 days of discharge.

Licensee's Proposed Overall Completion Date: 03/10/2024

Implemented ([REDACTED] - 03/20/2024)

3. Requirements

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident #2 was discharged from the facility on [REDACTED]. The refund was not sent to the resident until [REDACTED]

28f - Resident's Funds and 30-day Refund (continued)

Plan of Correction

Accept () - 03/12/2024)

It is the administrator's responsibility to ensure that all discharged residents receive the proper refund within 30 days of discharge.

The administrator will make sure that moving forward, to notify our financial department at the main office with ample time so that they can issue and mail out the proper refund and itemized account to the resident/ POA/ guardian within the required 30 days of discharge.

Licensee's Proposed Overall Completion Date: 03/10/2024

Implemented () - 03/20/2024)

51 - Criminal Background Check

4. 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

Direct care Staff Person A was rehired to work at the facility on [REDACTED]. Staff Person A's criminal background check was completed [REDACTED], more than one year prior to the date of hire. The home's Administrator stated a new criminal background check was not completed upon the Staff Person A's rehire.

REPEAT VIOLATION 12/7/2022

Plan of Correction

Accept () - 03/12/2024)

It is the administrator's responsibility to ensure that all staff members have up to date and valid certifications at all times.

On [REDACTED] the administrator requested a new background check on staff person A. The background check was under review and was finally received on [REDACTED].

As of 1/17/2024 (the date of inspection) moving forward, the administrator will ensure that all staff members, whether they are new hires or re-hires, the administrator will obtain a new background check for them on the date of hire/rehire

Licensee's Proposed Overall Completion Date: 03/10/2024

Implemented () - 03/20/2024)

82a - Poisonous Materials

5. Requirements

2600.

- 82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

There was a clear unlabeled spray bottle located in the home's laundry area that contained a homemade bleach/water solution.

Plan of Correction

Accept () - 03/12/2024)

It is the administrator's responsibility to make sure that all chemicals/poisonous materials are kept/stored in their original labeled containers and are stored in their proper locations.

82a - Poisonous Materials (continued)

on 1/17/2024 at the time of inspection, the administrator disposed of the improperly labeled chemical container. On 1/22/2024 and 1/23/2024 the administrator educated each staff member of the importance of keeping chemicals in their original containers, and of the state regulation. the administrator will continue to monitor all of the chemicals kept in the facility to ensure that they are all labeled and stored properly.

Licensee's Proposed Overall Completion Date: 03/10/2024

Implemented () - 03/20/2024)

83a - Indoor Temperature

6. Requirements

2600.

83.a. The indoor temperature, in areas used by the residents, must be at least 70°F when residents are present in the home.

Description of Violation

The temperature in the lower-level living area was 64 degrees Fahrenheit at time of inspection.

Plan of Correction

Accept () - 03/12/2024)

The administrator will make sure that the heating elements in the lower- level living area and all of the other areas in the facility are kept at at least 70 degrees, and it is not allowed to go below 70 degrees at any point in time. The administrator will remind and educate the staff of the state regulation regarding the facility temperature.

All of the thermostats that are in the facility (upstairs and downstairs) all have a lock box on them to prevent the temperature from being tampered with. all of the thermostat lock boxes are now being kept locked (as of 1/18/2024) and are set on 70- per regulation.

The administrator will ensure to check all of the boxes weekly to ensure that the temperature/thermostats are kept at the state regulation to maintain compliance

Licensee's Proposed Overall Completion Date: 03/10/2024

Implemented () - 03/20/2024)

85d - Trash Receptacles

7. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

The trash can in the shared bathroom in Resident Room 2 did not have a lid and was uncovered at time of inspection.

Plan of Correction

Accept () - 03/12/2024)

It is the administrator's responsibility to ensure that all trash cans inside the facility have lids on them to prevent penetration of insects and rodents.

On 2/12/2024 the administrator purchased new trashcans with lids on them and replaced all of the trashcans in the facility that did not have a lid, moving forward, to ensure that we stay in compliance, the administrator will monitor the trash receptacles and immediately replace them if the lid becomes lost or broken.

Licensee's Proposed Overall Completion Date: 03/10/2024

Implemented () - 03/20/2024)

88a - Surfaces

8. Requirements

2600.

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

Description of Violation

In the bathroom in Resident Room 2, the pointed end of 2 large screws were exposed and sticking out approximately 1 inch from the wall at time of inspection, posing a possible hazard to the residents.

REPEAT VIOLATION 12/7/2022

Plan of Correction

Accept () - 03/12/2024

It is the administrators responsibility to ensure that the facility is free of hazards at all times.

On 1/17/2024, the administrator removed the two screws from room 2 to ensure safety for the residents.

the ensure that we maintain compliance the administrator and the staff will monitor the facility for any possible hazards. If there are any hazards or safety issues in the facility, the administrator will rectify and fix or remove the hazard immediately.

Licensee's Proposed Overall Completion Date: 03/10/2024

Implemented () - 03/20/2024

92 - Windows

9. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

The was no screen in the window in Resident Room 14 at time of inspection.

Plan of Correction

Accept () - 03/12/2024

It is the administrator's responsibility to that all windows in the facility have screens in them and that the windows and screens are both in good repair.

On 2/13/2024, the administrator purchased a screen for room 14's window, and made sure that the screen was secure.

To maintain compliance, the administrator will make sure to check all of the windows to ensure that they all have screens, that they are all secure and in good repair at all times. If a new screen is needed or if the window/ screen needs to be repaired, the administrator will rectify it and have it fixed immediately

Licensee's Proposed Overall Completion Date: 03/10/2024

Implemented () - 03/20/2024

100b - Removal Snow/Obstructions

10. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

There was an accumulation of approximately 1 inch of snow was observed outside Exit Door #2, covering the steps

100b - Removal Snow/Obstructions (continued)

and landing directly outside the egress area.

Plan of Correction

Accept () - 03/12/2024)

It is the administrator's responsibility to ensure that all ramps, sidewalks, steps and emergency exits are free of obstructions and snow.

On 1/17/2024, the administrator shoveled and removed the snow that was outside of exit door #2. To maintain compliance, moving forward, the administrator will make sure to monitor all of the steps, sidewalks, ramps and exits for possible obstructions and to ensure that they remain free of obstructions.

The administrator will also ensure that in the event of a snow storm, that all ramps, steps, sidewalks and exit doors are free of snow at all times.

Licensee's Proposed Overall Completion Date: 03/10/2024

Implemented () - 03/20/2024)

107c - Food/Water 3 Day Supply

11. 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

Upon investigation, it was observed that the home had a 42-gallon supply of emergency water. The home did not have a contract with an emergency water supplier at the time of inspection, and with 18 residents being served by the home, the home is required to have a minimum of 54 gallons of water onsite.

Plan of Correction

Accept () - 03/12/2024)

It is the administrator's responsibility to ensure that there is a three day supply of non perishable food and drinking water for the residents at the facility at all times.

On 1/23/2024, the administrator purchased the remaining amount of water (18 gallons) to ensure that we have the proper amount of emergency drinking water.

Moving forward, to maintain compliance, the administrator will monitor all of the emergency food and water. If the water evaporates, or needs to be replaced-or if the emergency non perishable food expires or becomes damaged, the administrator will replace them immediately.

Licensee's Proposed Overall Completion Date: 03/10/2024

Implemented () - 03/20/2024)

182b - Prescription Medication

12. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

Description of Violation

Staff Person A administered medications to residents on [redacted]. Staff Person A was last certified to administer medications by passing the Dept-approved Medication Administration Training on 6/11/22 and therefore is not qualified to administer residents' medications.

Plan of Correction

Accept () - 03/12/2024)

It is the administrator's responsibility to ensure that all staff certifications are up to date and valid at all times.

182b Prescription Medication (continued)

On [REDACTED], staff person A was taken off of [REDACTED] single shifts (being alone on a shift) to ensure that [REDACTED] did not administer medication until [REDACTED] was retrained.

On [REDACTED] staff person A was properly retrained and received [REDACTED] medication certification.

Moving forward, to maintain compliance the administrator will be more mindful and monitor all of the staff training to ensure all of their training/certificates are up to date and valid at all times. The administrator will schedule and set up trainings when the staff certifications expiration dates are nearing.

Licensee's Proposed Overall Completion Date: 03/10/2024

Implemented ([REDACTED] - 03/20/2024)