

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

May 14, 2025

[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 12/19/2024 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *EASTERN COMFORT III* License #: *21677* License Expiration: *11/15/2025*
 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]
 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: *19* Waking Staff: *14*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Incident* Exit Conference Date: *12/19/2024*

Inspection Dates and Department Representative

12/19/2024 - 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

12/19/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/20/2025*

01/23/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/14/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/28/2025*

Inspections / Reviews (*continued*)

03/10/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 05/14/2025
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/14/2025

05/14/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 05/14/2025
Reviewer: [REDACTED] Follow-Up Type: Bypass Document Submission

05/14/2025 - Bypass Document Submission

Submitted By: [REDACTED] Date Submitted: 05/14/2025
Reviewer: [REDACTED] Follow-Up Type: Not Required

85a - Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 12/19/24, the Licensing Representative observed what appeared to be a dried bloody fingerprint on the med room door frame.

Plan of Correction Accept (█ - 01/23/2025)

Moving forward, the administrator will ensure that all sanitary conditions will be maintained per the regulation. The Administrator will make sure that the staff is reminded to be more mindful and observant of their surroundings to prevent any possible unsanitary conditions in the facility. The bloody fingerprint was cleaned and removed at the time of inspection.

Licensee's Proposed Overall Completion Date: 01/18/2025

Implemented (█ - 05/14/2025)

88a - Surfaces

2. 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

The roof above the laundry room had a water leak that had gone through the dropped ceiling tiles, which was missing from the dropped ceiling.

Exit door number 2 of the home does not close on its own. It requires to be pulled shut in order to fully close.

Repeat Violation: 1-17-24

Plan of Correction Accept (█ - 03/28/2025)

I emailed the owner and █ had roofers come out to get a quote for the roof. they came out and gave the owner a quote and have signed a contract for construction/repair. i am unsure of the projected finish date at this time.

Licensee's Proposed Overall Completion Date: 03/14/2025

Implemented (█ - 05/14/2025)

125a - Combustible Storage

3. Requirements

2600.
125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

Two socks were located in the space between the washer and dryer in home's laundry room.

Plan of Correction Accept (█ - 01/23/2025)

The administrator will make sure that the laundry room remains clean and free of any articles of clothing or flammable materials at all times. The administrator will ensure that the staff are made aware of the dangers of having flammable or combustible materials near the dryer, and ensure that at the start and finish of every shift,

125a - Combustible Storage (continued)

the laundry room is checked to prevent possible hazards.

The socks were removed at the time of inspection.

Licensee's Proposed Overall Completion Date: 01/18/2025

Implemented (█) - 05/14/2025)

132a - Monthly Fire Drill

4. Requirements

2600.

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

Description of Violation

Staff member A and staff member B reported that staff is made aware of when monthly fire drills will occur.

Plan of Correction

Accept (█) - 01/23/2025)

At the time of inspection, the administrator was unaware that the staff were not to be told when a fire drill was going to take place. Moving forward, the administrator will execute fire drills monthly without the staff being aware of when they will take place.

Licensee's Proposed Overall Completion Date: 01/18/2025

Implemented (█) - 05/14/2025)

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 home's fire drill log documents that during the drill on 3-29-24, 19 residents were in the home but only 18 were evacuated. Staff member B noted that one resident was out of the building at an appointment and staff documented it the incorrect way.

Plan of Correction

Accept (█) - 03/06/2025)

The administrator will make sure that when fire drills are executed, the fire log is documented correctly. The administrator will document the number of residents that are present in the facility that evacuated at the time of the fire drill, and not the number of residents that reside at the facility. The administrator will make sure that proper documentation is followed and maintained. The fire drill record was corrected on 1/20/2025

Licensee's Proposed Overall Completion Date: 02/23/2025

Implemented (█) - 05/14/2025)

132g - Fire Drills Days/Times

6. Requirements

2600.

132g - Fire Drills Days/Times (continued)

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home did not conduct any fire drills between the hours of 2pm and 5:30am during 2024. Drills were conducted at the following times:

- 11-29-24 5:20am
- 10-16-24 2:00pm
- 9-20-24 12:00pm
- 8-30-24 10:00am
- 7-29-24 1:00pm
- 6-13-24 5:35am
- 5-3-24 2:00pm
- 4-30-24 11:00am
- 3-29-24 12:00pm
- 2-26-24 1:30pm
- 1-22-24 5:30am
- 12-26-23 9:00am

Plan of Correction

Accept (█) - 03/06/2025)

Moving forward, the administrator will make sure that fire drills are executed on every shift at different times of the day. All shifts will have a fire drill done during them and the fire drills will be properly documented upon completion. The administrator will come into the facility unannounced during different shifts and execute the fire drills.

Licensee's Proposed Overall Completion Date: 02/23/2025

Implemented (█) - 05/14/2025)

144c2 - Smoking Area Distance

7. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 2. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

The outdoor designated smoking area of the home contained several piles of dried leaves.

Plan of Correction

Accept (█) - 03/06/2025)

The administrator will ensure that the smoking area remains free of leaves or any possible fire hazards. The leaves have been removed from the smoking area on 1/25/2025, and The administrator will ensure that the smoking area is cleaned and maintained daily. the administrator will check the smoking area for maintained compliance weekly

Licensee's Proposed Overall Completion Date: 02/23/2025

Implemented (█) - 05/14/2025)

185a - Implement Storage Procedures

8. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The glucometer for resident #4 was not calibrated to the correct date. The glucometer was calibrated to 12-18-24 when the actual date was the actual date was 12-19-24.

Resident #4's medication administration record documents a reading of 173 for the 12pm reading on 12-15-24. The resident's glucometer does not include a reading for that date and time.

Plan of Correction

Accept (█ - 03/06/2025)

Moving forward, the administrator will make sure that all of the glucometers in the facility are properly calibrated to the correct date and time to maintain compliance, and will make sure that the correct glucometers is used for the correct resident to prevent possible contamination, and improper documentation. The administrator will hold an in-service on 1/24/2025 to educate and inform the staff of the importance of correctly calibrating the glucometers, and to only use the proper glucometer for the designated resident. The administrator will check the glucometers monthly and calibrate them as needed.

Licensee's Proposed Overall Completion Date: 02/23/2025

Implemented (█ - 05/14/2025)

187d - Follow Prescriber's Orders

9. Requirements

2600.

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

Description of Violation

On █, Resident #1 was mistakenly administered resident #2's morning medications: Colace 100 MG, Escitalopram 10 MG, Levothyroxine 112 MCG, Vitamin D3, Eliquis 5 MG, Clonazepam 2 MG, Metoprolol Tartrate 25 MG, Carbamazepine 200 MG, Buspirone HCL 10 MG, Quetiapine Fumarate 200 MG. Resident #1 █ was sent to the hospital and kept overnight for observation, returned █ with no new orders.

Plan of Correction

Accept (█ - 03/06/2025)

The administrator will ensure that moving forward, all of █ direct care staff will be educated and informed of the importance of being mindful while administering medications to the residents. an in-service will be held on 1/24/2025 to reiterate the importance of proper medication administration to prevent future medication errors. The administrator will audit the medication cart and mar book monthly to ensure that all medication is being properly administered correctly to prevent any future medication errors and to maintain compliance

Licensee's Proposed Overall Completion Date: 02/23/2025

Implemented (█ - 05/14/2025)

251b - Record Entries Legible

10. Requirements

2600.

251b - Record Entries Legible (continued)

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

On 12/19/24, the Licensing Representative found, Resident #3's contract Rent Rebate Funds Addendum C was not dated.

Plan of Correction

Accept ([REDACTED] - 03/06/2025)

The administrator will ensure that while documenting any personal resident files, that the documentation will be reviewed thoroughly to ensure that all of the proper spots that need to be signed and dated are documented and filled out correctly. The resident signed [REDACTED] rent rebate addendum upon admission on [REDACTED]. The administrator will preform audits on all resident files every six months to prevent any missed dates or signatures and to maintain compliance

Licensee's Proposed Overall Completion Date: 02/23/2025

Implemented ([REDACTED] - 05/14/2025)