

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WEST SIDE KOZY COMFORT ASSISTED LIVING INC.  
LEGAL ENTITY

To operate WEST SIDE KOZY COMFORT ASSISTED LIVING  
NAME OF FACILITY OR AGENCY

Located at 906 SOUTH MAIN AVENUE, SCRANTON, PA 18504  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 36  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.  
(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from August 3, 2010 until February 3, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 204492

*Robert E. Robinson*

ISSUING OFFICER

*Kenneth Casey*

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670  
FAX: (717) 783-5662

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE: AUG 03 2010**

Ms. Kimberly Santora, Administrator  
West Side Kozy Comfort Assisted Living, Inc.  
West Side Kozy Comfort Assisted Living  
906 South Main Avenue  
Scranton, Pennsylvania 18504

Dear Ms. Santora:

As a result of the Department of Public Welfare's (Department) licensing inspection on February 17, 2010 and April 1, 2010 of the above personal care home, we found that violations specified for your previous PROVISIONAL license have not been corrected, and we found new violations not found during our previous inspection.

A SECOND PROVISIONAL license is being issued based on substantial compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

In accordance with 55 Pa.Code § 2600.269 (b) (relating to ban on admissions) no new resident admissions are permitted after the date of this letter.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
51/52	II	36	\$5	\$180	5 calendar days from mailing date of this letter
183d	II	36	\$5	\$180	5 calendar days from mailing date of this letter
187a	II	36	\$5	\$180	5 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Adult Residential Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Financial Operations with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

Once you receive your invoice from the Bureau of Financial Operations, if you disagree with the amount of the penalty, you have the right to appeal through a hearing before the Bureau of Hearings and Appeals, Department of Public Welfare. If you decide to appeal, a written request to appeal the fine must be received, along with the assessed daily fine, not to exceed \$500, in accordance with 55 Pa.Code § 2600.263 (relating to appeal of penalty). All appeal requests must be sent to the address indicated on the invoice you will receive from the Bureau of Financial Operations.

If you disagree with the decision to issue a PROVISIONAL license or ban on admissions, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal a written request for an appeal must be received within 10 days of the date of this letter by:

Karen E. Kroh, Director  
 Adult Residential Licensing  
 Department of Public Welfare  
 423 Health and Welfare Building  
 Seventh and Forster Streets  
 Harrisburg, Pennsylvania 17120

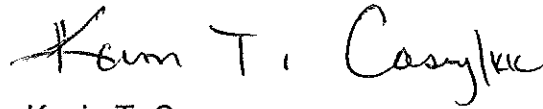
Ms. Kimberly Santora

3

Appeal of the ban on new resident admissions does not permit the admission of new residents after the date of this letter.

The decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink that reads "Kevin T. Casey". The signature is written in a cursive style with a large initial "K" and "C".

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> West Side Kozy Comfort, 906 South Main Avenue, Scranton, Pennsylvania 18504		<b>CURRENT LICENSE NUMBER</b> 204491	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> February 17, 2010		<b>REGIONAL REPRESENTATIVE</b> Michele Moskalczyk	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Imperya Dentora</i>	<b>DATE</b> 3/23/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Bob Bianchini</i>	<b>DATE</b> 4/1/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
83a The indoor temperature, in areas used by the residents, shall be at least 70°F when residents are present in the home.	The front living room of the home was cold. Residents were observed wearing coats, hats and gloves while watching TV. Residents stated that the room is always cold. The temperature measured 66.7°F between 3PM and 3:30pm in this room.	2/17/10	The Home's heating system was turned up so that the living room's temperature maintained 70°F. In the future a room temp. will be made to stay within compliance.	Steps have been take to correct violation; full compliance is not verifiable 4-1-10 <i>MM</i> Date Initials (DPW)

**RECEIVED**

MAR 23 2010

SCRANTON FIELD OFFICE  
Adult Residential Licensing

**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> West Side Kozy Comfort, 906 South Main Avenue, Scranton, Pennsylvania 18504		<b>CURRENT LICENSE NUMBER</b> 204491	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> February 17, 2010		<b>REGIONAL REPRESENTATIVE</b> Michele Moskalczyk	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kimberly S. Lora</i>	<b>DATE</b> 3/23/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>B. J. Bianchini</i>	<b>DATE</b> 4/1/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	Located on the second floor, resident bathroom #2, the press down tile floor, approximately 7 to 9 tiles were lifted or lifting up from the floor, posing a tripping hazard for residents who use this bathroom.	3/10/10	Resident bathroom #2 had a new floor installed by a contractor. One sheet of linoleum was laid so in the future no single tiles could lift and pose a tripping hazard. Staff will monitor tiles and notify Administrator or Supervisor of possible issues.	4-1-10 MM

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> West Side Kozy Comfort, 906 South Main Avenue, Scranton, Pennsylvania 18504		<b>CURRENT LICENSE NUMBER</b> 204491	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> February 17, 2010		<b>REGIONAL REPRESENTATIVE</b> Michele Moskalczyk	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kimberly Santora</i>	<b>DATE</b> 3/23/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>B. B. B...</i>	<b>DATE</b> 4/1/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	The facility fire drill log indicated that on 12-04-09 at 12PM a fire drill was conducted and the evacuation time was 2 minutes and 41 seconds. The home does not have a fire safety letter from a fire safety expert to support the additional evacuation time.	2/17/10 + 3/10/10	The two residents that did not want to participate in the fire drills were spoken to and the importance of exiting the building during fire drills was conveyed. Fire Drill: 3/10/10 10:27AM 1min. 37 sec. 24 Residents / 24 Evac. See Attached	4/5/10

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> West Side Kozy Comfort, 906 South Main Avenue, Scranton, Pennsylvania 18504		<b>CURRENT LICENSE NUMBER</b> 204491	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> February 17, 2010		<b>REGIONAL REPRESENTATIVE</b> Michele Moskalczyk	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Harberly Santora</i>	<b>DATE</b> 3/23/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Bd Bisognara</i>	<b>DATE</b> 4/1/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	Resident #1's MAR indicated that the resident's medication, Cogentin 2mg tablet, taken 1 time a day, was discontinued. When staff was asked to provide the doctors discontinue order, there was no order and staff indicated that they do not get discontinued orders for resident's medications.	2/17/10	Staff called Dr. and had faxed over an order to discontinue medication. From now on verbal recommendations will not be accepted until a written notice is given.	MM 4-1-10

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> West Side Kozy Comfort, 906 South Main Avenue, Scranton, Pennsylvania 18504		<b>CURRENT LICENSE NUMBER</b> 204491	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> February 17, 2010		<b>REGIONAL REPRESENTATIVE</b> Michele Moskalczyk	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Anthony Santora</i>	<b>DATE</b> 3/23/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Bj. Biazgrain</i>	<b>DATE</b> 4/1/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187a A medication record shall be kept to include the following for each resident for whom medications are administered:  (12) Diagnosis or purpose for the medication, including pro re nata (PRN).	Resident #2's MAR, PRN medications, Proair HFA 90mcg inhaler and Prilosec 20mg did not have the diagnosis or purpose for the medication.	2/18/10	All medications are required to have a diagnosis or purpose written in the MAR. Random checks will be made by a medicine trained staff to insure compliance.	4-1-10 MM

**RECEIVED**

MAR 23 2010

SCRANTON FIELD OFFICE  
Adult Residential Licensing

**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> West Side Kozy Comfort Assisted Living, 906 South Main Avenue, Scranton, Pennsylvania, 18504		<b>CURRENT LICENSE NUMBER</b> 204491	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> April 1, 2010		<b>REGIONAL REPRESENTATIVE</b> Leslie Patton, Michele Moskalczyk	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kimberly Santora</i>	<b>DATE</b> 11-29-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>B.S. Brannan</i>	<b>DATE</b> 7/22/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
<p>51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults).</p> <p>52 Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations.</p>	<p>The personnel file of staff person A (hired 10/2/09) contained a PA criminal background check dated 12/15/09. The criminal background check was obtained more than 30 days after the 30-day provisional hiring period.</p> <p>The personnel file of staff person B (hired 1999) contained a PA criminal background check dated 2/31/01 which stated, "Disposition under review." A finalized PA criminal background check has not been obtained.</p> <p><b>Repeated Violation-8/27/09</b></p>	4-5-2010	<p>A criminal background check for Staff person A was not obtained within the 30 day provisional hiring period.</p> <p>The Administrator will check the dates of workers hire dates in compliance with their background check dates prior to them working in West Side Kozy.</p> <p>A valid Criminal history check was obtained for Staff person B.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><u>7/22/10</u> <u>S.S.</u> Date Initials (DPW)</p>

**RECEIVED**

JUN 30 2010

SCRANTON FIELD OFFICE  
Adult Residential Licensing

**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> West Side Kozy Comfort Assisted Living, 906 South Main Avenue, Scranton, Pennsylvania, 18504		<b>CURRENT LICENSE NUMBER</b> 204491	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> April 1, 2010		<b>REGIONAL REPRESENTATIVE</b> Leslie Patton, Michele Moskalczyk	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kimberly Santora</i>	<b>DATE</b> 4-29-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Jason Harvey</i>	<b>DATE</b> 6-8-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
57c Direct care staff persons shall be available to provide at least two hours per day of personal care services to each resident who has mobility needs.	Based upon interview of staff person C who is the administrator and review of the staff schedule, the home's staff was not available to provide one additional hour of personal care service for resident #2, who is immobile, on 3/22/10, 3/28/10, and 3/29/10.	4-4-10	Beginning with the next full schedule changes were made to the schedule including adding responsibilities to an existing employee and adding hours for part time and substitute employees.	7/22/10 G.G.

**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> West Side Kozy Comfort Assisted Living, 906 South Main Avenue, Scranton, Pennsylvania, 18504		<b>CURRENT LICENSE NUMBER</b> 204491	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> April 1, 2010		<b>REGIONAL REPRESENTATIVE</b> Leslie Patton, Michele Moskalczyk	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Timberly Sombra</i>	<b>DATE</b> 4-29-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Jason Harvey</i>	<b>DATE</b> 6-9-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
57b Direct care staff persons shall be available to provide at least one hour per day of personal care services to each mobile resident.	Based upon interview of staff person C, who is the administrator, and review of the home's staff schedule, the home's staff was not available to provide one hour of personal care services to each of the 35 residents being served on 3/22/10, 3/28/10, and 3/29/10. 35 hours of personal care service was required, 29 hours of personal care service was available on each of the above listed dates.	4-4-10	Beginning with the next weekend schedule changes were made including adding responsibilities to an existing employee and adding hours using part-time and substitute employees.	7/22/10 G.S.

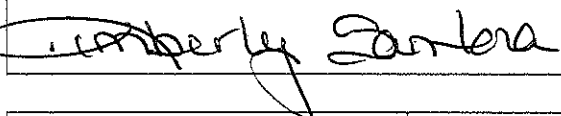

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME West Side Kozy Comfort Assisted Living, 906 South Main Avenue, Scranton, Pennsylvania, 18504		CURRENT LICENSE NUMBER 204491	
INSPECTION DATE(S) (Include all dates of the inspection) April 1, 2010		REGIONAL REPRESENTATIVE Leslie Patton, Michele Moskalczyk	
SIGNATURE OF LEGAL ENTITY <i>Janet S. Sombra</i>	DATE 4-29-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hanning</i>	DATE 6-8-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
65e Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	The following staff persons did not receive 12 hours of training during the 2009 training year:  Staff person D: 6 hours of training Staff person E: 10.5 hours of training	<del>12-30-10</del> 6-30-10 6-8-10 JK  4-2-10	Direct care staff person D only had 6 hrs. of training because she left on maternity leave. She will be documented as having taken her missed trainings twice in 2010.  Staff Person E is documented as having 12.5 hours of training. April 2nd pay was faxed to your facility.  The Administrator will ensure that staff person D completes the required 12 hours of annual training for 2009. Staff person D will make up 6 missed hours by June 30 2010. Documentation for these training hours will be marked for 2009 training year. Staff person D will complete the 2010 training by 12/31/10.	Steps have been taken to correct violation; full compliance is not verifiable <u>6-9-10</u> JK Date Initials (DPW)


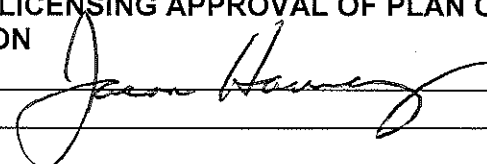
The Administrator will ensure that staff person D completes the required 12 hours of annual training for 2009. Staff person D will make up 6 missed hours by June 30 2010. Documentation for these training hours will be marked for 2009 training year. Staff person D will complete the 2010 training by 12/31/10. JK 6-8-10

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> West Side Kozy Comfort Assisted Living, 906 South Main Avenue, Scranton, Pennsylvania, 18504		<b>CURRENT LICENSE NUMBER</b> 204491	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> April 1, 2010		<b>REGIONAL REPRESENTATIVE</b> Leslie Patton, Michele Moskalczyk	
<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 4-30-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 6-8-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas:  (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102).	Staff person D (hired 9/30/08) did not receive training regarding the Older Adult Protective Services Act during the 2009 training year.	<del>12-30-10</del> 6-30-10 JH 6-8-10	Direct Care Staff person D did not receive training regarding the Older Adult Protective Act during the calendar year 2009. To compensate she will be trained twice on the subject during the 2010 calendar year. Direct care staff person D will complete the 2009 training for the older adult protective services act by 6-31-10 and label the training for 2009 training year. JH 6-8-10	Steps have been taken to correct violation; full compliance is not verifiable 6-8-10 JH Date Initials (DPW)

**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> West Side Kozy Comfort Assisted Living, 906 South Main Avenue, Scranton, Pennsylvania, 18504		<b>CURRENT LICENSE NUMBER</b> 204491	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> April 1, 2010		<b>REGIONAL REPRESENTATIVE</b> Leslie Patton, Michele Moskalczyk	
<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 4-29-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 6-8-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
<p>66b The staff training plan shall include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan shall include the following:</p> <p>(2) The required training courses for each staff person.</p>	<p>The home's annual staff training plan for the training year of 2010 did not include the mandatory training subject "Older Adult Protective Services Act."</p>	<p>4-1-2010</p>	<p>The home's annual staff training plan was missing a mandatory training for Older Adult Protective Services Act. At the time of inspection it was added to the schedule for 5-17-10.</p>	<p>6-8-10 JH</p>

**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> April 1, 2010		<b>REGIONAL REPRESENTATIVE</b> Leslie Patton, Michele Moskalczyk	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kimberly Santora</i>	<b>DATE</b> 4-29-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Jason Harvey</i>	<b>DATE</b> 6-8-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	The water temperature in the shower stall located next to the administrator's office in the first floor common resident bathroom measured 127.4°F.	4-7-10	Home's plumber was called to come and lower the heater on the hot water heater. Water temps will be monitored every other week for compliance.	Steps have been taken to correct violation; full compliance is not verifiable 7/22/10 S.S. Date Initials (DPW)
95 Furniture and equipment shall be in good repair, clean and free of hazards.	Resident #3 has a dresser with a broken top drawer which is need of repair.  Located on the second floor, two 4' x 2' light fixtures were inoperable. One light is located outside of bathroom number 3 and the other light is located at the second floor emergency exit. The hallway was very dark and poses a hazard in the event of an emergency evacuation.	4-8-10  4-1-10	Resident #3 was given a new dresser. Cleaner will notify Supervisor when a Resident's furniture is in dis-repair. At time of inspection new light bulbs were placed in the faulty fixtures.	6-8-10 SH

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME West Side Kozy Comfort Assisted Living, 906 South Main Avenue, Scranton, Pennsylvania, 18504		CURRENT LICENSE NUMBER 204491	
INSPECTION DATE(S) (Include all dates of the inspection) April 1, 2010		REGIONAL REPRESENTATIVE Leslie Patton, Michele Moskalczyk	
SIGNATURE OF LEGAL ENTITY <i>Anthony Santora</i>	DATE 4-29-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>B. B. Bingham</i>	DATE 7/22/10

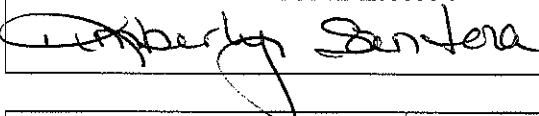

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
101j2 Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.	The room of resident #1 did not contain a chair.  <b>Repeated Violation-8/27/09</b>	4-1-10	At time of inspection a folding chair was placed in Resident #1's room. A <del>room</del> signed form was placed in her file stating that she accepted a folding chair.	7/22/10 B.S.
103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	The 1 <sup>st</sup> large "Frigidaire" brand freezer located across from the common bathroom in the home's dinning room did not contain a thermometer.  The small brown half-size brown refrigerator located in the home's kitchen did not contain a thermometer.  <b>Repeated violation- 8-27-09.</b>	4-2-10	Thermometers were placed in both freezers so that we are certain that our food is stored at the required temperatures.	7/22/10 B.S.

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JUN 30 2010

SCRANTON FIELD OFFICE

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> West Side Kozy Comfort Assisted Living, 906 South Main Avenue, Scranton, Pennsylvania, 18504		<b>CURRENT LICENSE NUMBER</b> 204491	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> April 1, 2010		<b>REGIONAL REPRESENTATIVE</b> Leslie Patton, Michele Moskalczyk	
<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 4-29-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 6-8-10

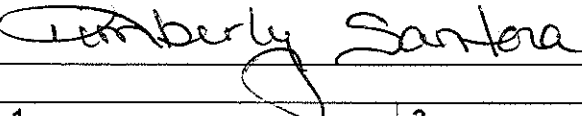
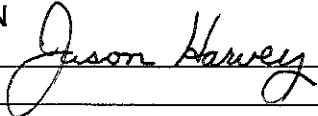
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
123b Copies of the emergency procedures 107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.	The home's emergency preparedness plan and the emergency preparedness plan for the municipality in which the home is located were posted in the home's kitchen and not in a public and conspicuous location.	4-1-10	At time of inspection a copy of the Emergency Procedures was placed on the cork board near the dining room. A copy will continue to hang there for Residents and visitors to freely read.	6-8-10 JH

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**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> West Side Kozy Comfort Assisted Living, 906 South Main Avenue, Scranton, Pennsylvania, 18504		<b>CURRENT LICENSE NUMBER</b> 204491	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> April 1, 2010		<b>REGIONAL REPRESENTATIVE</b> Leslie Patton, Michele Moskalczyk	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Chamberly Zamora</i>	<b>DATE</b> 4-29-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Jason Harvey</i>	<b>DATE</b> 6-8-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
124 The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.	The home did not notify the local fire department of the assistance needed to evacuate in the event of an emergency. The home has one immobile resident who would need additional assistance in the event of an emergency evacuation.	4-5-10	The local fire dept. was notified in writing of the address of the home, how many Residents there are and the number and bedroom location of Residents that would need additional assistance in the event of an Emergency. A copy was sent to you.	6-8-10 JH

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> West Side Kozy Comfort Assisted Living, 906 South Main Avenue, Scranton, Pennsylvania, 18504		<b>CURRENT LICENSE NUMBER</b> 204491	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> April 1, 2010		<b>REGIONAL REPRESENTATIVE</b> Leslie Patton, Michele Moskalczyk	
<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 4-29-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 6-8-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW								
132f Alternate exit routes shall be used during fire drills.	The home's fire drill record indicates the home is not using alternate exit routes during monthly fire drills:  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: left; padding-right: 20px;"><u>Date/Time</u></td> <td><u>Exit Route</u></td> </tr> <tr> <td>3/10/10 10:27am</td> <td>side and front exit</td> </tr> <tr> <td>2/21/10 1:50pm</td> <td>side and front exit</td> </tr> <tr> <td>1/3/10 9:52am</td> <td>side and front exit</td> </tr> </table>	<u>Date/Time</u>	<u>Exit Route</u>	3/10/10 10:27am	side and front exit	2/21/10 1:50pm	side and front exit	1/3/10 9:52am	side and front exit		When the Administrator has a fire drill she will be more conscious of where she places the "fire" as to what exits will be used so that alternate exits are used for each drill. Thus giving the Resident's more opportunity to familiarize themselves with other exits.	Steps have been taken to correct violation; full compliance is not verifiable <u>6-8-10</u> <u>JH</u> Date Initials (DPW)
<u>Date/Time</u>	<u>Exit Route</u>											
3/10/10 10:27am	side and front exit											
2/21/10 1:50pm	side and front exit											
1/3/10 9:52am	side and front exit											

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**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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INSPECTION DATE(S) (Include all dates of the inspection) April 1, 2010		REGIONAL REPRESENTATIVE Leslie Patton, Michele Moskalczyk	
SIGNATURE OF LEGAL ENTITY <i>Joseph Santora</i>	DATE 4-29-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hawley</i>	DATE 6-8-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183c Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.	Resident's insulin was found in the facility kitchen refrigerator in a clear plastic bin. This area is unlocked and unauthorized persons have access to this area.	4-1-10	Day of inspection OTC and CAM medications will be kept stored in a locked container in the refrigerator. Morning Med tech will check daily for OTC and CAM Medications stored in a locked container in the refrigerator. JA. 6-8-10	Steps have been taken to correct violation; full compliance is not verifiable 6-8-10 <i>JA</i> Date Initials (DPW)

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> West Side Kozy Comfort Assisted Living, 906 South Main Avenue, Scranton, Pennsylvania, 18504		<b>CURRENT LICENSE NUMBER</b> 204491	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> April 1, 2010		<b>REGIONAL REPRESENTATIVE</b> Leslie Patton, Michele Moskalczyk	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Deborah Santora</i>	<b>DATE</b> 6-29-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Bd Bagrami</i>	<b>DATE</b> 7/22/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	The insulin vial, Humalog mix 75/25 for resident #4 was opened but not dated as to when first used. The manufacturer's instructions indicate that the insulin should be disposed of 28 days after being opened.  Repeated Violation-8/27/09 & 3/23/10	4-1-10	Completed at time of inspection. The insulin vial for Resident #4 was dated properly. The Employee who opened but forgot to date the vial was instructed as to the importance of remembering to date it upon opening. Morning med. tech will check each day that all vials are dated. *Dated vials were faxed to Jason Harvey 6/9/10.	Steps have been taken to correct violation; full compliance is not verifiable 7/22/10 S.S. Date Initials (DPW)

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SCRANTON FIELD OFFICE  
Adult Residential Licensing

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME West Side Kozy Comfort Assisted Living, 906 South Main Avenue, Scranton, Pennsylvania, 18504		CURRENT LICENSE NUMBER 204491	
INSPECTION DATE(S) (Include all dates of the inspection) April 1, 2010		REGIONAL REPRESENTATIVE Leslie Patton, Michele Moskalczyk	
SIGNATURE OF LEGAL ENTITY <i>Cherily Santora</i>	DATE 6-29-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Bob Bragioni</i>	DATE 7/22/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187a A medication record shall be kept to include the following for each resident for whom medications are administered:  (14) Name and initials of the staff person administering the medication.	The 12:00 noon medications administered to the following residents, the MAR's were not initiated by the staff person who administered the medications. The facility MAR's were reviewed at 1:45pm this day.  Resident #1's 12pm Klonopin 1.0mg tab po 4 x daily.  Resident #4's 12pm Combivent inhaler 2 puffs 4 x daily.  Resident #5's 12pm Proair inhaler, 2 puffs po 4xdaily.  Resident #6's 12pm Trilafon tab 4mg po 4 x daily; Trilafon tab 8mg po 4 x daily.	4-1-10	Completed at time of inspection. Med. tech was instructed on the importance of signing the MAR each time they administer a medication before going to the next person so there are no mistakes made in missing to sign for a med. Med. trainer will spot check MAR to insure instruction is being followed.	Steps have been taken to correct violation; full compliance is not verifiable 7/22/10 <i>B.B.</i> Date                      Initials (DPW)

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Repeated Violation-8/27/09

JUN 30 2010