

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

March 24, 2026

[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 11/19/2025 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: *Labor and Industry*

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: *11/20/2025*

Inspection Dates and Department Representative

11/19/2025 - 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: *18* Are 60 Years of Age or Older: *14*
 Diagnosed with Mental Illness: *14* Diagnosed with Intellectual Disability: *3*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

11/19/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/25/2025*

01/09/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *02/09/2026*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/16/2026*

Inspections / Reviews *(continued)*

01/20/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/09/2026

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 02/10/2026

03/24/2026 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/09/2026

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 11/19/25 the home's license inspection summary reports dated 12/19/24, 2/4/25, and 4/1/25 were not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (█ - 01/20/2026)

The administrator is responsible for making sure that the current inspection summary is posted at the time of inspection. The current summary was printed and posted on 11/19/2025 during the inspection to rectify the violation. It is the administrator's job to make sure that the most current licensing inspection summary is posted to maintain compliance. Moving forward, after every updated inspection summary is received, the administrator will immediately post it in a conspicuous and public space within the facility.

Licensee's Proposed Overall Completion Date: 01/15/2026

Implemented (█ - 03/24/2026)

20b1 - Financial Records

2. Requirements

2600.

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

1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home manages the finances for residents #2 and #3. The record of financial transactions for both residents #2 and #3 include monthly pharmacy charges for each month from 1/3/25 to 11/3/25. The home did not have receipts to verify the monthly pharmacy charges deducted from the residents' personal needs allowances.

Plan of Correction

Accept (█ - 01/20/2026)

It is the administrators responsibility to ensure that the resident's financials are properly documented. On 12/3/2025 during the resident PNA retrieval, the administrator made sure to include the pharmacy receipts for each resident that the facility is representative payee for. To ensure that the money that is given to the resident and or pharmacy is recorded and documented properly. Moving forward, the administrator will be sure to always provide receipts for any monies paid by the resident and have it documented in their logs to maintain compliance.

Licensee's Proposed Overall Completion Date: 01/15/2026

Implemented (█ - 03/09/2026)

25c2 - Fee Schedule

3. Requirements

2600.

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

2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

25c2 - Fee Schedule (continued)

Description of Violation

The home charges specified amounts for individual personal needs services. The resident-home contract dated [REDACTED] for resident #2 indicates a charge of \$12.50 for cable. The home has charged resident #2 \$17.00 per month for cable from 1/3/25 to 11/3/25. There was no update to resident #2's contract dated [REDACTED] to indicate an increase in the cost of cable.

Plan of Correction

Accept ([REDACTED] - 01/20/2026)

It is the administrator responsibility to make sure that all resident files are up to date regarding changes in the amounts charged at the facility, and that all other documents in their files are current and up to date. On 11/20/2025 the administrator went through all of the resident files and updated them to ensure that they are all correct and updated. On 11/20/2025, resident #2s file has been properly corrected and updated. Moving forward, the administrator will do an audit of all of the resident files every three months, to ensure that they all remain current to all changes or updates to maintain compliance.

Licensee's Proposed Overall Completion Date: 01/15/2026

Implemented ([REDACTED] - 03/24/2026)

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

Staff person A was hired on [REDACTED] however, the Pennsylvania State Police Criminal Background Check was not requested until [REDACTED]

Plan of Correction

Accept ([REDACTED] - 01/20/2026)

It is the administrators responsibility to make sure that all of the onboarding paperwork required for a new hire is completed properly before they are able to begin working. Moving forward, the administrator will make sure that for all new hires, a background check is requested and completed, along with any and all onboarding paperwork, certifications and tests are completed before the new staff member is allowed to start working. The administrator has made an onboarding/ new hire check list to ensure that all paperwork is properly completed, documented and filled out prior to their start date.

Licensee's Proposed Overall Completion Date: 01/15/2026

Implemented ([REDACTED] - 03/09/2026)

64c - Annual Training

5. Requirements

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

64c - Annual Training (continued)

Description of Violation

the home's administrator, completed only 22 hours of Department-approved training for training year April 2023 to April 2024.

Plan of Correction

Directed () - 01/20/2026

It is the administrators responsibility to make sure that all of the required 24 hour annual training hours are completed in the allotted time frame required to maintain my license. The administrator will be sure to complete all of the 2025-2026 training hours that are required of me within the time frame provided to complete them. All of my classes and hours that are completed will be printed and kept on file to maintain compliance.

Proposed Overall Completion Date: 01/15/2026

(Directed)

The Administrator will complete 26 total hours of Administrator training for training year 2025-2026. The additional 2 hours will be maintained for review upon the Departments request. The Administrator will submit current training completed for the above noted training year and the remaining scheduled courses to show compliance.

Directed Completion Date: 02/10/2026

Implemented () - 03/24/2026

85a - Sanitary Conditions

6. Requirements

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

Description of Violation

At approximately 11:40 a.m. Staff person B did not wash their hands or use hand sanitizer before removing medication from the packaging and administering the medication to resident #1.

Plan of Correction

Accept () - 01/20/2026

It is the administrators responsibility to make sure that safe and sanitary practices are being used consistently in the facility. The administrator had a one on one counsel on 1/9/2026 with staff person B to go over and reiterate the importance of maintaining safe sanitary practices in the facility and during medication administration. Moving forward, the administrator will continue to remind the staff members of the importance of proper sanitary practices in the workplace to prevent it from happening again and to maintain compliance.

Licensee's Proposed Overall Completion Date: 01/15/2026

Implemented () - 03/09/2026

101j7 - Lighting/Operable Lamp

7. Requirements

2600. 101.j. Each resident shall have the following in the bedroom: 7. An operable lamp or other source of lighting that can be turned on at bedside.

101j7 - Lighting/Operable Lamp (continued)

Description of Violation

Resident #5 did not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept () - 01/20/2026

It is the administrators responsibility to ensure that all of the lamps in the resident rooms are fully operable at all times. On 11/20/2025 the administrator went around to each resident room and replaced all of the light bulbs/ batteries in the bedside lamps that needed it. Moving forward, the administrator will preform weekly room checks to ensure that all of the lamps are fully operational to maintain compliance

Licensee's Proposed Overall Completion Date: 01/15/2026

Implemented () - 03/09/2026

103g - Storing Food

8. Requirements

- 2600.
- 103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At approximately 9:50 a.m. in the kitchen refrigerator there was a package of Deli Style Honey Ham lunch meat that was opened and unsealed.

Plan of Correction

Accept () - 01/20/2026

It is the administrators responsibility to make sure that all of the food that is stored in the kitchen is properly dated, labeled and stored in a correct way whether it be in a ziplock bag, properly wrapped in Saran wrap or in a sealed container. On 1/10/2026 the administrator has a meeting with the staff to go over the proper way to store and label food in the kitchen. The administrator will preform weekly kitchen checks to make sure that the staff is following the proper practices and that the food is being stored, labeled and dated properly to maintain compliance

Licensee's Proposed Overall Completion Date: 01/15/2026

Implemented () - 03/09/2026

107d - Procedure Emergency Management Agency Submission

9. Requirements

- 2600.
- 107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures were not submitted to the local emergency management agency during 2024.

Plan of Correction

Directed () - 01/20/2026

It is the administrators responsibility to make sure that the facilities emergency management procedures are updated and sent to the local emergency management facilities yearly. On 11/26/2025 the administrator faxed over the facilities emergency preparedness procedures to the police department and the fire department in the event

107d - Procedure Emergency Management Agency Submission (continued)

that an emergency should occur. The administrator will continue to send the facilities emergency preparedness plan to the proper emergency departments at the beginning of each year to maintain compliance

Proposed Overall Completion Date: 01/15/2026

(Directed)

The homes emergency preparedness plan will be submitted to the local emergency management agency. Proof of submission will be kept. A reminder will be placed on the calendar for the annual review and submission of the home's emergency preparedness.

Directed Completion Date: 01/27/2026

Implemented (█) - 03/24/2026

125a - Combustible Storage

10. Requirements

2600.

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

Description of Violation

At 9:53 a.m. a rectangular shaped plastic container and two red and white ribbons were found directly behind the dryer located in the laundry area.

At approximately 9:45 a.m. the hot water heater located in the boiler room had 4 chairs with orange fabric touching the hot water heater, a wooden table, a plastic white chair and 2 metal chairs located within 3 feet of it.

Repeat violation: 4/1/25 and 12/19/24

Plan of Correction

Accept (█) - 01/20/2026

It is the administrators responsibility to make sure that the facility is free of hazards, specifically flammable or combustible materials near heat sources, or water heaters. On 11/19/2025, the flammable materials that were behind the dryer in the laundry room were removed at the time of inspection. In order to maintain compliance, the administrator will do a daily check behind and on the sides of the dryer to ensure that nothing has fallen that could potentially become a hazard, and if the administrator is unable to complete the check, the supervisor will complete the daily check in the administrator's absence. Also, on 12/20/2025 the administrator removed and discarded of the items that were in the boiler room, and will continue to monitor and remind the staff that nothing is allowed to be within 3 feet of any heat source. A weekly check of the boiler room will be completed to maintain compliance.

Licensee's Proposed Overall Completion Date: 01/15/2026

Implemented (█) - 03/09/2026

132b - Safety Inspection/Fire Drill

11. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

132b - Safety Inspection/Fire Drill (continued)

Description of Violation

The fire safety inspection and supervised fire drills conducted on 9/10/25, 9/20/24 and 10/11/23 were completed by someone other than a fire safety expert.

Plan of Correction

Directed () - 01/20/2026

It is the administrators responsibility to make sure that all of our safety inspection and fire inspection drills are completed by the proper trained professional and that all documents that are needed to maintain compliance are properly filled out by a trained professional as well. On 1/3/2026 the administrator reached out to the local fire department and they are going to come out on 4/8/2026 to complete our annual fire safety inspection and supervised fire drill

Proposed Overall Completion Date: 01/15/2026

(Directed)

The home will have a qualified fire safety expert complete a fire safety inspection and complete a supervised fire drill. The Administrator will set up an appointment for the following year within 4 months of the current inspection and drill expiring.

Directed Completion Date: 02/10/2026

Implemented () - 03/24/2026

132f - Alternate Exit Routes

12. Requirements

2600. 132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

All exit routes were used during the fire drills conducted from January 2025 to May 2025.

Plan of Correction

Accept () - 01/20/2026

It is the administrators responsibility to make sure that the fire drills done in the facility are completed properly and that the exits routes are being alternated for the fire drills. On 12/17/2025 a fire drill was completed and the administrator blocked off one of the exit routes. The administrator will continue to alternate exits during the monthly fire drills to maintain compliance

Licensee's Proposed Overall Completion Date: 01/15/2026

Implemented () - 03/09/2026

132g - Fire Drills Days/Times

13. Requirements

2600. 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.

132g - Fire Drills Days/Times (continued)

Description of Violation

The sleeping hours fire drills conducted on 9/24/25, 4/29/25 and 11/29/24 were all conducted from 5:15 a.m. to 5:30 a.m.

Repeat Violation: 12/19/24

Plan of Correction

Accept () - 01/20/2026

It is the administrators responsibility to make sure that all fire drills that are conducted at the facility are completed properly. On our next sleeping hours fire drill that is scheduled to be completed in March of 2026, it will be done during the hours of 12pm and 1am. Moving forward, the administrator will ensure that all future sleeping hours fire drills are done at various times through the night to maintain compliance.

Proposed Overall Completion Date: 01/15/2026

Licensee's Proposed Overall Completion Date: 01/15/2026

Implemented () - 03/09/2026

141a - Medical Evaluation

14. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #4's medical evaluation dated () was incomplete because it was missing page 2.

Plan of Correction

Accept () - 01/20/2026

It is the administrators responsibility to make sure that all of the resident files are up to date and completed properly. On 1/12/2026 the administrator had a new DME completed by the facility doctor to ensure that not only the proper DME sheets were being used, but is completed properly and up to date. The administrator will be conducting audits on all of the resident charts every three months to make sure that all of the documents in all of the resident files are completed properly and updated as needed to maintain compliance

Licensee's Proposed Overall Completion Date: 01/15/2026

Implemented () - 03/24/2026

190a - Completion Medication Course

15. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

190a - Completion Medication Course (continued)

Description of Violation

Staff person C completed an initial training for Practicum Observer on [REDACTED]. Staff person C's Practicum Observer recertification was not completed as required by 10/23/24. Staff person C's Practicum Observer recertification documentation included only 3 of the 6 required medication administration record audits and only 1 of the 3 required supervised medication administration observations.

Staff person B's 2025 annual practicum only has one of the required two medication administration observations and medication administration record reviews completed.

Plan of Correction

Directed ([REDACTED] - 01/20/2026)

It is the administrators responsibility to make sure that [REDACTED] all [REDACTED] staff have their certifications up to date. On 1/5/2026, [REDACTED] from [REDACTED] manor began online training [REDACTED] all [REDACTED] staff in medication administration. All [REDACTED] staff [REDACTED] are finishing the online modules and once [REDACTED] all finished the online classes, [REDACTED] will be coming to the facility to give [REDACTED] final medication test to receive [REDACTED] certifications. Moving forward, the administrator will [REDACTED] complete the train the trainer classes so that the staff medication observations and audits can be completed properly

Proposed Overall Completion Date: 01/15/2026

(Directed)

Effective immediately Staff that are not qualified will not administer medications until they have successfully completed the Department approved medication administration class. Documentation will be kept for review by the Department.

Directed Completion Date: 02/10/2026

Implemented ([REDACTED] - 03/19/2026)

225c - Additional Assessment

16. Requirements

- 2600.
- 225.c. The resident shall have additional assessments as follows:
 1. Annually.

Description of Violation

Resident #2's assessment dated [REDACTED] did not include page 4.

Plan of Correction

Accept ([REDACTED] - 01/20/2026)

It is the administrators responsibility to make sure that all of the documents in each resident file is completed properly and is up to date. On 11/20/2025 the administrator completed resident #2s assessment form by adding the fourth page that was missing. The administrator will continue to keep all resident files up to date and ensure that all of the files are properly completed by doing an audit of their files every three months so that I can maintain compliance

Licensee's Proposed Overall Completion Date: 01/15/2026

225c - Additional Assessment (continued)

Implemented (█) - 03/24/2026

251c - Standardized Forms

17. Requirements

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident #4's medical evaluation dated █ was not completed on the Department's most current standardized form.

Plan of Correction

Accept (█) - 01/20/2026

It is the administrators responsibility to make sure that that documents that the facility is using are up to date per DHS regulation. The administrator had the facility doctor complete a new DME for resident #4 on 1/12/2026 on the updated/ current standardized form. The administrator will continue to stay up to date with the listserv site monthly to ensure that the facility is up to date on any updated forms, and if there are any new forms, the administrator will implement them in the facility immediately.

Licensee's Proposed Overall Completion Date: 01/15/2026

Implemented (█) - 03/24/2026