

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

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

To operate WEST SIDE KOZY COMFORT ASSISTED LIVING

Located at 906 SOUTH MAIN AVENUE, SCRANTON, PA 18504

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

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.

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

and shall remain in effect from February 28, 2011 until August 28, 2011, unless sooner revoked for non-compliance with applicable laws and regulations.

No: 204493

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

DIRECTOR

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 - 01/11



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**  
**MAILING DATE:**

**MAR 03 2011**

Mr. Frank Minelli, Owner  
 West Side Kozy Comfort Assisted Living, Inc.  
 West Side Kozy Comfort Assisted Living  
 906 South Main Avenue  
 Scranton, Pennsylvania 18504

Dear Mr. Minelli:

As a result of the Department of Public Welfare's (Department) licensing inspection on December 9, 2010 of the above personal care home, we found new violations not found during our previous inspection.

A THIRD 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.

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	35	\$5	\$175	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.

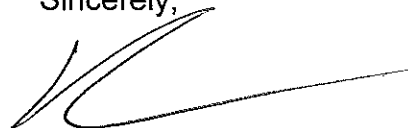
Once you receive your invoice from the Bureau of Financial Operations, if you disagree with the amount of the penalty, you have the right to appeal through a hearing before the Bureau of Hearings and Appeals, Department of Public Welfare. If you decide to appeal, a written request to appeal the fine 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, 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:

Jacob Herzing, Enforcement Manager  
Adult Residential Licensing  
Department of Public Welfare  
423 Health and Welfare Building  
7<sup>th</sup> and Forster Streets  
Harrisburg, Pennsylvania 17120

This 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,



Ronald Melusky  
Acting Director

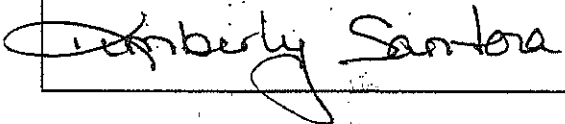

Enclosures  
License  
Violation Report

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, PA 18504		CURRENT LICENSE NUMBER 204491	
INSPECTION DATES (Include all dates of the inspection) 12/09/2010		REGIONAL REPRESENTATIVE Moskalczyk, Graziano	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Kimberly Santora Personal Care Home Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Kimberly Santora</i>	DATE 2-1-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Duonevalence</i>	DATE 2-8-11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
<p>51/52 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).</p> <p>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</p>	<p>On the day of the inspection, regular volunteer # A was found to provide transportation to residents minimally once a week, often multiple times per week. This employee has regular unsupervised contacts with residents. There is no criminal background check for this person.</p> <p>Repeated Violations: 04/01/2010</p> <p align="center"><b>RECEIVED</b></p> <p align="center">FEB 04 2011</p> <p align="center">SCRANTON FIELD OFFICE Adult Residential Licensing</p>	2-21-11	<p>Regular volunteer "A" will be required to meet the employee standards and have all the trainings and background check of an employee.</p> <p>In the future all volunteers will have a background check in their records.</p> <p>A staffing records</p>	<p>Steps have been taken to correct violation; full compliance is not verifiably</p> <p>Date: <i>2/21/11</i></p> <p>Initials (DPW): <i>DPW</i></p>

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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, PA 18504		CURRENT LICENSE NUMBER 204491	
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SIGNATURE OF LEGAL ENTITY 	DATE 2-1-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-8-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
(relating to protective services for older adults) and other applicable regulations.			<p>Checklist has been established to help insure compliance. All records will be double checked by Administrator and Supervisor so this problem will not be duplicated.</p>	<p>See previous post See post #1 8-29-11 dev</p>

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Kimberly Santora</i>	DATE 2-1-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Duane Calence</i>	DATE 2-8-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b). (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care	Regular volunteer A, who has unsupervised resident contact, has neither high school or GED diploma, nor an active registry status on the PA nurse aide registry. Direct Care Employee B, whose first day of work was 07/10/10, has neither high school or GED diploma, nor an active registry status on the PA nurse aide registry. Direct Care Employee C, whose first day of work was 08/24/10, has neither high school or GED diploma, nor an active registry status on the PA nurse aide registry.	2-21-11	Reg volunteer "A" will be brought up to the standards of regular employe. Direct care Employee "B" should have had no direct care after their 30 day provisional period pending the validation of having a diploma or a GED. In the future the	Steps have been taken to correct violation; full compliance is not verifiable Date: 2-8-11 Initials: (DPW)

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
services with reasonable skill and safety.			<p>Implementation of a Staffing records checklist would prevent this from re-occurring. The Staffing Records checklist will be checked by both the Administrator and the Site Supervisor. Same for Direct Care Staff person "C". Following an Employees hire their Staffing Records Checklist will be followed through by Administrator + Site Supervisor.</p>	<p>See previous page 3/29 ocv</p>

will be followed through by  
Administrator + Site Supervisor.

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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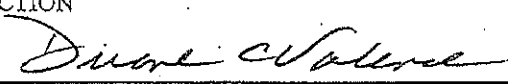
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency	Regular Volunteer # A was not trained in the home's evacuation procedures, duties and responsibilities during fire drills, the home's designated meeting place, the home's smoking procedures and the location of the home's smoking area(s), the location and use of the home's fire extinguishers, smoke detectors and fire alarms, and the use of the home's telephone system and notification to emergency services if necessary.  Direct Care Employees B and C did sign a statement that the required training was provided, but these were not signed or dated by the administrator or any supervisor or trainer.	2-21-11	Regular volunteer "A" as per page 1.  Direct Care Employees "B" + "C" as per pages 3 and 4.  <i>Administrators will ensure that no staff person, ancillary, substitute staff or volunteers are permitted to work without first completing all the required training under regulation 2600.65 and administrators and Personnel will double check to see that all required training documents are signed and dated completely prior to employee's initial day of work</i>	

*2-21-11 and on-going*

*Administrators will ensure that no staff person, ancillary, substitute staff or volunteers are permitted to work without first completing all the required training under regulation 2600.65 and administrators and Personnel will double check to see that all required training documents are signed and dated completely prior to employee's initial day of work*

*2-8-11*

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
location if applicable. (3) The designated meeting place outside the building or within the firesafe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.			AS per page 5	See previous page. See page #5 of 29 DCU

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (4) Reporting of reportable incidents	Regular Volunteer # A was not trained in the required topics of resident rights, emergency medical plans, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, and reporting of reportable incidents and conditions. Direct Care Employees B and C did sign a statement that the required training was provided, but these were not signed or dated by the administrator or any supervisor or trainer.	2-21-11	<p style="font-size: 1.2em;">Regular Volunteer "A" as per page 1.</p> <p style="font-size: 1.2em;">Direct Care Employees as per page 3 + 4.</p> <p style="font-size: 0.8em;">Administrator will ensure that no staff person, ancillary, substitute staff and volunteers are permitted to work without first completing all the required training required by this regulation. Administrator and owner will use their check-list to double check to see that all required training is completed and all training documentation is completed and signed and dated.</p>	

*2-21-11 and on-going*

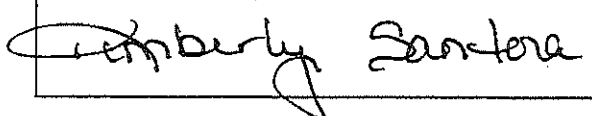
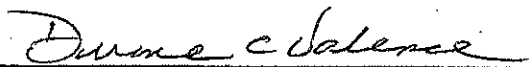
*No employee will be permitted to work without the completion of all required training. P. 2600-1*

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Timberly Santera</i>	DATE 2-1-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane C. Valerese</i>	DATE 2-8-11

REGULATION 55 Pa.Code §2600 and conditions.	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
			As per page 7.	See previous page 7 of 29 DCV

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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REGULATION, 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
65c Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.	Direct Care Employees B and C perform ancillary duties including housekeeping, cooking and meal preparation, and laundry services to residents. There is a signed statement by the employees that the required training in these areas was provided but it was not signed by the administrator or a supervisor or trainer.	2-21-11, and on-going	<p style="font-size: 1.2em; margin: 0;">Direct care Employees "B + C" as per page 3 + 4.</p> <p style="font-size: 0.8em; margin: 0;">The administrator and the PCH owner will review all employees training monthly. The administrator and the PCH owner will ensure that any person performing ancillary staff specific job duties will have a general orientation specific to their ancillary duties. Administrator will make sure all necessary documentation is complete and up to date. The administrator and PCH owner will prohibit staff from doing any ancillary duties until properly trained 2/28/11</p>	

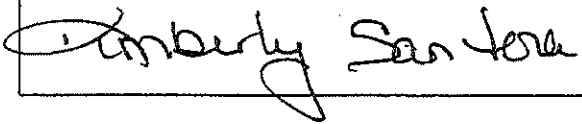
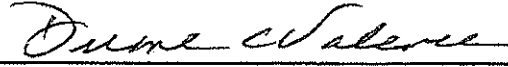
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SIGNATURE OF LEGAL ENTITY <i>Kimberly Santora</i>	DATE 2-13-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane C Valence</i>	DATE 2-8-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
<p>65d</p> <p>Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:</p> <p>(1) Training that includes a demonstration of job duties, followed by supervised practice.</p> <p>(2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.</p> <p>(3) Initial direct care staff person training to include the</p>	<p>Direct Care Employees B and C each have a training document that lists the required training topics and skills listed in the regulation. The document is signed and dated by the employee however was not signed or dated by the administrator or any supervisor or trainer of the home.</p>	<p>2-21-11 and on-going</p>	<p style="font-size: 1.2em;">Direct Care Employees "B" + "C" as per pages 3 + 4.</p> <p>The administrator will utilize their training checklist to ensure that all required training under this regulation is completed in the required time and that all training documents are signed and dated upon the completion of the employee training. PC H Bence and administrator will review all required employee training documentation upon training completion to ensure</p>	

*All documentation is complete on inspection date 2-28-11*

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
following: (i) Safe management techniques. (ii) ADLs and IADLs. (iii) Personal hygiene. (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities. (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older. (vi) Implementation of the initial assessment, annual			As per page 10.	See previous page 10, #29 DCV

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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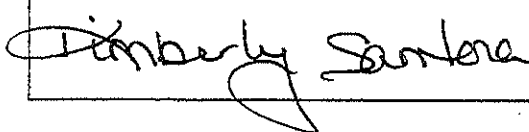
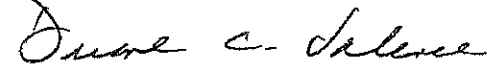
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
assessment and support plan. (vii) Nutrition, food handling and sanitation. (viii) Recreation, socialization, community resources, social services and activities in the community. (ix) Gerontology. (x) Staff person supervision, if applicable. (xi) Care and needs of residents with special emphasis on the residents being served in the home. (xii) Safety management and hazard prevention.			AS per page 10.	See prior page 10 of 29 Dec

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, PA 18504		CURRENT LICENSE NUMBER 204491	
INSPECTION DATES (Include all dates of the inspection) 12/09/2010		REGIONAL REPRESENTATIVE Moskalczyk, Graziano	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Amberly Sandra</i>	DATE 2-1-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Duane C. Valerese</i>	DATE 2-8-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
(xiii) Universal precautions. (xiv) The requirements of this chapter. (xv) Infection control. (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home. (8) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.			As per page 10.	See prior page 10 of 29 doc

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
85a Sanitary conditions shall be maintained.	Located in the second floor common bathroom #2 is a very strong odor of urine. This odor was noted throughout the day of this inspection. Located in resident #11's bedroom, the resident's bed is located against the left side of the room. The bed corners two walls which were dirty with dried splatter marks which appeared to be sputum or some other bodily fluid.	12-10-10	Bathroom #2 is thoroughly cleaned twice per shift. to maintain cleanliness and prevent the smell of urine. Bathrooms are checked by each shift. Resident #11's walls of the bedroom were washed immediately. To help maintain the home a Physical Site Check list was made and will be done each shift. Doc. provided.	DCV 2-8-11

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Kimberly Santora</i>	DATE 2-1-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen C. Salvo</i>	DATE 2-8-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	Located in the facility dining room, the two tiles located under the water cooler are cracked and a tripping hazard for anyone using this area.	12-28-10	<p>The tiles located under the water cooler were replaced by Home's maintenance person.</p> <p>A weekly management meeting held between Administrators and maintenance man to evaluate and prioritize Home's upkeep. Staff in the home will notify Administrator and or</p>	<p>DeV 2-8-11</p>

*Doc. provided attention*  
 Supervisor of conditions that need

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, PA 18504		CURRENT LICENSE NUMBER 204491	
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SIGNATURE OF LEGAL ENTITY <i>Kimberly Santora</i>	DATE 1-14-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Valence</i>	DATE 2-8-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed.	Resident 12's extra large wooden rocking chair was blocking the egress from this resident's room. Two residents reside in this room.	12-9-10	<p>Completed at time of inspection.</p> <p>Resident #12's wooden rocking chair was moved so that it no longer blocked the exit of the room.</p> <p>Room is checked every day when staff go in to clean. If need be chair will be moved.</p> <p>Site Supervisor will check each</p>	DCV 2-8-11

day to insure the chair does not block egress.

VIOLATION REPORT  
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125a Combustible and flammable materials may not be located near heat sources or hot water heaters.	At the time of the inspection, a gas grill with an attached 20# liquid propane tank was found along the side exit of the building at the ground level stairway. This represents a possible combustible hazard, compounded by its placement next to an exit. Located behind the facility dryer on the external exhaust tubing were a plastic bag, undergarments and a towel, all which are combustible materials.	12-10-10  12-9-10	The tank attached to the gas grill was removed and placed in a fire safe area. At time of inspection the articles found behind the facility dryer were removed. Once per day I have the Home's cleaner check behind that area to look for articles that may have fallen behind the dryer.	

Steps have been taken to correct violation; full compliance is not verifiable.  
 Date: 2-8-11  
 Initials (DPW): *DPW*

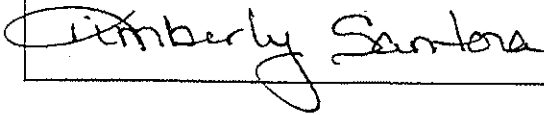
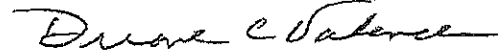
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NAME AND ADDRESS OF PERSONAL CARE HOME WEST SIDE KOZY COMFORT ASSISTED LIVING, 906 SOUTH MAIN AVENUE SCRANTON, PA 18504		CURRENT LICENSE NUMBER 204491	
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131f Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.	The fire extinguishers were last inspected in November 2009. The annual fire extinguisher tags have expired.	12-20-10	The fire extinguishers were inspected under a new company on the date noted. They are contracted to inspect yearly automatically. The Homes Administrator will also check to make sure they are inspected on a timely basis.  Documentation Provided.	Dev 2-8-11

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132g 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.	The sleep hour fire drills at the facility have been routinely held during the AM hours. On 11-29-10 at 2AM, 6-23-10 at 2:10AM and 11-25-10 at 1AM.	5-11	The Administrator will ensure that the AM. fire drills will be held at more varied hours. The next AM. is due in May of 2011.	D.C.V. 2-8-11

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132h Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	During the inspection, an interview was conducted with Direct Care Employee D. The employee was unable to correctly identify the designated meeting place for the residents, staff and visitors of the home in the event of an emergency evacuation. This employee noted that residents should gather at the exits of the building upon leaving during an emergency.	12-13-10	<p style="margin: 0;"><i>Direct Care Employee D upon next working day at facility was instructed as to the proper meeting place for Residents, staff and visitors of the home in the event of an emergency.</i></p> <p style="margin: 0;"><i>All personnel upon their first day working at a home will be educated about that</i></p>	<i>DCV 2-8-11</i>

*Homes emergency meeting place.*

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	Resident # 1 has a new medical evaluation dated 10/28/10. The document notes under Medications: "as per attached". There is no attachment. The evaluation is incomplete as it is missing the resident's current medication regimen. Resident # 2 has an updated medical evaluation dated 05/22/10 that is missing the following required information: Height; freedom from communicable diseases; immunizations; allergies; activities/social services; and body positioning. Resident # 3 has an updated medical evaluation dated 05/29/10 that is incomplete. It is missing temperature, pulse rate and immunizations. Resident # 4 had a new medical evaluation dated 06/16/10 that does not address allergies.	#1 pending 3-1-11 <i>SH</i>  #2 + #4 12-14-10  #3 12-16-10	Resident # 1 was seen at Wilke-Barue VA 12-21-10. Calls have been made. Med Eval still waiting.  Resident's # 2 + #4 were faxed back to Dr's office and returned on date shown.  Resident # 3's med Eval was faxed back to Dr's office and returned completed on date shown.  Documentation Provided	Steps have been taken to correct violation; full compliance is not verifiable Date: 2-8-11 Initials (DPW): <i>D. V. Valer</i>

Administrator will insure upon Eval's return they are properly filled out.

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history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.			As per page 23.	See prior page 23 of 29 DCV

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144c2 The location of a smoking room or outside smoking area shall be a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.	Cigarette butts were located around the dumpster, on the ground in the smoking area of the facility and down the steps leading into the facility.	12-9-10	<p>Corrected at time of inspection.</p> <p>Smoking area and entrance to facility by smoking area will be swept by staff during each shift.</p> <p>Administrator will check area when entering or exiting the area to ensure it is kept free from butts and ashes.</p> <p>Duty was added to</p>	<p>Doc 2-8-11</p> <p>Documentation included.</p>

Staff Communication board.

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SIGNATURE OF LEGAL ENTITY <i>Kimberly Samtera</i>	DATE 1-14-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen C. Delaney</i>	DATE 2-8-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
144d Smoking outside of the smoking room is prohibited.	Cigarette ashes were located on the toilet seat in the second floor #2 bathroom. There was a scent of cigarette smoke in the bathroom as well. The scent of cigarette smoke and the ashes were witnessed by the facility administrator. Resident #13 was observed sitting in bedroom in a recliner chair with a plastic pail at feet. The plastic pail had cigarette ashes in the bottom of it and pieces of cigarettes were located on the dresser behind resident's television. A scent of cigarette smoke was also observed in this room. With the facility administrator present, asked resident if smoking went on in this room. Resident responded by saying "sometimes you go to do what you got to do".	12-10-10	A meeting was held with Residents who reside upstairs. They were informed that this was a non-smoking facility with a designated smoking area outside. All were reminded of the House Rules. Resident's caught smoking inside the home will be given a 30 days notice.	2-8-11 <i>D. Delaney</i>

Steps have been taken to correct violation; full compliance is not verifiable  
 Date: 2-8-11  
 Initials (DPW): *D. Delaney*

No exceptions. Signs posted on bathroom doors.

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME WEST SIDE KOZY COMFORT ASSISTED LIVING, 906 SOUTH MAIN AVENUE SCRANTON, PA 18504		CURRENT LICENSE NUMBER 204491	
INSPECTION DATES (Include all dates of the inspection) 12/09/2010		REGIONAL REPRESENTATIVE Moskalczyk, Graziano	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Kimberly Santora</i>	DATE 1-14-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane C Valence</i>	DATE 2-8-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	Located in resident #3's bedroom on the night stand was a bottle of OTC Chloraseptic. This resident cannot safely administer own medications.	12-9-10	<p>Taken care of day of inspection. Resident was reminded that any medication, even OTC medications must come with a doctor's prescription.</p> <p>The Resident's P.C.P. was called. Their office called the prescription center was called and a prescription label was sent over for the bottle.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: <i>2-8-11</i> Initials (DPW): <i>D.C.V.</i></p> <p>* As indicated on the Physical Site Check list. Doc. Provided.</p>

While cleaning rooms Staff will look for OTC medications.

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, PA 18504		CURRENT LICENSE NUMBER 204491	
INSPECTION DATES (Include all dates of the inspection) 12/09/2010		REGIONAL REPRESENTATIVE Moskalczyk, Graziano	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Amberly Santora</i>	DATE 1-14-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dune Valencia</i>	DATE 2-8-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
191 The home shall educate the resident of his/her right to question or refuse a medication if he/she believes there may be a medication error. Documentation of this resident education shall be kept.	Residents' # 2, 3 and 9 were not educated regarding the right to refuse a medication given if they believe it is given in error.	12-9-10	Corrected at time of inspection with inspector. Residents # 2, #3 + #9 were educated regarding the right to refuse a medication if they feel there is an error. Administrator will check all contracts to insure this ammendment was made.  Documentation Provided.	Doc 2-8-11

\* Resident #9 was mistaken for Res. #4

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, PA 18504		CURRENT LICENSE NUMBER 204491	
INSPECTION DATES (Include all dates of the inspection) 12/09/2010		REGIONAL REPRESENTATIVE Moskalczyk, Graziano	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Kimberly Santora</i>	DATE 1-14-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>June Adams</i>	DATE 2-8-11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	Resident # 1 has a pre-admission screen dated 10/28/10 that is incomplete. It does not address whether or not the home is able to meet the resident's needs. Resident # 4 has a pre-admission screen dated 06/02/10 that is incomplete. It does not address whether or not the home is able to meet the resident's needs. The resident also has behavioral needs identified yet the home does not address what those needs are and that they can be met. Resident # 9 has a pre-admission screen dated 01/29/10. This resident has other special needs and behavioral health needs. Neither is addressed on the pre-admission screening form. It is incomplete. Resident # 10 has a pre-admission screen dated 01/25/10. This resident has behavioral needs. These are not addressed on the pre-admission screening form. It is incomplete.	12-9-10	Completed at time of inspection. All Resident's # 1, # 4, # 9 + # 10 pre-admission screening addressing their behavioral health needs and or if the home can meet that persons' needs were addressed.  Administrator will check screenings more thoroughly to make sure all information is included.	Date: 2-8-11 Initials: (APM)

**SCRANTON FIELD OFFICE**  
Adult Residential Licensing

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FEB 04 2011

Steps have been taken to correct violation; full compliance is not verifiable

Documentation Provided.