



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 23 2015

Mr. Frank Minelli, Owner
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 Mr. Minelli:

As a result of the Department of Human Services' licensing inspection on October 31, 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.

Your regular license for the period December 27, 2014 to December 27, 2015 was issued on September 19, 2014. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 20449 - 10/31/2014 - O'Haire, Anne
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

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. §§ 10225.101-10225.6102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
 Staff person "A" hired on 01/24/2014 did not have a criminal background check until 03-25-14. Staff person "A" had worked independently and unsupervised during this time period.

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 hired on 1.24.14 did not have a criminal background check until 3.25.14.
 Owners and administrator will make sure that all workers have their background checks done in compliance with regulation.

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

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 *12.8.14*

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

The above plan of correction is approved as of *12/8/14*
 (Date)

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

Plan of correction implementation status as of *12/14/14*
 (Date)

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

Violation Report: 20449 - 10/31/2014 - O'Haire, Anne
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION
 Staff member "B" completed 16 of the 24 hours of required administrator training for the training year January 1, 2013 to December 31, 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 member "B" had completed 16 of the 24 hours of ~~an~~ required administrator training for the year 1.1.13 - 12.31.13
 Staff member "B" went to extra trainings in 2014 to go towards the previous year. All trainings were seen by inspectors at time of inspection and found 24 hours had been completed.
 Administrator will make sure that they have 24 hours of Administrator training per calendar year.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 PCHA* Date *12.8.14*

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The above plan of correction is approved as of <i>12/8/14</i> (Date)	Plan of correction implementation status as of <i>12/14/14</i> (Date)
The above plan of correction was approved by <i>M</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>AO</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20449 - 10/31/2014 - O'Haire, Anne
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.83(a) - The indoor temperature, in areas used by the residents, shall be at least 70°F when residents are present in the home.

2a. DESCRIPTION OF VIOLATION
 The room temperature in the home's dining room area had a consistent temperature reading of 66.9 degrees Fahrenheit on 10-31-14 from 9:30 am to 11:30 am.

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

The home's room temperature had a reading of 66.9°F on 10-31-14.
 The homes thermometers connected to the heater were turned up.
 The Administrator will monitor the homes heat to stay within regulation every day.

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 PCH.A.* Date *12.8.14*

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Violation Report: 20449 - 10/31/2014 - O'Haire, Anne
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION
 The light was broken in the second bathroom on the second floor. There was no other light source available, this poses a hazard to the 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.

The light in the second bathroom on the second floor was not in working condition. November 10th the light was changed out and fixed. OK

The homes cleaner and administrator will monitor bathroom lights to make sure they are in working order on a daily basis. OK

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 *10.8.14*

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Violation Report: 20449 - 10/31/2014 - OHaire, Anne
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.89(a) - The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

2a. DESCRIPTION OF VIOLATION
 The first bathroom on the second floor had a water temperature reading of 77 degrees Fahrenheit.

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

The water in the first bathroom had a water temperature of 77°F.
 The home had their plumber come out to fix the problem.
 The water temperature is monitored by the Home's cleaner and Administrator, daily.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kimberly Santora</i>	Date <i>12.8.14</i>
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Violation Report: 20449 - 10/31/2014 - O'Haire, Anne
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600
 2600.101(j)(3) - Each resident shall have the following in the bedroom: Pillows, bed linens and blankets that are clean and in good repair.

2a. DESCRIPTION OF VIOLATION
 Resident room, first bedroom on the first floor, on the right side of the hall, had a pink blanket on the bed that is extremely worn with tears and holes being used as a blanket for the resident.
 Resident's bedroom on the second floor, in the rear of the building, next to the rear bathroom, had sheets that were heavily soiled on the date of inspection.

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.

Inspectors found worn blankets and a set of dirty sheets on day of inspection.
 New sheet sets have been purchased for the home. The worn blanket was thrown away and replaced with a new one.
 The cleaners of the home check beds daily as they make beds and monitor worn blankets as they do laundry.
 Administrator will monitor doing bed checks.

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 *12.8.14*

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Violation Report: 20449 - 10/31/2014 - O'Haire, Anne
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.101(i)(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
 Resident room identified as Motel 6 on the second floor, did not have a lamp or other source of lighting available at 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.

Resident identified as motel 7 on the second floor had a lamp and another source of lighting on day of inspection. Administrator and cleaners monitor lamps daily to insure they are in working order.

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 PCH.A.* Date *12.8.14*

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Plan of correction implementation status as of 12/14/14 (Date)

Fully Implemented

Partially Implemented - Adequate Progress *AD*

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 20449 - 10/31/2014 - O'Haire, Anne
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home did not have an annual fire drill that was conducted by a fire safety expert for the previous 12 months period. The last fire drill conducted by a fire safety expert was held on 08-27-2013.

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.

The home did not an annual fire drill that was conducted by a fire safety expert within a 12 month period. Our appointments had to be cancelled on two occasions due to his workload.

The home will continue to do our best to have the fire safety drill every 12 months as necessary.

The home's Administrator will work with the Home's owner to insure this happens.

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 *12-8-14*

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Violation Report: 20449 - 10/31/2014 - O'Haire, Anne
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 The home's annual fire drill logs reflected that the home held one sleep hour fire drill during the previous 12 month period. One sleep hour drill was conducted on 05-11-14 at 1:53 AM.

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

The home's annual fire drill logs reflect that the home held two sleep hour fire drills during the previous year. This was discussed during inspection and copies of the logs are attached.


- November 28 2014


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

Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Kimberly Santora P.C.H.A. Date 12-8-14

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Violation Report: 20449 - 10/31/2014 - O'Haire, Anne
 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 the home had approximately 30 cigarette butts litter 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.

The Smoking area outside the home had butts on the ground during inspection.

This area is swept at least once per shift. Residents have been asked to use the receptacles provided as to not litter the lawn.

The area will continue to be swept and the Administrator will check on the area twice daily to insure the area is not littered.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/05/2013
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kimberly Sanders*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kimberly Sanders P.C.H.A.* Date *12.8.14*

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Violation Report: 20449 - 10/31/2014 - O'Haire, Anne
 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
 The home did not complete the annual practicum student exam data summary sheet for staff person C for 2014. The two medication administration observations were not completed. The last annual practicum was completed on 10/14/2013.

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.

The home did not complete the annual practicum student exam data summary sheet for staff person C for 2014.
 One the day of inspection the home's med trainer finished the paperwork.
 The Medication trainer will monitor med books monthly so all med techs and home will stay in compliance.
 The Administrator will remove the trainer.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/05/2013
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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) <i>Kimberly Santera</i>	Date <i>12.8.14</i>
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Violation Report: 20449 - 10/31/2014 - OHaire, Anne
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The Medication Administration Record for resident # 1 did not indicate a diagnosis or purpose for omeprazole 20 mg take one capsule twice a day at 8am and 8pm.

Resident # 2's medication Loperamide 2mg take 1 capsule every 4 hours as needed and Nyamyc 100,000 units apply topically to affected area 2 times a day as needed were not listed on the residents medication administration record.

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 medication Administration record for Resident #1 did not indicate a diagnosis for their omeprazole 20mg 2x day. Also Resident #3's medication Loperamide 2mg was not listed on the MAR.

Med tech wrote in the diagnosis for Resident #1 during time of inspection. Resident #3's med. was new and written in at time of inspection. Administrator will monitor MAR daily.

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 12.8.14

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12/8/14
 (Date)

Plan of correction implementation status as of

12/14/14
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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