

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

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

To operate WEST SIDE KOZY COMFORT PERSONAL CARE HOME
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 June 27, 2013 until December 27, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 204491

Robert E. Robinson
ISSUING OFFICER

[Signature]
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.



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE:

JUN 27 2013

Mr. Frank Minelli, Owner
West Side Kozy Comfort Personal Care Home, Inc.
West Side Kozy Comfort Personal Care Home
906 South Main Street
Scranton, Pennsylvania 18504

Dear Mr. Minelli:

This letter hereby rescinds and replaces my letter dated June 13, 2013.

As a result of the Department of Public Welfare’s (Department) licensing inspection on February 14, 2013 and February 28, 2013, of the above personal care home, the violations specified on the enclosed Violation Report were found.

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

All violations specified on the 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 Human Services 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	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
85a	II	33	\$5	\$165	5 calendar days from mailing date of this letter
141a2	III	33	\$3	\$99	15 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 Human Services 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 Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

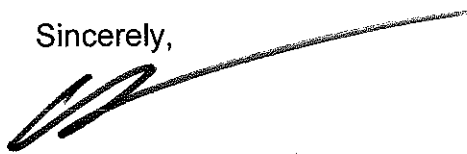
No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

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 your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Public Welfare
Room 631 Health and Welfare Building
625 Forster Street
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
Director

Enclosures
License
Violation Report

Violation Report: 20449 - 02/14/2013 - Harvey, Jason
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION ## Pa.Code §2800
 2800.83(a) - The indoor temperature, in areas used by the residents, shall be at least 70°F when residents are present in the home.

2a. DESCRIPTION OF VIOLATION
 On 2/14/2013, at 8:10am, when residents were present in the home, the temperature in the home's dining room was measured at 65°F degrees Fahrenheit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Home's dining room door had a new handle bar put on. This made two new holes in the door for the outside air to come through making the dining room cooler than regulation. The holes have temporarily been fixed while we wait for the door's manufacturer to permanently fix the holes. This will be completed within the next six to eight weeks. When completed a picture will be sent so you can see the work's been completed.


Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kimberly Santora*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kimberly Santora* Date *3.27.13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5-10-13
 (Date)
onsite vof. 5-10-13

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 5-10-13
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20449 - 02/14/2013 - Harvey, Jason
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME


1. REGULATION 55 Pa. Code 52600
 2500.127(a) - Portable space heaters are prohibited.

2a. DESCRIPTION OF VIOLATION
 On 2/14/2013 at 8am, a brown Lesko ceramic element portable space heater was located in the homes dining room.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Includes steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The space heater was put in place in direct correlation to violation 2600.83(a). The heater was immediately taken away during time of inspection. The heater was taken out of the home so staff do not have access to it. Staff have also been told that use of space heaters is a violation to the code of regulations. With the door being fixed this will no longer be an issue.

Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	
Kimberly Santora	Date 3.27.13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>5-10-13</u> (Date) on-site 5-10-13 holes in door still not repaired.	Plan of correction implementation status as of <u>5-10-13</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20449 - 02/28/2013 - Yellenic, Cindy
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contract in the record for Resident #1 dated 11-4-2011 was not signed by the payer.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Resident contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person. It is important that all participants in the resident contract be accounted for especially if payment is to be made by themself and not the resident.

From now on all Resident contracts will be signed by the "payer" as well as the resident or the resident's designee. The administrator or person who fills out the Resident contract will be held responsible for seeing that this is done. All new contracts will be looked over by the administrator to insure compliance.

*The home will audit all existing resident contracts in order to insure current compliance.
 Reviewed on-site 5-10-13*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Kimberly Santora*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kimberly Santora PCHA* Date *4.3.13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5-10-13</u> (Date) The above plan of correction was approved by <u><i>KS</i></u> (Initials)	Plan of correction implementation status as of <u>5-10-13</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 20449 - 02/28/2013 - Yellenic, Cindy
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.52 - 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 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION
 The Criminal Background check for Direct Care Staff person A, date of hire 4-30-12, was returned from the state police not cleared, but under review. Upon further investigation, this staff person has been performing unsupervised direct care duties at the facility until 2-26-13, and the home had not received the clearance for this staff person as of 2-28-13.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The criminal background check for Direct Care Staff person A, date of hire 4-30-12, was returned from the state police not cleared, but under review. All Direct staff personnel are to have a cleared a criminal background check previous to them performing unsupervised direct care duties at the facility. This is to insure that the Personal Care Home is in compliance with the Older Adult Protective Services Act 171.

Since inspection a Magistrate District Criminal Docket has been faxed for Staff person A and it was found he was acceptable to work.

From now on it will be documented that each staff person will not perform unsupervised direct care services until their personal background checks have come back complete including waiting for pending dockets if need be.

The persons responsible for hiring and retention will be responsible for preventing future violations. As a double check the Administrator will also review all new hires files before they begin to work.

All existing employee files will be audited to insure current compliance. on-site review 5-10-13

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Kimberly Sentera*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kimberly Sentera PCHA* Date *4.3.13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5-14-13
 (Date)

Plan of correction implementation status as of 5-14-13
 (Date)

The above plan of correction was approved by *JS*
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20449 - 02/28/2013 - Yellenic, Cindy
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.57(b) - Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

2a. DESCRIPTION OF VIOLATION
 On 2/9/13, there were 34 residents in the home. On this day, only 30 hours of direct care staffing was provided.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

According to regulation there is to be at least 1 hour per day of personal care services to each mobile Resident. The schedule for 2-9-13 had written in only 30 hours for staffing. The schedule was hand written but understood by the worker that she was working a double on that particular day in question. All persons working should be reflected on the schedule so there is no question on the Resident to staff ratio.

The Supervisor or the Administrator will check all schedules on Monday to insure the hours worked are correctly reflected on the posted schedule.

on-site verification 5-10-13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kimberly Santora*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kimberly Santora PCHA</i>	Date <i>4.3.13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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The above plan of correction was approved by <u><i>KS</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20449 - 02/28/2013 - Yellenic, Cindy
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION

On 2-9-13, a total of 25.5 hours of direct care was required. However, only 22.5 of the required hours, or 66% percent, were provided during waking hours.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

According to regulation 75% of personal care hours shall be available during waking hours. This is to insure the safety of the Residents and to make sure all their personnel needs are met.

The schedule for 2-9-13 had written in only 30 hours for staffing. The schedule was hand written but understood by the worker that she was working a double on that particular day in question. All persons working should be reflected on the schedule so there is no question on the Resident to staff ratio.

The Supervisor or the Administrator will check all schedules on Monday to insure the hours worked are correctly reflected on the posted schedule.

on-line verif. 5-10-13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kimberly Santora*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kimberly Santora PCHA* Date *4.3.13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5-10-13
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

Plan of correction implementation status as of 5-10-13
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20449 - 02/28/2013 - Yellenic, Cindy
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 On the date of inspection at approximately 12:45pm, the first bathroom on the 2nd floor south end, the bathroom had a strong odor of cigarette smoke, the vent was full of lint and dust, and was brown in color from resident's smoking in the bathroom. Resident #2 has a new glucometer and when checking the history in the meter and comparing it to the resident's glucose record, there was only one reading that matched the recorded glucose checks of the resident, and it was on 2/18/13 at 8:04, the reading was 324. The resident is suppose to have a glucose check done three times a day and on 2/3/13, the glucometer was used at 2:52, 2:59, 3:00, 6:53, 7:03, & 7:43. On 2/18/13 the resident's glucometer was used at 3:03, 3:12, 6:48, 6:59, 8:04, 19:11, 19:30, 20:02, 20:24, & 22:32.

3. PLAN C
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 immediat*

Regulation states that sanitary conditions shall be maintained. This is to help insure the health and safety to both Residents and staff. On the date of inspection the first bathroom on the 2nd floor had a strong odor of cigarette smoke and the ceiling vent was full of dust and brown from the cigarette residue.

This is a non smoking facility and no smoking signs are placed on the door stating that if caught smoking a 30 days notice will be given. Twelve days later a person was caught smoking in said bathroom and given their 30 days notice.

Also the houskeeping staff have cleaned all bathroom vents. A checklist has been implemented for the housekeeper as a reminder of all the things that should be done to maintain sanitary conditions.

The checklist will be looked over by the Supervisor and or Administrator bi-monthly to insure compliance.

In coorelation with this same regulation a Residents glucometer was found that only one reading matched that of the Resident it belonged to. A sign has been placed in the med room to remind all Medicine technicians that all blood sugar checks are to be done on the individuals own machine. Sharing of machines is prohibited for the sake of sanitary conditions and the safety of each diabetic resident.

House Supervisor and or Administrator will do random checks

*attached pages.)
 gain. If steps cannot be completed*

*on-site
 Verif. of 5-10-13
 glucometers
 continue to be
 shared.
 OR.*

Repeat Viol: to insure this policy is being followed. 01/09/2012

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kimberly Santora PCHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kimberly Santora* Date *4 3 13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5-10-13</u> (Date)	Plan of correction implementation status as of <u>5-10-13</u> (Date)
The above plan of correction was approved by <u><i>OP</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

Violation Report: 20449 - 02/28/2013 - Yellenic, Cindy
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 On the day of inspection at approximately 12:40pm, while walking up the stairs at the front of the home, the third, ninth, and twelfth steps were in poor condition and in need of repair.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Floors, walls, ceilings, windows, doors, and other surfaces must be clean and in good repair. This is to prevent accidents to both Residents and Staff. We have a man contracted to come and repair or replace the carpeting as needed. Tears have been glued down to prevent tripping until new carpeting is installed.

The House's physical site check has a place for the housekeeper to write down miscellaneous issues as well as a stairwell check to insure safety. The house Supervisor or the Administrator will check this list bi-monthly and address all concerns.

Completed
 4.7.13

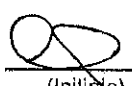


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Kimberly Santora PCHA	4.3.13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5-10-13</u> (Date)	Plan of correction implementation status as of <u>5-10-13</u> (Date)
The above plan of correction was approved by  (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20449 - 02/28/2013 - Yellenic, Cindy
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 On 2/28/13, at 12:45pm, the water temperature at the sink in the first bathroom on the second floor south end had a water temperature measured at 128.1 degrees Fahrenheit.
 On 2/28/13, at 12:45pm, the water temperature at the sink in the second bathroom on the second floor north end had a water temperature measured at 132.6 degrees Fahrenheit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Hot water temperature in areas accessible to Residents may not exceed 120 degrees. This is to insure know one could be accidentally burned.

The water temps in the upstairs bathrooms exceed the regulation. The hot water heater was turned down and a water temp log is now being kept to check that the water temperature stays within regulation.

The temps are taken bi-monthly by the Administrator. She will contact maintenance to make changes as necessary.

5-10-13 temps still exceed range on site verb.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kimberly Santora*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kimberly Santora PCHA* Date *4.3.13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5-10-13</u> (Date) The above plan of correction was approved by <i>[Signature]</i> (Initials)	Plan of correction implementation status as of <u>5-10-13</u> (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented
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Violation Report: 20449 - 02/28/2013 - Yellenic, Cindy
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
 At approximately 12:45pm on the day of the inspection, the grab bar on the toilet, in the second bathroom on the 2nd floor south, was broke off and laying on the floor.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Furniture and equipment must be in good repair for the safety of Residents. The grab bar in the 2nd bathroom on the 2nd floor was broken. The bars are in place for individuals that need extra stability while using the commode.

The bar has been temporarily fixed and a new one is on order.

The physical site check will make sure that this does not go overlooked again. The paper will be checked bi-monthly to insure equipment stays in good repair.

on-site verify

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kimberly Santera*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kimberly Santera PCHA* Date *4.3.13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>S-10</u> (Date)	Plan of correction implementation status as of <u>S-10-13</u> (Date)
The above plan of correction was approved by <u>AK</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20449 - 02/28/2013 - Yellenic, Cindy
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for Resident #3 dated 1-24-12 did not indicate medical diagnosis, special health/dietary needs or allergies.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The medical evaluation for Resident #3 dated 1-24-12 did not indicate all medical diagnosis. This is important so proper treatment can take place for the individual. The Doctor that filled out the medical evaluation did not include all ailments. I wrote in the missing diagnosis and had the Doctor initial them.

In the future I will compare new medical evaluations with past ones to make sure there are none missing that are currently valid.

The home will audit all current resident med evals in order to assure compliance regarding completeness and correctness. ~~Documentation~~ Documentation of this audit will be retained by the home and provided to the Dept. upon request.

on-site 5-10-13 - new ones OR - no audit done

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/09/2012	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kimberly Barbera*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kimberly Barbera PCHA* Date *4.3.13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5-14-13</u> (Date)	Plan of correction implementation status as of <u>5-14-10</u> (Date)
The above plan of correction was approved by <u>KB</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20449 - 02/28/2013 - Yellenic, Cindy
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 On 2-28-13, a Ventolin Inhaler was found in a basket in the med room. There was no pharmacy label or resident name on the medication.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation states that only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home. On 2-28-13, a Ventolin inhaler was found in a basket in the med room. There was no pharmacy label or resident name on the medication.

All medications in the med room are to be prescribed by a Doctor with the name of the medication, the persons name and the way it is to be dispensed. This is to insure that each medication goes to the right person and given the way it was intended.

Day of inspection the inhaler was thrown away. A note was placed in the med room to notify all medication technicians that they are not to keep any medication without a pharmacy sticker and authorization from a physician to dispense the medication.

The Supervisor will check the basket for such each day during the time they usually check the days MAR's.

*on-site verif.
5-10-13*

Repeat Violation: ~~No~~ YES Date(s) of Previous Violation(s): 01-09-12

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kimberly Santera*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kimberly Santera PCHA* Date *4-3-13*

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The above plan of correction is approved as of <u>5-10-13</u> (Date)	Plan of correction implementation status as of <u>5-10-13</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20449 - 02/28/2013 - Yellenic, Cindy
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #4 was prescribed Proventil HFA, 90 mg., inhale 2 puffs once daily. The medication was not available in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Medication prescribed to a Resident shall be available to that Resident in the home. At time of inspection a Resident that had just transferred from another PCH had yet to receive his Proventil HFA, 90 mg. inhaler. Upon investigation it was found that the pharmacy had delivered his inhaler to the wrong home. The pharmacy then sent his medication over by dinner time that evening.

It was a misunderstanding of the pharmacy as to the change in the Resident's address. As stated previously the pharmacy was made aware of the move and made the appropriate changes to insure the Resident had his proper medication by dinner.

on-site verif.
 5-10-13
 new violation.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kimberly Santora*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kimberly Santora PCHA</i>	Date <i>4-3-13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5-10-13</u> (Date) The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u>5-10-13</u> (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented
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Violation Report: 20449 - 02/28/2013 - Yellenic, Cindy
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION
 Direct Care Staff persons A & B have not been properly trained in the Department's approved medications administration course. Direct Care Staff persons A & B have been providing medication administration to residents. Staff Person C has been providing the medication training to the staff. The home did not provide the current Train-the-Trainer certificate for Staff Person C.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer medications.
 Direct care staff person A & B had passed the Departments competency test but their records were not kept in the facility they were working.
 Staff person C also was accredited with a current Train-the-trainer certificate but that too was not located at the facility.
 The records for all three staff persons were faxed to the facility so that we are now able to provide the certification when requested.
 It is important that the facility keep the proper paperwork and certification for their staff in order to provide evidence of their accreditations.
 The person who does the hiring will ensure that the proper paperwork for each working staff be available at the facility they work. The Administrator for that facility will make sure that the person does have the proper paperwork and certification on site.

The home will maintain med training records for employees in an organized fashion so compliance can be managed.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kimberly Santora*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kimberly Santora PCHA</i>	Date <i>4-3-13</i>
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The above plan of correction is approved as of 5-14-13
 (Date)

*on-site verify 5-14-13
 emp. records not on site.*

The above plan of correction was approved by *eo*
 (Initials)

Plan of correction implementation status as of 5-14-13
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20449 - 02/28/2013 - Yellenic, Cindy
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

2a. DESCRIPTION OF VIOLATION
 Direct Care staff person A has not had training in a Department approved medications administration course as well as successful completion of a Department - approved diabetes patient education program within the past 12 months.
 Direct Care staff person B has not had training in a Department approved medications administration course, but has successfully completed a Department - approved diabetes patient education program within the past 12 months. However, staff are not allowed to administer insulin without successfully completing the medications administration course.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer medications.
 Direct care staff person A & B had passed the Departments competency test but their records were not kept in the facility they were working.
 Staff person C also was accredited with a current Train-the-trainer certificate but that too was not located at the facility.
 The records for all three staff persons were faxed to the facility so that we are now able to provide the certification when requested.
 It is important that the facility keep the proper paperwork and certification for their staff in order to provide evidence of their accreditations.
 The person who does the hiring will ensure that the proper paperwork for each working staff be available at the facility they work. The Administrator for that facility will make sure that the person does have the proper paperwork and certification on site.

*On-site verify
 5-10-13*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kimberly Santora*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kimberly Santora PCHA* Date *4.3.13*

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The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20449 - 02/28/2013 - Yellenic, Cindy
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #4's (DOA 1/30/13) initial assessment section of the Resident Assessment Support Plan was not completed within 15 days of admission to the home. On 2/28/2013 the resident's assessment only indicated description of services not applicable to the resident and the description of services that the resident requires were left blank.
 Resident #5's (DOA 1/30/13) initial assessment section of the RASP was not completed within 15 days of admission to the home. On 2/28/2013 the RASP located in the resident's record only contained the resident name and the remainder of the document was left blank.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation says that a resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. Resident #4 initial assessment section of the Support Plan was not completed within 15 days. Resident #5's initial assessment section of the RASP was not completed within 15 days of admission to the home.

It is important that the Resident's support plan and RASP be completed so that staff are aware of the individuals abilities and needs.

It was an oversight that the support plan and RASP were left incomplete within the parameters of time. To prevent future violations the Supervisor and the Administrator will double check to make sure that such oversight does not happen again.

It is important that the Resident's support plan and RASP be completed so that staff are aware of the individuals abilities and needs.

It was an oversight that the support plan and RASP were left incomplete within the parameters of time. To prevent future violations the Supervisor and the Administrator will double check to make sure that such oversight does not happen again.

*on-site vef.
 5-10-13*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kimberly Santora*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kimberly Santora PCHA* Date *4.3.13*

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The above plan of correction is approved as of 5-10-13
 (Date)

Plan of correction implementation status as of 5-10-13
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented