



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via fax to: [REDACTED]  
MAILING DATE: July 1, 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 January 22, 2015 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,

A handwritten signature in cursive script that reads "Michele Moskalczyk".

Michele Moskalczyk  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 20449 - 01/22/2015 - Yellenic, Cindy  
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION

On 1-3-15, at 6:12pm, Resident #1's blood glucose check was completed on Resident #2's glucometer.  
 On 1-4-15, at 6:24pm, Resident #3's blood glucose check was completed on Resident #2's glucometer.

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.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/06/2014
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kimberly Santera*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Kimberly Santera PCHA* Date *2.27.15*

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

The above plan of correction is approved as of 6/16/15  
 (Date)

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

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

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

On 1.22.15 it was noted by the State that Resident #1 and Resident #3's blood glucose checks were done on Resident #2's glucometer.

Since then Med techs have been retrained on the methods of correctly obtaining Residents' blood glucose.

Also pictures have been attached with names on all meters to insure each meter is used for only for their own purpose.

On 2.26.15 Cindy Yellenic was here and could verify this to be true.

The House Manager and Administrator will check daily for compliance.

Kimberly Santora P.C.H.A. 2.27.15

6/15/15  
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Violation Report: 20449 - 01/22/2015 - Yelleric, Cindy  
 CH 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 does not include the blood glucose numbers for the following dates and times: 1/5/15 @ 7:20pm; 1/6/15 @ 7:45pm; 1/7/15 @ 6:44pm; 1/14/15 @ 3:40pm; 1/15/15 @ 7:21pm; 1/16/15 @ 6:58pm; and, 1/20/15 @ 7:45pm.

The Medication Administration Record for Resident #3 does not include the blood glucose numbers for the following dates and times: 1/12/15 @ 7:53pm; 1/14/15 @ 4:25pm; 1/14/15 @ 7:46pm; 1/20/15 @ 4:00pm; and, 1/20/15 @ 7:37pm.

The Medication Administration Record for Resident #4 does not include the blood glucose numbers for the following date and time: 1/5/15 @ 4:47am. The home is not maintaining the MAR's properly.

**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.

Repeat Violation: Yes	Date(s) of Previous Violation(s): 10/31/2014	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Kimberly Santora</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kimberly Santora PCA</i>		Date <i>2-27-15</i>

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

The above plan of correction is approved as of <u>6/16/15</u> (Date)	Plan of correction implementation status as of <u>6/15/15</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 <i>cy</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

When the home was inspected on 1-22-15 it was noted by the inspectors that there were some dates and times missing from the MAR.

Staff have been retrained on the topic of diabetics and recording levels in the MAR.

Classes are attached.

The homes House Manager and Administrator will check the MAR for compliance.

Kimberly Santora PCHA 2-27-15

6/15/16



Violation Report: 20449 - 01/22/2015 - Yellenic, Cindy  
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION

Resident #1 has a order to have a blood glucose test completed three times a day. Resident #1 had a blood glucose test completed only once on the following date, 1/18/15. Resident #1 had a blood glucose test completed two times a day on the following dates: 1/10/15, 1/12/15, 1/14/15, 1/15/15, 1/16/15. Resident #1 had a blood glucose test completed four times a day on the following dates: 1/3/15; 1/9/15; 1/21/15.  
 Resident #3 has a prescription to have a blood glucose test completed four times a day. Resident #3 only has a blood glucose completed three times a day at 7:00am, 3:00pm, and 7:00pm.  
 Resident #1 is scheduled to have a blood glucose check completed at 7:00am, Noon, 3:00pm, and 7:00pm. On the following dates and times; Resident #1's blood glucose was completed on 1/2/15 @ 4:04pm; 1/3/15 @ 4:47pm; 1/9/15 @ 5:09pm.  
 Residents #1, #2, #3, #4, and #5 did not have their scheduled blood glucose checks completed on the following dates and times:  
 Resident #1 - 1/4/15 @ 3:00pm; 1/5/15 @ Noon; 1/6/15 @ 3:00pm; 1/7/15 @ Noon; 1/8/15 @ 3:00pm; 1/10/15 @ 7:00am and Noon; 1/11/15 @ Noon; 1/12/15 @ 3:00pm and 7:00pm; 1/13/15 @ 3:00pm; 1/14/15 @ Noon and 7:00pm; 1/15/15 @ Noon and 3:00pm; 1/16/15 @ Noon and 3:00pm; 1/17/15 @ Noon; 1/18/15 @ 7:00am, Noon, and 3:00pm; 1/19/15 @ Noon; 1/20/15 @ 3:00pm.  
 Resident #2 - at 7:00pm on 1/7/15, 1/10/15, 1/11/15, 1/12/15, 1/15/15, 1/16/15, 1/17/15, 1/18/15, 1/19/15.  
 Resident #3 - 1/2/15 @ 7:00pm; 1/3/15 @ 7:00am; 1/12/15 @ 3:00pm; 1/21/15 @ 3:00pm.  
 Resident #4 - at 5:00pm on 1/8/15, 1/19/15.  
 Resident #5 - at 8:00am on 1/4/15, 1/5/15, 1/10/15, 1/18/15, 1/19/15, 1/21/15.  
 The home is not following the prescribers orders.

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 administrator shall be responsible for ongoing compliance - M 6/30/15

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Kimberly Santora</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kimberly Santora PCHA</i>		Date <i>2.27.15</i>

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The above plan of correction is approved as of <u>6/15/15</u> (Date)	Plan of correction implementation status as of <u>6/30/15</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

On 1-22-15 the State was out and noticed several discrepancies between the prescribed amount of times a persons blood sugar was taken. This was due to the blood glucose strips were specifically ordered to be once a day more than the MAR read so the Resident would not run out of test strips at the end of the month.

I am currently working with Resident's doctors and the pharmacy to change all scripts over so they correspond with the amount of times their sugar is to be taken.

This way the MAR will match the script on the blood glucose strips.

Again, Cindy Yellenic was here on 1-26-15 and saw that changes were being made.

Some of the times are off from the times the MAR states the blood sugar to be taken. Med techs have been retrained in the importance of times blood sugars are to be

taken.

House Manager and Administrator  
will check MAR daily for  
compliance.

Kimberly Santora P.C.H.A. 2-27-15

6/15/15  
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