

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WEST SIDE KOZY COMFORT PERSONAL CARE HOME INC

To operate WEST SIDE KOZY COMFORT PERSONAL CARE HOME

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. (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

and shall remain in effect from May 9, 2012 until May 9, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 204490

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

MAY 09 2012

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

Ms. Kimberly Santora, Personal Care Home Administrator
West Side Kozy Comfort Personal Care Home, Inc.
West Side Kozy Comfort Personal Care Home
906 South Main Avenue
Scranton, Pennsylvania 18504

Dear Ms. Santora:

As a result of the Department of Public Welfare's licensing inspection on January 9, 2012 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

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.

The license indicates the home's recent change in the name from West Side Kozy Comfort Assisted Living to West Side Kozy Comfort Personal Care Home and the home's recent change in the name of the legal entity from West Side Kozy Comfort Assisted Living, Inc. to West Side Kozy Comfort Personal Care Home, Inc.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

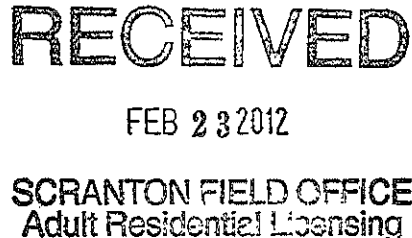
A handwritten signature in cursive script that reads "Ronald Melusky" with a stylized flourish at the end.

Ronald Melusky
Director

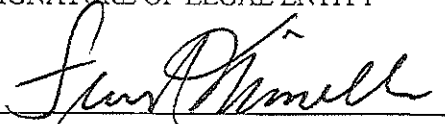
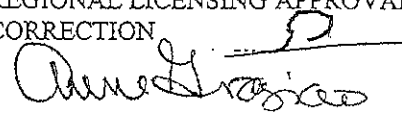
Enclosures
License
Violation Report

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 2044924	
INSPECTION DATES (Include all dates of the inspection) 01/09/2012		REGIONAL REPRESENTATIVE Ann O'Haire, Ryan Novak	
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>[Signature]</i>	DATE 02-20-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3-15-12

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
28f1 Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home.	Resident #1 passed away on 10/24/11 in an inpatient hospice unit. Resident # 1 items were removed when he /she left the facility . The home did not yet have an itemized account completed at time of inspection stating if the resident owed a balance or if the home owed Resident # 1 a balance. The was due no later than 11/24/2011.	2-20-12	The home has now finished an itemized account for resident #1. There was no refund due to home or resident. In the future the Adm. and supervision will insure all itemized account will be complete within 30 days.	<p align="center">  </p> <p align="right"> <small> State Dept. of Public Safety Bureau of Professional and Occupational Regulation Adult Residential Licensing Date: 2-15-12 Initials: [Signature] </small> </p>

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 2044974 9	
INSPECTION DATES (Include all dates of the inspection) 01/09/2012		REGIONAL REPRESENTATIVE Ann O'Haire, Ryan Novak	
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 	DATE 2-20-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-15-12

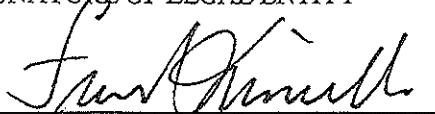

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
64c An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course, specified in subsection (a) fulfills the annual training requirement for the first year.	Administrator Staff person "A" hired 6/8/09 only completed 14 hours of the mandatory 24 hours of annual training for training year 2011.		<p>The Administrator is required to complete a total of 34 hours of approved Administrator Training in the year 2012, 10 of those hours no later than May 31, 2012. Upon completion, the Administrator will make those training "FOR TRAINING YEAR 2011" and submit to the NE Regional Office for review and approval.</p> <p>The Administrator will complete the 24 hours of required annual training by the end of the training year 2012 as per the regulation.</p> <p><i>The Admin has since completed her 24 hours of training for 2011. In the future Admin will insure her training is complete by end of year.</i></p>	<p>Steps have been taken to correct violation and compliance has been achieved.</p> <p><i>3-15-12</i></p> <p><i>[Signature]</i> Director (DPW)</p>

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 2044964	
INSPECTION DATES (Include all dates of the inspection) 01/09/2012		REGIONAL REPRESENTATIVE Ann O'Haire, Ryan Novak	
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>Scott Minnell</i>	DATE 2-20-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ann O'Haire</i>	DATE 3-15-12



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
65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these	Ancillary Staff person "B" hired 11/15/10 did not receive training in the following mandatory topics: <ul style="list-style-type: none"> • Fire Safety • Emergency Preparedness and Procedures • Resident Rights • The Older Adults Protective Services Act • Falls and Accident Prevention 		<p><i>Staff person B has received some training for 2011. All he needs is fire safety and the home is waiting for a quarter fire safety person to come and give class</i></p> <p><i>In the future Admin and Supervisee will ensure all staff personnel have the proper training for this year</i></p>	<p style="text-align: center;">Steps have been taken to correct violation until compliance is not verifiable</p> <p style="text-align: center;">Date: 3-15-12 Initials: (D-W)</p>


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 20449 3 4 ②	
INSPECTION DATES (Include all dates of the inspection) 01/09/2012		REGIONAL REPRESENTATIVE Ann O'Haire, Ryan Novak	
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 	DATE 2-20-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-15-12

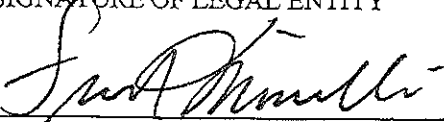

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.				

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 2044984 EP	
INSPECTION DATES (Include all dates of the inspection) 01/09/2012		REGIONAL REPRESENTATIVE Ann O'Haire, Ryan Novak	
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 	DATE 2-20-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-15-12

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.	The bathroom located on the 2nd floor, the third bathroom going towards the rear section of the facility had a buildup of black colored mold build up around the exterior area of the shower stall and around the caulking on the toilet.	2-20-12	<p><i>Bathroom was cleaned at time of inspection and has since been renovated completely.</i></p> <p><i>In the future housekeeper and supervisors will insure bathrooms are kept clean.</i></p> <p><i>Adm will perform weekly checks to insure compliance - documentation will be kept. Q 3-15-12</i></p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation (All deficiencies have been corrected)</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Date: 3-15-12 Initials (DPW): </p>

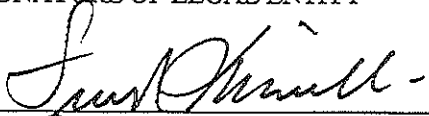
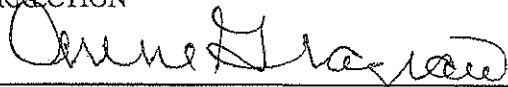
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME WEST SIDE KOZY COMFORT ASSISTED LIVING, 906 SOUTH MAIN AVENUE SCRANTON, PA 18504		CURRENT LICENSE NUMBER 2044984 09	
INSPECTION DATES (Include all dates of the inspection) 01/09/2012		REGIONAL REPRESENTATIVE Ann O'Haire, Ryan Novak	
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 	DATE 2-20-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-15-12

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
101j2 Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.	Room # 10, second floor, did not have enough chairs for each resident in the resident room. There was one chair for a room serving 2 residents.	2-20-12	<p><i>Resident removed [redacted] chair from [redacted] room at before inspection. Staff explained to resident [redacted] must keep chairs in [redacted] room. Resident said ok and [redacted] didn't know that.</i></p> <p><i>In the future housekeeper supervisor will insure proper chairs are in residents rooms. Adm will perform weekly walk thru to insure chairs</i></p>	<p style="text-align: center;">Steps have been taken to correct violation. Full compliance is not verified.</p> <p style="text-align: center;">Date: _____ Initials (D/P/W): _____</p>


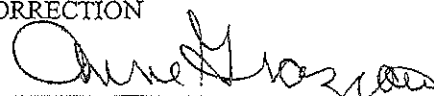
are present. Documentation will be kept.

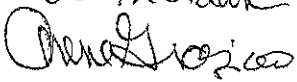
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME WEST SIDE KOZY COMFORT ASSISTED LIVING, 906 SOUTH MAIN AVENUE SCRANTON, PA 18504		CURRENT LICENSE NUMBER 2044984 9	
INSPECTION DATES (Include all dates of the inspection) 01/09/2012		REGIONAL REPRESENTATIVE Ann O'Haire, Ryan Novak	
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 	DATE 2-20-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-15-12

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
101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	1. First floor bedroom #2 near the TV lounge area did not have a lamp. 2. Second floor bedrooms with no functioning bedside lamp. Room #9 & Room #11 bed nearest to the hall door.	2-20-12	<p><i>At time of inspection all lamps were placed in residents room.</i></p> <p><i>In the future Admin Supervisor & housekeeper will ensure all residents have lamp by their bedside. Admin will perform weekly walk thru checks to insure compliance. documentation will be kept.</i></p> <p style="text-align: right;"><i>Q 3/15/12</i></p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">Date: 3-15-12 Initials (DPW): <i>Q</i></p>

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 204498 4 9	
INSPECTION DATES (Include all dates of the inspection) 01/09/2012		REGIONAL REPRESENTATIVE Ann O'Haire, Ryan Novak	
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 	DATE 2-16-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-15-12

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
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.	At the time of the inspection, in the kitchen of the home, the refrigerator located nearest to the door leading to a small TV lounge had a reading of only 44 degrees F. Repeated Violations: 06/29/2011 Violation Withdrawn  3-15-12	2-16-12	 On 2-16-12 Frank Monelli spoke to Ann Scagnano that we do not have a small TV Lounge and if someone is in refrigerator putting food in or out for some time the temp does go up. Refrigerator does keep the right temp. Ann Scagnano told Frank she would take this violation off of the report. 	

NAME AND ADDRESS OF PERSONAL CARE HOME WEST SIDE KOZY COMFORT ASSISTED LIVING, 906 SOUTH MAIN AVENUE SCRANTON, PA 18504		CURRENT LICENSE NUMBER 2044984	
INSPECTION DATES (Include all dates of the inspection) 01/09/2012		REGIONAL REPRESENTATIVE Ann O'Haire, Ryan Novak	
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>Frank Minelli</i>	DATE 2-16-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ann O'Haire</i>	DATE 3-15-12

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
103i Outdated or spoiled food or dented cans may not be used.	The kitchen refrigerator had outdated item- a 1 pound package of salami that was in a baggy dated 12/16/11. This luncheon meat appeared to be soggy and slimy in appearance. Item was discarded at time of inspection. Repeated Violations: 06/29/2011 <i>Violation w/d salom Ann O'Haire 3-15-12</i>	<i>2-16-12</i>	<i>On 2-16-12 Frank Minelli talked to Ann Mayjones and explained to her that we received 4 to 5 cases of luncheon meat every 7 to 10 days we wrap it date it and freeze it when it comes in. When needed we take pack out of freezer to thaw out, when thaw out we rewrap and relabel it. The luncheon meat at time of inspection was thawing out, and was then rewrapped and relabeled. Ann Mayjones said she would take this violation off report.</i>	

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 2044984 ED	
INSPECTION DATES (Include all dates of the inspection) 01/09/2012		REGIONAL REPRESENTATIVE Ann O'Haire, Ryan Novak	
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>Frank Merrill</i>	DATE 2-20-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane H. Rogers</i>	DATE 3-15-12

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 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.	<p>Resident #2 has a Medical Evaluation form completed on 9/9/11 that had checked in box #18 the level of care the resident required as specialized care, ongoing psychiatric care was specified and not personal care home as level of care.</p> <p>Resident #2 had a Medical Evaluation form with a list of medications that was not dated and signed by the resident #2 physician.</p> <p>Resident #3 had a Medical Evaluation form dated 11/6/11 that was incomplete. The required information in box 19 regarding medications was blank.</p>	2-20-12	<p><i>A proper Med Eval was in residents file behind other Med Evals. this Med Eval was complete</i></p> <p><i>In the future Admin and supervision will review and make sure all Med Eval are complete</i></p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);"> Steps have been taken to correct violation full compliance to not reoffend to 03-15-12 Initials (CPM) </p>

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 20449 8 4 ①	
INSPECTION DATES (Include all dates of the inspection) 01/09/2012		REGIONAL REPRESENTATIVE Ann O'Haire, Ryan Novak	
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>Jan M. M...-</i>	DATE 2-20-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ann O'Haire</i>	DATE 3-15-12

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
144c A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures. The written fire safety policy and procedures shall include proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including extinguishing procedures.	The home had evidence that residents & staff were not following the home's policy regarding smoking outside only in designated areas. Discarded cigarettes butts were observed on the ground in the home's parking lot, the yard's grassy areas not designated as a smoking area and sidewalk in front of the facility. The amount appeared to be hundreds of discarded cigarette butts. Repeated Violations: 06/29/2011	2-24-12	Admin will have a meeting on the home's smoking policies and all residents will sign a attendance form to change smoking area In the future Supervisors and Admin will insure residents smoke in proper area	Steps have been taken to correct violation; full compliance to not verified Date 3-15-12 Initials (DPM)

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 2044924	
INSPECTION DATES (Include all dates of the inspection) 01/09/2012		REGIONAL REPRESENTATIVE Ann O'Haire, Ryan Novak	
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SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 2-20-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3-15-12

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.	Room #12 Resident # 4 had a CVS brand bottle of Calcium Magnesium, 500 mg tablets with Vit. D 150 count bottle that was found unlocked and unsecured on resident's dresser. The home policy does require all medications to be locked in the medication closet located on the first floor of the home.	2-20-12	<p>The resident went and brought the Calcium over the counter. At time of inspection container was taken to med room and labeled.</p> <p>In the future Admin and supervisor will insure resident do not have any over the counter or any med in their room. Adm will do a weekly walk thru to insure compliance. Documentation will be maintained. 3-15-12</p>	<p>Steps have been taken to correct violation; full compliance is notifiable.</p> <p>Date: 3-15-12 Initials: [Signature]</p>

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 20449 <i>24</i>	
INSPECTION DATES (Include all dates of the inspection) 01/09/2012		REGIONAL REPRESENTATIVE Ann O'Haire, Ryan Novak	
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>Spencer M. Mullen</i>	DATE <i>2-20-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ann O'Haire</i>	DATE <i>3-15-12</i>

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
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	Resident # 5's Advair 500/50 was opened on 10/5/11. The manufacturer's instructions read: the use by date is 1 month from date of opening pouch.	<i>2-20-12</i>	<i>Resident # 5 Advair had a date on back of box at time of inspection. It wasn't noticed at this time. The home has now informed the Pharmacy to place a date on all labels. In the future Advair Dispenser and Med carts will ensure all whole air properly marked.</i>	<p style="font-size: small;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="font-size: x-small;">Date <i>3-15-12</i> Initials (DPM) <i>[Signature]</i></p>

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 20449 8 ⁴	
INSPECTION DATES (Include all dates of the inspection) 01/09/2012		REGIONAL REPRESENTATIVE Ann O'Haire, Ryan Novak	
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>Frank Merrill</i>	DATE 2-20-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ann O'Haire</i>	DATE 3-15-12

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
183e Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.	Resident # 6's Advair 100/50 and Resident # 7's Advair 250/50 were not dated the date the pouches were opened. The manufacturer's instructions read: the use by date is 1 month from date of opening pouch. RECEIVED FEB 23 2012 SCRANTON FIELD OFFICE Adult Residential Licensing	2-20-12	<i>At time of inspection Advair inhalers were were discarded and new ones were ordered</i> <i>In the future Adm supervisor and med tech will insure inhalers are not out dated. The Adm or the med tech will do at minimum monthly checks of med cart contents to insure proper storage techniques in place.</i>	Steps have been taken to correct violation; full compliance is hereby certified. Date: 3-15-12 Initials: (LJW)