

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 December 27, 2013 until December 27, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 204490

*Robert E. Robinson*

ISSUING OFFICER

*Matthew J. [Signature]*

ACTING 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 - 10/13



JAN 16 2014

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

RE: West Side Kozy Comfort Personal Care Home  
License #: 204490

Dear Ms. Santora:

As a result of the Department of Public Welfare's licensing inspection on November 5, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones  
Acting Director

Enclosures  
License  
License Inspection Summary



Violation Report: 20449 - 11/05/2013 - Rushin, Julienne  
PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.14(c) - If a building is structurally renovated or altered after the initial fire safety approval is issued, the home shall submit the new fire safety approval, or written certification that a new fire safety approval is not required, from the appropriate fire safety authority. This documentation shall be submitted to the Department within 15 days of the completion of the renovation or alteration.

2a. DESCRIPTION OF VIOLATION

The home does not have a current Certificate of Occupancy. The most recent certificate was issued by the City of Scranton on 7/19/12 and expired on 3/31/13.

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.

At the time of inspection the home did not have a current Certificate of Occupancy. The owners were notified and they sent in to the City of Scranton to get a current one.

In the future the owners will be notified by the Administrator ahead of time and reminded accordingly until a new certificate is in place.

The administrator shall be responsible for monitoring and ongoing compliance

M  
12/30/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Kimberly Santana

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Kimberly Santana P.C.H.A.

Date 12.16.13

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

The above plan of correction is approved as of

12/30/13  
(Date)

Plan of correction implementation status as of

12/30/13  
(Date)



Fully Implemented



Partially Implemented - Adequate Progress



Partially Implemented - Inadequate Progress



Not Implemented

The above plan of correction was approved by

M  
(Initials)

Violation Report: 20449 - 11/05/2013 - Rushin, Juliene  
 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  
 The bathroom on the second floor, across the hall from Resident # 1's room, has a 2' x 2' tile in the ceiling of the shower that is warped and hanging down.

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.

At time of inspection the ceiling tile located in the bathroom shower across the hall from Resident # 1's room was warped and hanging down. During inspection the tile was removed. Since a new ventilated ceiling tile has been put in its place. This will prevent further problems from the humidity showers cause.

The administrator shall monitor and assure that all floors, walls, ceilings, windows, doors and other surfaces are clean + in good repair and free of hazards. The administrator shall be responsible ongoing. M  
 12/30/13

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 P.C.H.A.* Date *12-16-13*

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

The above plan of correction is approved as of 12/30/13 (Date) Plan of correction implementation status as of 12/30/13 (Date)

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

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

Violation Report: 20449 - 11/05/2013 - Rushin, Julienne  
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

Thermometers were missing from each of the home's 2 Kenmore freezers and from one of the Kenmore refrigerators located in the kitchen.

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.

At time of inspection thermometers were missing from each of the home's 2 Kenmore freezers and from on of the Kenmore refrigerators located in the kitchen.

This occurred because a previous industrial refrigerator that was located in the kitchen failed and two new Kenmore refrigerator/freezers were purchased in its place. The previous unit only needed one thermometer and that was placed on one of the refrigerators. The home needed to purchase 3 new thermometers to be placed in the additional refrigerator and the two top freezers.

At time of inspection 3 thermometers were placed where needed. In the future when a new appliance is purchased corresponding equipment necessary for regulation will also be purchased.

*- The administrator shall monitor and assure ongoing compliance.*

*M  
12/30/13*

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 P.C.H.A.*      Date *12.16.13*

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

The above plan of correction is approved as of 12/30/13  
 (Date)

Plan of correction implementation status as of 12/30/13  
 (Date)

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

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

Violation Report: 20449 - 11/05/2013 - Rushin, Jullenne  
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION  
 The dryer vent on the north side of the building had an abundance of lint in the vent, right below it on the window sill, and on the ground below the window.

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.

On the day of inspection the dryer vent on the north side of the building had an abundance of lint on the vent leading out the window on the sill and some on the ground below.

Since, I have personally removed the lint on the window sill and picked up what I could on the ground.

- From now on part of the maintenance check of the building will be the window sill and surrounding area to make sure we stay in compliance.

The administrator shall monitor and assure ongoing compliance -

*mm*  
 12/30/13

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Kimberly Santana P.C.H.A.*      Date *12.16.13*

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

The above plan of correction is approved as of 12/30/13  
 (Date)

Plan of correction implementation status as of 12/30/13  
 (Date)

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

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

Violation Report: 20449 - 11/05/2013 - Rushin, Julienne  
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

**2a. DESCRIPTION OF VIOLATION**

The letter to the fire company with the home's total capacity, description of the layout, and the number of immobile residents has not been updated since 4/5/10. The letter identified one immobile resident residing in the home; however there are currently none.

**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.

On day of inspection the home was described in violation of Pa. code 2600 that the home shall notify in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency.

The current letter stated there was one immobile resident residing in the home, a double amputee.

On April 29<sup>th</sup>, 2010 inspectors Leslie Patton and Michele M... cited the home for not identifying an immobile resident in the home. This would have been same person, a double amputee, and the local fire department was notified in writing.

So now again I am notifying the local fire department that our still current resident, a double amputee, is in fact NOT an immobile resident and does not need extra assistance evacuating the home.

Enclosed you will find both letters.

*The administrators shall monitor for ongoing compliance. The administrator shall be responsible for maintaining current documentation in the home.*

Repeat Violation: No      Date(s) of Previous Violation(s): 12/30/13

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kimberly Bentora P.C.H.A.*      Date *12.16.13*

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

The above plan of correction is approved as of 12/30/13 (Date)

Plan of correction implementation status as of 12/30/13 (Date)

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

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

Violation Report: 20449 - 11/05/2013 - Rushin, Julienne  
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

**2a. DESCRIPTION OF VIOLATION**

The following items were located approximately 2 feet from the home's hot water heater: a bucket containing a roll of paper towel and a 6oz. can of Air Fresh labeled "extremely flammable", and a paper Orken mouse trap

**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.*

On day of inspection it was found that there were combustible and flammable materials located near the home's hot water heater. In fact they found the housekeepers cleaning bucket containing combustible supplies and an Orken mouse trap in close proximity to said water heater.

The housekeeper was informed of the oversight and a better placement was found for her cleaning bucket within the same laundry area further away from a heat source and in compliance of regulation. The mouse trap was also moved to a safer location.

- The Supervisor or Administrator of the home will be able to monitor this throughout the day as they go into the laundry area.

• The administrator shall assume ongoing compliance.

*M*  
12/30/13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kimberly Santana P.C.H.A.*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Kimberly Santana P.C.H.A.* Date *12.16.13*

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

The above plan of correction is approved as of 12/30/13  
 (Date)

Plan of correction implementation status as of 12/30/13  
 (Date)

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

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

Violation Report: 20449 - 11/05/2013 - Rushin, Julienne  
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION  
 The smoking area outside of the home had over 50 cigarette butts lying on the ground.

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.

On this day the Home was cited for having an abundance of cigarette butts lying on the ground.

- The Staff have been instructed to sweep the area once on first shift and again on second shift. The Residents have also been instructed to be more cautious in where they place their butts and to please use the cans provided.
- The area will continue to be monitored by the Supervisor and the Administrator that both Staff and Residents alike are following instruction.

The administrator shall assure ongoing compliance

M  
12/30/13

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

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 P.C.H.A.*      Date *12-16-13*

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

The above plan of correction is approved as of 12/30/13  
 (Date)

The above plan of correction was approved by M  
 (Initials)

Plan of correction implementation status as of 12/30/13  
 (Date)

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

Violation Report: 20449 - 11/05/2013 - Rushin, Julienne  
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

**2a. DESCRIPTION OF VIOLATION**

Direct Care Staff Person B's last annual medication administration review was successfully completed on 10/2012. This staff person administers medications to residents.

**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.*

I am in agreeance that Direct Care Staff Person B's annual medication administration review was successfully completed on 10-2012 and currently administers medications to residents. Enclosed you will find copies of her medications and certifications to verify.

\* The administrator shall assure that all Direct Care Staff persons responsible for passing medications in the home are properly trained and have proper documentation and proof of training available in the home.  
 \* The administrator will be responsible for monitor staff training and assure annual practitioners are completed timely and available in the home at all times for review by the department - M 12/30/13

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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The above plan of correction is approved as of 12/30/13 (Date) Plan of correction implementation status as of 12/30/13 (Date)

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

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

Violation Report: 20449 - 11/05/2013 - Rushin, Juliene  
PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

**2a. DESCRIPTION OF VIOLATION**  
A bottle of Benzonatate 100mg prescribed to resident #3 on 1/2/13 was found on a shelf in the medication room. The Medication Administration Record for resident #3 does not indicate that the medication is currently being administered to him/her. Staff person "A" confirmed with the pharmacy that resident #3 is no longer prescribed the medication.  
A bottle of St. Joseph's Baby Aspirin with resident #4's name on it was found on a shelf in the medication room with an expiration date of 5/2013.

**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.*

During the medication room inspection a bottle of Benzoate 100 mg prescribed to resident # 3 on 1 /2/ 13 was found on the shelf. Also a bottle of St. Joseph's baby aspirin with resident #4 name on it was found on the shelf with an expiration date of 5 /20 /13.  
It is the responsibility of the Med Staff Personnel to check all dates of medication and to properly dispose of outdated medication or medication that is no longer prescribed to a resident.  
• The Supervisor and or Administrator will check the shelves surrounding the medication cart to insure that it does not become a place to store medication that is out of date or no longer used by residents. This will be done each morning as they check the med book for errors or changes.

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Kimberly Sanbra P.C.H.A.*      Date *12.16.13*

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

The above plan of correction is approved as of 12/30/13  
(Date)

Plan of correction implementation status as of 12/30/13  
(Date)

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

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

Violation Report: 20449 - 11/05/2013 - Rushin, Julianne  
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

**2a. DESCRIPTION OF VIOLATION**  
 The Medication Administration Record for resident #2 was not initialed by staff to indicate that Norvasc 100mg. was administered at 8:00am on 11/5/13.

**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.

During the medication inspection of the MAR book the inspector noticed that the space for resident #2 was not initialed by staff to indicate that Novas 100mg. Was administered at 8:00 am on 11/5/13. All Medication Administrators are trained to insure that they sign for all medications that are administered. All other medications for this person given at said time were initialed properly. This one was an oversight due to human error.

- It is the responsibility of the House supervisor and Administrator to look over the MAR book each morning to look for errors or changes. On this day the book was indeed looked over and the error was missed by that person as well.

This was an honest mistake and would probably have been caught by the following shift or next morning's MAR check. The Med tech responsible marked the area the following morning and was told to be more careful and to check every box as they administrate the medicines. I, the Administrator, will take the same advice and try to be more thorough as to not miss an error in the future.

The administrator shall monitor and assure ongoing compliance. m 12/30/13

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Kimberly Seckera P.C.H.A.*      Date *12.16.13*

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

The above plan of correction is approved as of 12/30/13  
 (Date)

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

Plan of correction implementation status as of 12/30/13  
 (Date)

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