



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to THOMAS AND AMY SMITH  
LEGAL ENTITY

To operate COMFORTS OF HOME  
NAME OF FACILITY OR AGENCY

Located at 1619 LISTONBURG ROAD, CONFLUENCE, PA 15424  
(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 18  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from May 21, 2015 until May 21, 2016,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 331130

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.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 21 2015

Mr. Thomas Smith, Owner  
1619 Listonburg Road  
Confluence, Pennsylvania 15424

RE: Comforts of Home  
License #:331130

Dear Mr. Smith:

As a result of the Department of Human Services' licensing inspection on September 24, 2014 and December 2, 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.

The license indicates the home's recent change in the name of the legal entity from Thomas and Amy Smith to Thomas Smith.

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

Sincerely,

Matthew J. Jones  
Director

Enclosures  
License  
License Inspection Summary

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

PCH Name: COMFORTS OF HOME		License Number: 33113
Address: 1619 LISTONBURG ROAD, CONFLUENCE, PA 15424		County: Somerset
Administrator: Deneane Armel		Region: WEST
Legal Entity Name: THOMAS AND AMY SMITH		<b>RECEIVED</b>
Legal Entity Address: 1619 LISTONBURG ROAD, CONFLUENCE, PA 15424		NOV 14 2014
Certificate(s) of Occupancy Other-Large PCH 09/17/1986 Labor & Industry		WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours	Total Daily Staff: 18	Waking Staff: 14
Resident Support: 0	BHA Docket Number:	Notice: Unannounced
Type of Inspection: Full		
Reason(s) for Inspection(s) Renewal, Provisional		
On-Site Inspections Dates and Department Representatives On-Site 09/24/2014: Whitney, Diane; Cutter, Jan 09/26/2014: Whitney, Diane; Cutter, Jan		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:	Random Indicators:	
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 18	Number of Residents who:	
Number of Residents Served: 16	Receive Supplemental Security Income: 11	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 14	
Area:	Have Mental Illness: 4	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 2	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 2	
Number of Current Hospice Residents: 7	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 8		

NOV 5 2014

Violation Report: 33113 - 09/24/2014 - Whitney, Diane  
PCH Name: COMFORTS OF HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 9-26-14, at approximately 9:30 a.m., and 4:45 p.m., records for all of the residents, including assessments and support plans for residents #1 and #2, were unlocked and accessible in the 2nd floor office.

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 2nd floor of the home is only for staff purposes. Residents and visitors are not permitted on the 2nd floor of the facility.

Admin. & Staff will ensure that the office located on the 2nd level will always be locked if staff is not present, by daily monitoring post-it's

Admin. will remind staff & check all areas of the home weekly to ensure resident records remain locked & kept confidential.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Thomas J. Smith*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Thomas J. Smith*      Date *11/5/2014*

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

The above plan of correction is approved as of *4/1/15* (Date)

Plan of correction implementation status as of *4/1/15* (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: 33113 - 09/24/2014 - Whitney, Diane  
PCH Name: COMFORTS OF HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION

The home manages funds for resident #1; however, the home does not provide an itemized quarterly statement of financial transactions.

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 is not representative payee for resident #1. The home does hold money for Resident #1 to help the resident's family disburse money to the resident.

The resident signs for each transaction.

on 11/15

Immediately - Staff & Administrator will ensure that the home gives all residents an itemized account of financial transactions on a quarterly basis.

Please see "Attachment A"

Immediately - The itemized statements will include all required information including beginning balance, income, other deposits, room and board charges, total distributions, ending balance and resident initials.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Thomas J. Smith*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Thomas J. Smith      Date 11/5/14

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

The above plan of correction is approved as of <u>4/1/15</u> (Date)	Plan of correction implementation status as of <u>4/1/15</u> (Date)
The above plan of correction was approved by <u>J</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: 33113 - 09/24/2014 - Whitney, Diane  
PCH Name: COMFORTS OF HOME

NOV 13 2014

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Staff person A, hired on 8-6-14, did not have a criminal background check completed.

Staff person C, hired on 9-22-14, did not have a criminal background check completed. Staff person C worked unsupervised on 9-22-14 from 7:00 a.m. through 1:00 p.m.

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.

Staff person A was hired 8/8/14 & Criminal Background was completed 9/24/14, which is clearly out of 30 days given to complete criminal backgrounds.

Staff person C was hired on 9/20/14 & Criminal Background was completed on 9/29/14. Staff person C WAS NOT unsupervised.

Please see attachments B & C.

Admin. will ensure that all staff hired has a criminal background check completed in a timely manner within 30 days of hire.

See Page 4A of 25

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

Signature of Legal Entity Representative (Required on EVERY Page) *Thomas J. Smith*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Thomas J. Smith      Date 11/5/14

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

The above plan of correction is approved as of 9/11/15 (Date)

Plan of correction implementation status as of 9/11/15 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress (1)
- Partially Implemented - Inadequate Progress
- Not Implemented

APR 01 2015

Page 4 A of 25

Violation Report: 33113 - 09/24/2014 - Whitney, Diane  
 PCH Name: COMFORTS OF HOME WEST REGION FIELD OFFICE  
 Human Services Licensing

**1. REGULATION 55 Pa. Code §2600**  
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

**2a. DESCRIPTION OF VIOLATION**  
 Staff person A, hired on 8-6-14, did not have a criminal background check completed.  
 Staff person C, hired on 9-22-14, did not have a criminal background check completed. Staff person C worked unsupervised on 9-22-14 from 7:00 a.m. through 1:00 p.m.

**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.*  
 Immediately - The administrator will ensure that all hiring, retention and utilization of staff persons is in accordance with all applicable laws, including the Older Adult Protective Services Act (OAPSA) and 6 Pa. Code Ch. 15, have criminal history background check(s) completed in the required timeframes, and containing no prohibitive offenses.  
 Immediately - No staff person will work unsupervised in the home until a criminal history background check is completed and shows no prohibitive offenses.  
 By 4/30/15 - The administrator will review criminal history background checks of all current employees to ensure that they are in accordance with all applicable laws.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Daneane R. Armet*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Daneane R. Armet* Date *3/31/2015*

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

The above plan of correction is approved as of 4/1/15 (Date)

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

Plan of correction implementation status as of \_\_\_\_\_ (Date)

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

NOV 14 2014

Violation Report: 33113 - 09/24/2014 - Whitney, Diane  
PCH Name: COMFORTS OF HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

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

Staff person A, hired on 8-6-14, did not have a criminal background check completed.

Staff person C, hired on 9-22-14, did not have a criminal background check completed. Staff person C worked unsupervised on 9-22-14 from 7:00 a.m. through 1:00 p.m.

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.

[This is a duplicate of page # 4]

Criminal background check for staff person A completed 9/26/14.

See Page 5A of 25

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Thomas J. Smith*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Thomas J. Smith*      Date *11/5/14*

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

The above plan of correction is approved as of 9/6/15  
(Date)

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

Plan of correction implementation status as of 9/6/15  
(Date)

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

APR 01 2015

Page 6A of 25

Violation Report: 33113 - 09/24/2014 - Whitney, Diane  
PCM Name: COMFORTS OF HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

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

Staff person A, hired on 8-6-14, did not have a criminal background check completed.

Staff person C, hired on 9-22-14, did not have a criminal background check completed. Staff person C worked unsupervised on 9-22-14 from 7:00 a.m. through 1:00 p.m.

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.

Immediately - The administrator will ensure that all hiring, retention and utilization of staff persons is in accordance with all applicable laws, including the Older Adult Protective Services Act (OAPSA) and Pa. Code Ch. 15, have criminal history background check(s) completed in the required timeframes, and containing no prohibitive offenses.

Immediately - No staff person will work unsupervised in the home until a criminal history background check is completed and shows no prohibitive offenses.

By 4/30/15 - The administrator will review criminal history background checks of all current employees to ensure that they are in accordance with all applicable laws.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Deneane R. Armet*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Deneane R. Armet*      Date *3/31/15*

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

The above plan of correction is approved as of 4/1/15  
(Date)

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

Plan of correction implementation status as of \_\_\_\_\_ (Date)

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

NOV 14 2014

Violation Report: 33113 - 09/24/2014 - Whitney, Diane  
PCH Name: COMFORTS OF HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff persons A and C do not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

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.

Staff persons A & C do have high school diplomas. Please see attachments B & C.

At the time of inspection Adm. was at a conference. Therefore other staff could not locate all necessary documents.

Administration will ensure that all direct care staff have a HS Diploma, GED, or active registration for PA nurse aide registry.

Adm. will also ensure that all documents are located in staff files, and provided

available to the Department immediately upon request.

Immediately - The administrator will ensure that all high school diplomas are from an accredited institution. 11/5/14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Thomas J. Smith*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Thomas J. Smith      Date 11/5/14

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

The above plan of correction is approved as of 4/1/15 (Date)

Plan of correction implementation status as of 4/1/15 (Date)

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

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

Violation Report: 33113 - 09/24/2014 - Whitney, Diane  
PCH Name: COMFORTS OF HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.56 - The administrator shall be present in the home an average of 20 hours or more per week, in each calendar month.

2a. DESCRIPTION OF VIOLATION

Staff person D, the home's administrator, does not work an average of 20 hours per week in the home. The administrator works Tuesdays and Thursdays from 9 a.m. through 4 p.m., a maximum of 14 hours per week.

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.

Staff person, D, [REDACTED] does work an average of 20 hrs. per week in the home.

Admin. is regularly scheduled to work Tues & Thurs. 9am-4pm, however Does work other hours.

Please see the attached schedule - "Attachment F"

Immediately - Administrator will continue to keep a calendar of times worked in the home, for an average of 20 hours per week.

*TS*  
11/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Thomas J. Smith*

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

Thomas J. Smith

Date

11/5/14

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

The above plan of correction is approved as of

4/1/15  
(Date)

Plan of correction implementation status as of

4/1/15  
(Date)

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

The above plan of correction was approved by

*TS*  
(Initials)

Violation Report: 33113 - 09/24/2014 - Whitney, Diane  
 PCH Name: COMFORTS OF HOME  
 WEST REGION FIELD OFFICE  
 Human Services Licensing

**1. REGULATION 55 Pa. Code §2600**  
 2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

**2a. DESCRIPTION OF VIOLATION**  
 Staff person B, whose first day of work was 9-2-14, did not receive orientation training in any of the required topics under 2600.65a.  
 Staff person C, whose first day of work was 9-22-14, did not receive orientation training in any of the required topics under 2600.65a.

**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.

Staff persons B & C Did receive training under 2600.65a, please see "Attachments G & H"

Immediately - The administrator will ensure that all staff records are available to representatives of the Department, immediately upon request.

11/11/15

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

*Thomas J. Smith*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Thomas J. Smith	11/5/14

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

The above plan of correction is approved as of <u>4/1/15</u> (Date)	Plan of correction implementation status as of <u>4/1/15</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: 33113 - 09/24/2014 - Whitney, Diane  
 PCH Name: COMFORTS OF HOME

WEST REGION FIELD OFFICE  
 Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
  - (i) Safe management techniques.
  - (ii) ADLs and IADLs.
  - (iii) Personal hygiene.
  - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
  - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - (vi) Implementation of the initial assessment, annual assessment and support plan.
  - (vii) Nutrition, food handling and sanitation.
  - (viii) Recreation, socialization, community resources, social services and activities in the community.
  - (ix) Gerontology.
  - (x) Staff person supervision, if applicable.
  - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
  - (xii) Safety management and hazard prevention.
  - (xiii) Universal precautions.
  - (xiv) The requirements of this chapter.
  - (xv) Infection control.
  - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

**2a. DESCRIPTION OF VIOLATION**

Direct care staff person A, hired on 8-6-14, provides unsupervised ADL services. The staff person did not successfully complete the Department-approved direct care training course and pass the competency test.

Direct care staff person C, hired on 9-22-14, began providing unsupervised ADL services on 9-22-14. The staff person did not successfully complete the Department-approved direct care training course and pass the competency test.

**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.

*Staff person A completed the competency test on 9/26/14. Please see Attachment 7. Staff A & C DID NOT provide ANY unsupervised ADL's to any resident prior to completing the direct care training course & competency test.*

Repeat Violation: No      Date(s) of Previous Violation(s):      *See Page 10A of 25*

Signature of Legal Entity Representative (Required on EVERY Page) *Thomas J. Smith*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Thomas J. Smith*      Date *4/5/14*

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

The above plan of correction is approved as of 4/11/15  
 (Date)

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

Plan of correction implementation status as of 4/11/15  
 (Date)

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

RECEIVED

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A

Violation Report: 33113 - 09/24/2014 - Whitney, Diane  
PCH Name: COMFORTS OF HOME

APR 01 2015

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
  - (i) Safe management techniques.
  - (ii) ADLs and IADLs.
  - (iii) Personal hygiene.
  - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
  - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - (vi) Implementation of the initial assessment, annual assessment and support plan.
  - (vii) Nutrition, food handling and sanitation.
  - (viii) Recreation, socialization, community resources, social services and activities in the community.
  - (ix) Gerontology.
  - (x) Staff person supervision, if applicable.
  - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
  - (xii) Safety management and hazard prevention.
  - (xiii) Universal precautions.
  - (xiv) The requirements of this chapter.
  - (xv) Infection control.
  - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on 8-6-14, provides unsupervised ADL services. The staff person did not successfully complete the Department-approved direct care training course and pass the competency test.

Direct care staff person C, hired on 9-22-14, began providing unsupervised ADL services on 9-22-14. The staff person did not successfully complete the Department-approved direct care training course and pass the competency test.

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.

Immediately - No direct care staff persons will provide unsupervised ADL services before completion of all training under 65d, including successful completion and passing the Department-approved direct care training course and passing the competency test. Documentation of all training will be kept, and available to the Department upon request.

Immediately - The administrator will review all new staff training and orientation to ensure all has been completed and documented prior to any staff person providing unsupervised direct care services.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Doreane R. Armet*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Doreane R. Armet*      Date: *3/30/15*

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

The above plan of correction is approved as of *4/1/15* (Date)

Plan of correction implementation status as of \_\_\_\_\_ (Date)

*[Handwritten Signature]*

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 33113 - 09/24/2014 - Whitney, Diane  
PCH Name: COMFORTS OF HOME

1. REGULATION 55 Pa.Code §2600

- 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
- (1) Medication self-administration training.
  - (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
  - (3) Care for residents with dementia and cognitive impairments.
  - (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
  - (5) Personal care service needs of the resident.
  - (6) Safe management techniques.
  - (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person E did not receive training in any of the required topics under 2600.65f in training year 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.

Staff person E DID Receive training under 2600.65f.

Please See "Attachment K"

Staff person E had 2 pages of Annual Staff training for 2013

Immediately The administrator will ensure that a complete record maintaining the full date and length of the training, title of training and trainer's name, and the signature of the staff person who received the training is kept in the home and is available to the Department immediately upon request.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Thomas J. Smith*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Thomas J. Smith      Date 11/5/14

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The above plan of correction is approved as of 4/1/15 (Date)

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

Plan of correction implementation status as of 4/1/15 (Date)

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

Violation Report: 33113 - 09/24/2014 - Whitney, Diane  
PCH Name: COMFORTS OF HOME

**1. REGULATION 55 Pa.Code §2600**

2600.65(g) - 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.
- (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.

**2a. DESCRIPTION OF VIOLATION**

Direct care staff person E did not receive training in any of the required topics under 2600.65g in training year 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.

Staff person E Did Receive training under 2600.65g

Please see "Attachment K"

Staff Person E had 2 pages of Annual Staff training for 2013.

Immediately the administrative problem was that a complete record of training, including the time, date, length, and title of the training, the name of the trainer, and the signature of the staff person who received the training, is kept in the home. A request was made for the department immediately.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Thomas J. Smith</i>
--	------------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Thomas J. Smith	11/5/14

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

The above plan of correction is approved as of <u>9/15</u> (Date)	Plan of correction implementation status as of <u>9/15</u> (Date)
The above plan of correction was approved by <u>TS</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: 33113 - 09/24/2014 - Whitney, Diane  
PCH Name: COMFORTS OF HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

On 9-24-14 the following unsanitary conditions were identified:

- \* The carpeting in the first floor front living room, dining room and hallway leading to the bedrooms is heavily soiled with multiple stains over the entire area.
- \* There is dirt and soap scum covering the bathtub mat in the first floor bathroom on the right.
- \* The vent fan and duct work is covered with rust in the first floor bathroom on the right.

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 carpeting throughout the entire home has been scrubbed and stains have been removed.

\* New Bathmats were purchased & placed throughout the home.

\* The rusted area on vent fan has been painted and repaired.

Adm. will walk throughout the facility weekly to ensure the entire home is sanitary & in good condition. Any items requiring cleaning or replacement will be corrected immediately.

T. J. Smith

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Thomas J. Smith*

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

Thomas J. Smith

Date

11/5/14

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The above plan of correction is approved as of

4/1/15  
(Date)

Plan of correction implementation status as of

4/1/15  
(Date)

The above plan of correction was approved by

*TJ*  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress (j)
- Partially Implemented - Inadequate Progress
- Not Implemented

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 33113 - 09/24/2014 - Whitney, Diane

PCH Name: COMFORTS OF 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 ceiling in the dining room is sagging above the tables in two sections measuring 3'10" x 2'5" and 2'2" x 9.5".

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 outside roof has been repaired. To ensure the ceiling inside the home shall remain in good repair.

The inside ceiling has now dry wall in place and is repaired.

Administrators will walk throughout the home weekly to ensure all areas of the home is in good repair & free of hazards.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Thomas J. Smith*

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

Thomas J. Smith

Date 11/5/14

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The above plan of correction is approved as of 4/1/15  
(Date)

Plan of correction implementation status as of 4/1/15  
(Date)

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

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

Violation Report: 33113 - 09/24/2014 - Whitney, Diane  
PCH Name: COMFORTS OF HOME

NOV 5 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION  
The home does not have a first aid kit.

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 first aid kit was immediately placed in the home with all items included.

Adm. will check the kit weekly to ensure the first aid kit remains in the correct location & it contains all necessary & mandatory items.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Thomas J. Smith*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Thomas J. Smith      Date 11/5/14

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The above plan of correction is approved as of <u>4/1/15</u> (Date)	Plan of correction implementation status as of <u>4/1/15</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 33113 - 09/24/2014 - Whitney, Diane  
PCH Name: COMFORTS OF HOME

**1. REGULATION 55 Pa.Code §2600**  
2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.

**2a. DESCRIPTION OF VIOLATION**  
Resident #1 does not have a chair in the bedroom, nor does his/her roommate.  
  
The bedroom of resident #2 is shared with 2 other residents. There is only one chair.  
  
The bedroom of resident #3 is shared with 2 other residents. There is only one chair.  
  
The bedroom of resident #4 is shared with 3 other residents. There are no chairs in the bedroom.

**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.*

Chairs were immediately placed in all resident bedrooms to ensure that each resident needs are met.

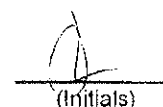
Adm. will check the resident bedrooms weekly to ensure each resident has a chair accessible.

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)* Thomas J. Smith Date 11/5/14

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

The above plan of correction is approved as of <u>4/1/15</u> (Date)	Plan of correction implementation status as of <u>4/1/15</u> (Date)
The above plan of correction was approved by  (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: 33113 - 09/24/2014 - Whitney, Diane  
 PCH Name: COMFORTS OF HOME  
 WEST REGION FIELD OFFICE  
 Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**  
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

**2a. DESCRIPTION OF VIOLATION**  
 The beds belonging to residents #1, #4, #5, #6 and #7 do not have a source of lighting that can be turned on/off from bedside.

**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.

All lamps were immediately moved to ensure that residents can turn the light on at bedside.

Admin will check the entire home, <sup>at least</sup> weekly to ensure all residents have accessible bedside lighting, that is operable.  
 Immediately - all staff will be reeducated on monitoring bedside lighting daily as part of their regular duties, and the importance of having operable bedside lighting for resident safety. Documentation will be kept. JR 3/12/15

Repeat Violation: Yes      Date(s) of Previous Violation(s): 02/13/2014

Signature of Legal Entity Representative (Required on EVERY Page) *Thomas J. Smith*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Thomas J. Smith*      Date 11/5/14

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

The above plan of correction is approved as of <u>4/1/15</u> (Date)	Plan of correction implementation status as of <u>4/1/15</u> (Date)
The above plan of correction was approved by <u><i>TJS</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

NOV 14 2014

Violation Report: 33113 - 09/24/2014 - Whitney, Diane

PCH Name: COMFORTS OF HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION

Staff person B uses his/her 2010 Ford Escape to transport residents. The vehicle does not have a first aid kit.

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 first aid kit with all mandating/necessary items was immediately placed in the staff's vehicle.

Adm. will check weekly to ensure a first aid kit is located in all vehicles that transport residents

Immediately - all staff persons who transport residents will be educated on this requirement and directed to check the vehicle prior to transporting residents to ensure a complete first aid kit is present. Documentation of training will be kept. #329115

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Thomas J. Smith*

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

Thomas J. Smith

Date

11/5/14

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The above plan of correction is approved as of

4/1/15  
(Date)

Plan of correction implementation status as of

4/1/15  
(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: 33113 - 09/24/2014 - Whitney, Diane  
 PCH Name: COMFORTS OF HOME  
 WEST REGION FIELD OFFICE  
 Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**  
 2600.183(e) - 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.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #5's Novolog 100ML was not dated when opened. Per the manufacturer's instructions, the insulin is to be discarded 30 days after opening.

**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.

9/15/15 Resident 5's Novolog disposed of. New prescription obtained. Adm will audit medications weekly to ensure all insulin is dated when opened & discarded 30 days after opening.

Adm also held a training with staff to ensure they recognized the importance of dating insulin when opened.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Thomas J. Smith*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Thomas J. Smith      Date 11/5/14

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The above plan of correction is approved as of <u>4/1/15</u> (Date)	Plan of correction implementation status as of <u>4/1/15</u> (Date)
The above plan of correction was approved by <u><i>TS</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: 33113 - 09/24/2014 - Whitney, Diane  
PCH Name: COMFORTS OF HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:  
(1) The resident's name.  
(2) The name of the medication.  
(3) The date the prescription was issued.  
(4) The prescribed dosage and instructions for administration.  
(5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION  
On 9-24-14, a package of 6 Acetaminophen suppositories in the medication refrigerator, ordered for resident #8, did not have a label.  
  
On 9-24-14, a bottle of Nitrostat tablets in the medication cart was not labeled.

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.  
  
Immediately -  
Admin. will audit medications weekly to ensure all medications are labeled. Documentation will be kept. 2/3/14.  
  
All medications not labeled were immediately discarded.  
  
Immediately -  
All staff will be educated on this requirement, Documentation will be kept.  
  
2/3/14

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Thomas J. Smith*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Thomas J. Smith      Date 11/5/14

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

The above plan of correction is approved as of <u>11/11/14</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>or</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 33113 - 09/24/2014 - Whitney, Diane  
PCH Name: COMFORTS OF HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #5 is ordered Promethazine suppositories 25mg, 1 every 8 hours as needed. On 9-26-14, this medication was not available in the home.

Resident #5's Lantus 100U/ML was dated 8-21-14 when opened. Per the manufacturer's instructions, the insulin is to be discarded 28 days after opening.

On 9-26-14, the following medications for resident #8 were not available in the home:

- \*Lorazepam 0.25mg, 1 tablet every 4 hours as needed.
- \*Morphine solution 20mg/ml, 1ml every 2 hours as needed.
- \*Morphine solution 20mg/ml, 0.5ml every 2 hours as needed.
- \*Tramadol 50mg, 1 tablet daily as needed.

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.

Admin. will audit all medications weekly to ensure all medications are available, all insulin is dated, and all medications labeled.

Immediately and at least weekly thereafter - The administrator or designee will review all medication orders and medications to ensure all are available, dated and not expired. 11/5/14

Admin. also informed all staff of the importance of this and will continue to remind staff.

4/1/15 - all staff was instructed on the location of all medications, including refrigerated medications. 4/1/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Thomas J. Smith*

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

Thomas J. Smith

Date

11/5/14

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The above plan of correction is approved as of

4/1/15  
(Date)

Plan of correction implementation status as of

4/1/15  
(Date)

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

The above plan of correction was approved by

*[Signature]*  
(Initials)

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 33113 - 09/24/2014 - Whitney, Diane  
PCH Name: COMFORTS OF 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

The assessment dated 7-10-14 for resident #10, does not indicate the resident's supervision needs.

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.

Office staff immediately added resident's supervision needs to the assessment.

I immediately -  
Adm will audit all residents records to ensure they are all billed out completely & correctly, including each resident's supervision needs.

3/2/15

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Thomas J. Smith*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Thomas J. Smith*      Date *11/5/14*

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

The above plan of correction is approved as of 4/1/15  
(Date)

Plan of correction implementation status as of 4/1/15  
(Date)

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

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

NOV 11 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 33113 - 09/24/2014 - Whitney, Diane  
PCH Name: COMFORTS OF HOME

1. REGULATION 55 Pa.Code §2600  
2600.251(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION

The home is not using the required standardized forms for medical evaluations or the preadmission screening form. The home is using "Tabula Pro" forms.

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.

Tabula Pro forms contain the exact information as TSPW forms

The home applied for a waiver to continue to use forms from Tabula Pro.

Please see Attachment N  
Immediately - The administrator will ensure that any exception to any regulation is not implemented unless a waiver is granted by the Department, in writing.  
2/3/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Thomas J. Smith*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      Date 11/5/14  
Thomas J. Smith

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

The above plan of correction is approved as of 4/1/15  
(Date)

Plan of correction implementation status as of 4/1/15  
(Date)

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

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



DEC 31 2014

Violation Report: 33113 - 12/02/2014 - Whitney, Diane  
PCH Name: COMFORTS OF HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

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.

Staff person "A" completed ~~an~~ an online program offered by her high school in order for her to complete her education and receive her diploma.  
Please see Attachment "A" \*

\* Unacceptable portion of plan - online diploma not from an accredited institution.  
4/1/14 - Staff person A no longer performing direct care services: 4/1/15

Immediately - The administrator will ensure that all direct care have a high school diploma from an accredited high school, a GED diploma or active registration on the PA Nurse Aid registry. 4/1/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Thomas J. Smith*

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

Thomas J. Smith

Date 1/29/14

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

The above plan of correction is approved as of

4/1/15  
(Date)

Plan of correction implementation status as of

4/1/15  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

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

Violation Report: 33113 - 12/02/2014 - Whitney, Diane  
PCH Name: COMFORTS OF HOME

1. REGULATION 55 Pa.Code §2600

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

There were 3 uncovered garbage cans, overflowing with garbage bags. On the ground surrounding the cans were 2 large white garbage bags, and garbage not in bags including rubber gloves, egg cartons and shells, food wrappers and containers.

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.

Legal entity, Thomas Smith, contacted a garbage removal company, Advance Disposal.

The company will be bringing a dumpster to the facility. No later than January 15, 2015

As of 3/30/15 - Several more lidded trash cans were purchased and secured so they will not tip over. All trash will be stored in closed containers.

The home has had an issue with neighborhood dogs

knocking over the garbage cans & making a mess.

Obtaining a dumpster should resolve this issue.

By 4/30/15 - The administrator will monitor the outside trash at least weekly to ensure it is stored in lidded containers.

RECEIVED

DEC 31 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

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

Signature of Legal Entity Representative (Required on EVERY Page) *Thomas J. Smith* 3/30/15

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Thomas J. Smith      Date 1/29/14

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

The above plan of correction is approved as of 4/15 (Date)

Plan of correction implementation status as of 4/15 (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: 33113 - 12/02/2014 - Whitney, Diane  
PCH Name: COMFORTS OF HOME

1. REGULATION 55 Pa.Code §2600  
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted on 9-30-14. The following prescribed medications have not been available to the resident since his/her admission date:

- \* ABHR gel 0.5ML, as needed
- \* Acephen 650mg suppository, as needed
- \* Atropin-Care solution 1%, as needed
- \* Bisacodyl suppository 10mg, as needed
- \* Diazepam 5MG/ML oral concentrate, as needed
- \* Furosemide tablets 40MG, 1 tablet, as directed
- \* Haloperidol concentrate 2MG/ML, as needed
- \* Lorazepam concentrate 2MG/ML, 0.5ML(1MG), as needed
- \* Lorazepam concentrate 2MG/ML, 0.25ML(0.5MG), as needed
- \* Morphine Sulfate solution 20MG/ML, 0.50ML(10MG), as needed
- \* Morphine Sulfate solution 20MG/ML, 1ML(20MG), as needed

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DEC 30 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

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.

Please see attachments BOC. This took for Resident #1 was in the home at the time of inspection. Staff did not realize that there were 2 lock boxes of medication in the refrigerator. Staff was informed of the location of all medications. Administration will continue to remind staff.

Immediately - The administrator or designee will complete a medication audit at least monthly, to ensure medications for all residents are available in the home and that all staff who administer medications are aware of storage locations.

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

Signature of Legal Entity Representative (Required on EVERY Page)

*Thomas J. Smith*

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

Thomas J. Smith

Date

1/29/14

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

The above plan of correction is approved as of 4/1/15 (Date)

Plan of correction implementation status as of 4/1/15 (Date)

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

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

DEC 27 2014

Violation Report: 33113 - 12/02/2014 - Whitney, Diane  
PCH Name: COMFORTS OF HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

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

The assessment, dated 10-13-14, for resident #1, did not have have supervision needs or the medications sections completed. Also, the assessment did not include the resident's order for a pureed diet, as indicated on the medical evaluation, dated 10-21-14.

The assessment, dated 11-14-14, for resident #2, was blank in Section 2, which includes medical, medications, dental, dietary, and sensory needs, and Section 3, which includes mental health, behavioral health and cognitive functioning needs.

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.

Both Assessments for residents #1 & #2 were updated immediately at the time of inspection. All other resident files were audited to ensure accuracy. Administration will correct all new resident files to ensure all forms are accurate, completed in their entirety and completed in a timely manner. 1/31/15

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)

Theresa J. Smith

Date 1/29/14

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

The above plan of correction is approved as of 1/1/15  
(Date)

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

Plan of correction implementation status as of 1/1/15  
(Date)

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