



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Faxed to: [REDACTED]
MAILING DATE: November 10, 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 August 6, 2014, August 8, 2014, August 12, 2014, and August 13, 2014 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.

Sincerely,

Bob Bisignani
Bob Bisignani
Regional Licensing Director

Enclosure
Licensing Inspection Summary

Violation Report: 20449 - 08/06/2014 - Novak, Ryan
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Based upon reviews of Resident #1 and #2's record and interviews with the residents' physician and physician's assistant, the following information has been obtained:

The DMEs in resident #1's record are dated 3/28/14 and 3/28/13 but are identical in content. The DME dated 3/28/14 has whiteout over the year changing it from 2013 to 2014. Resident #1 was last evaluated by the physician's assistant on 6/5/13 and the information on the DMEs does not coincide with the doctor's office records.

Resident #2 was last evaluated at the physician's office on 5/16/13 by the physician's assistant; however the DME for resident #2, dated 5/8/13 is signed by the physician. In addition, the physician's assistant reviewed a second DME for resident #2, dated 4/28/14, and while confirming that the signature is hers, she stated that the resident was never evaluated on that date.

Resident #3's most recent DME was completed on 6/25/13.

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.

Resident #1's DME had white out over the year changing it from 2013 to 2014. The Administrator and Supervisor will insure that white out will not be used on any form. They will also keep track of doctors appointments and so there will be no confusion as to the three potential dates on the DME. The information on the form will be current and accurate. Only the Doctor or PA can sign the form or fill out information in the medical professional

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 *10.27.14*

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

The above plan of correction is approved as of 11/7/14
(Date)

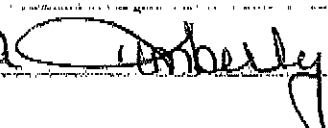
The above plan of correction was approved by B.B
(Initials)

Plan of correction implementation status as of 11/7/14
(Date)

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

information section of the DME the administrator and supervisor will make sure all forms are complete or they will be sent back to be completed.

Resident #3's most recent DME was completed on 6/25/13. The Resident had a physical by her doctor but the office's fax machine was down and it could not be faxed back. In the future we will have someone drive over and pick up the paperwork so this does not occur again.

Kimberly Sanbra  Kimberly Sanbra 10.27.14

Violation Report: 20449 - 08/06/2014 - Novak, Ryan
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #1's (admitted 3/18/13) most recent RASP was completed on 3/25/13.

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 time of inspection Resident #1's RASP for the current year had not been completed.

In the future the Administrator and Supervisor will make sure that a RASP is done for each resident.

A dry erase board with the names of all residents and time of admission will help with compliance.

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 *10.27.14*

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(Date)

The above plan of correction was approved by B.B.
(Initials)

Plan of correction implementation status as of 11/7/14
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20449 - 08/06/2014 - Novak, Ryan
PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION
Resident #1's DME, dated 3/28/14, had white-out over the year throughout the document to change the date from 3/28/13 to 3/28/14.

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.

White out was used on Resident #1's DME to change the date.
In the future white out will not be used on any forms. The information on the forms will be current and accurate.
The administrator and supervisor will enforce and insure that no white out will be used.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kimberly Saborra* Date *10.07.14*

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The above plan of correction is approved as of 11/7/14
(Date)

The above plan of correction was approved by B.B.
(Initials)

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(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented