



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via fax to: [REDACTED]  
MAILING DATE: March 30, 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 Ms. Santora:

As a result of the Department of Human Services' licensing inspection on February 25, 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 - 02/25/2015 - Yellenic, Cindy  
 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 does not include the resident's blood glucose monitoring numbers from 2/19/15 at 8:00pm and 2/23/15 at 7:00am.

The medication administration record for Resident #2 does not include the resident's blood glucose monitoring number from 2/1/15 at 8:00am.

**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.

(See Attached)

The administrator shall monitor and assure ongoing compliance.

*M*  
3/26/15

Repeat Violation: Yes

Date(s) of Previous Violation(s):

01/22/2015

10/31/2014

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 PCHA

Date 3.17.15

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

The above plan of correction is approved as of

3/26/15  
(Date)

Plan of correction implementation status as of

3/26/15  
(Date)

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

The above plan of correction was approved by

*M*  
(Initials)

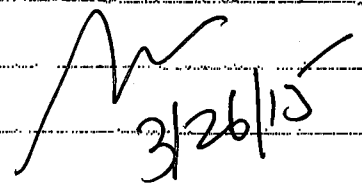
West Side Kozy Comfort pg. 2

The State inspector found on 2.19.15 at 8PM and 2.23.15 at 7AM that Resident #1's blood glucose was not written in the MAR. They also found the same for Resident #2 on 2.1.15 at 8AM.

Before 3.1.15 Resident's glucose numbers of persons ~~that~~ whos blood sugars were only checked once daily were not recorded in the MAR. All Resident's whos glucose levels are checked are now recorded in the MAR.

This is checked daily by the Homes Manager or Administrator.

Kimberly Santana PCHA 3.17.15

  
3/26/15

Violation Report: 20449 - 02/25/2015 - 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 physician's order to have their blood glucose levels checked 3 x's daily. Resident #1 did not have a blood glucose check completed on 2/24/15 at 7:00am.

Resident #1 is on a sliding scale for insulin coverage. On 2/19/15, Resident #1's blood glucose number was 339 at 7:00am and the resident was required to have 6 Units of insulin, however, no coverage was given. On 2/20/15, Resident #1's blood glucose number was 250 at 7:00am and the resident was required to have 3 Units of insulin, and no coverage was given. On 2/22/15, Resident #1's blood glucose number was 245 and the resident was required to have 3 Units of insulin, and no coverage was given.

Resident #2 has a physician's order to have their blood glucose checked 1 x a day. Resident #2 did not have a blood glucose test completed on 2/14/15 at 7:00am.

Resident #3 has a physician's order to have their blood glucose checked 4 x's a day. Resident #3 did not have a blood glucose test completed on 2/15/15 at 12:00pm and 2/17/15 at 3:00pm.

Resident #4 has a physician's order to have their blood glucose checked 1 x a day. Resident #4 did not have a blood glucose completed 2/20/15 at 7:00am.

Resident #5 has a physician's order to have a blood glucose checked 1 x a day. Resident #5 did not have their blood glucose checked on 2/14/15 at 7:00am.

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 monitor and assure ongoing compliance -

3/26/15

Repeat Violation: No      Date(s) of Previous Violation(s): 01/22/2015

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 PCHA.*      Date *3.17.15*

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

The above plan of correction is approved as of 3/26/15 (Date)

Plan of correction implementation status as of 3/26/15 (Date)

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

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

West Side Kozy Comfort Pg. 3

When State inspectors came on 2.25.15 they found some inconsistencies.

Resident #1 did not have a blood glucose checked completed on 2.24.15 at 7AM. This med tech was retrained on insulin on 3.11.15.

Resident #1 also had glucose numbers requiring coverage on 2.17.15 & 2.22. Coverage was given but not recorded in the MAR. All coverages are recorded in the MAR. All med techs have been instructed to do so.

Resident #2 did not have a blood glucose test completed on 2.14.15 at 7AM. This was the same med tech responsible for not taking the blood glucose of Resident #1. Again this person was retrained on the process of insulin on 3.11.15. The same can be said for Resident #3 on 2.15.15 at 12PM and 2.17.15 at 3PM. This also happened with Resident #5 on 2.14.15 at 7AM. Since this matter was of a serious nature besides

M  
3/26/15

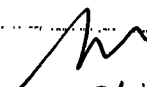
West Side Kozy Comfort Pg 3 cont.

being retained in Diabetes and insulin this person was also given 2 days off without pay.

Resident # 4's blood glucose was not done on 2-20-15 at 7AM because she refused. Next time a Resident refuses to have their blood glucose checked the Doctor will be notified.

Currently the MAR's are checked daily by the House Manager or the Administrator for compliance.

Kimberly Santora PCHA 3-17-15

  
3/26/15