



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to WEST SIDE KOZY COMFORT PERSONAL CARE HOME INC
LEGAL ENTITY

To operate WEST SIDE KOZY COMFORT PERSONAL CARE HOME
NAME OF FACILITY OR AGENCY

Located at 906 SOUTH MAIN AVENUE, SCRANTON, PA 18504
(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 36
(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 January 5, 2016 until July 5, 2016,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 204491

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

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: JAN 05 2016

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 #: 204491**

Dear Mr. Minelli:

This letter replaces my letter dated December 31, 2015.

As a result of the Department of Human Services' (Department) licensing inspection on October 21, 2015 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #204490 dated December 27, 2015 to December 27, 2016 is REVOKED. A FIRST PROVISIONAL license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated December 27, 2015 to December 27, 2016 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

All violations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
51	II	33	\$5	\$165	5 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Matthew J. Jones
Director

Enclosures
License
Licensing Inspection Summary

Violation Report: 20449 - 10/21/2015 - Patton, Leslie
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600

2600.14(a) - Prior to issuance of a license, a written fire safety approval from the Department of Labor and Industry, the Department of Health or the appropriate local building authority under the Pennsylvania Construction Code Act (35 P.S. Sections 7210.101 - 7210.1103) is required.

2a. DESCRIPTION OF VIOLATION

The home's current occupancy permit issued by the city of Scranton expired 3/31/15.

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 current occupancy permit issued by the city of Scranton expired 3/31/15.

Everything has been fixed and ~~was~~ paid. The owner has called the city on several occasions and we are waiting for them to come back out. As soon as they do the administrator will fax over the new permit.

Kimberly Santora 11/11/15

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>12-1-15</i>

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

The above plan of correction is approved as of <i>12/3/15</i> (Date)	Plan of correction implementation status as of <i>12/8/15</i> (Date)
The above plan of correction was approved by <i>Am</i> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented <i>CY</i>

Violation Report: 20449 - 10/21/2015 - Patton, Leslie
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. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
Staff person A (hired [redacted] 5) does not have a finalized Pennsylvania criminal background check. The criminal background check dated 2/25/15 states "Under review." Staff person A has continued to work beyond the provisional 30-day hiring period in which a finalized criminal background check must be obtained.

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

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/31/2014

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kimberly Dandora* Date *11/11/15*

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

The above plan of correction is approved as of *12/3/15*
(Date)

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

Plan of correction implementation status as of *12/8/15*
(Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress *CU*
 Not Implemented

West Side Kozy Comfort

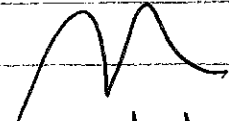
Pg 3 of 22

Staff person A (hired [REDACTED] 15) did not have a finalized Pennsylvania criminal background check. Staff person continued to work beyond the provisional 30-day hiring period.

Day of inspection (10.21.15)
Staff person was replaced. Staff person A decided to relinquish employment at West Side Kozy Comfort.

From here forth, Owner and Administrator, will insure employee background checks are done in accordance with State regulation.

Kimberly Santera 11/11/15


12/3/15

Violation Report: 20449 - 10/21/2015 - Patton, Leslie
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

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

Staff person B (hired [redacted] 15) does not have a high school diploma, GED, or active registry status on the PA nurse aide registry. The staff person has continued to work as a direct care staff person beyond the provisional 30-day hiring period in which the education documentation must be provided.

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

On 12-4-15 I received further verification that Staff person B does indeed have a diploma and graduated June 18, [redacted].

See attached: letter from School on letterhead and signed by the records secretary, Kimberly Santora 12-7-14

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kimberly Santora* Date *11/11/15*

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

The above plan of correction is approved as of <u>12/7/15</u> (Date)	Plan of correction implementation status as of <u>12/8/15</u> (Date)
The above plan of correction was approved by <u><i>M</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

Violation Report: 20449 - 10/21/2015 - Patton, Leslie
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. **REGULATION 56 Pa.Code §2600**
 2600.57(b) - Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

2a. **DESCRIPTION OF VIOLATION**

The home serves 33 residents, one resident of the 33 residents has mobility need, thus requiring that the home have 33 hours of direct care service available. Based upon an interview with staff person C who is the administrator, and a review of the home's staff schedule, it was determined that the home had only 29 hours of direct care service available on 10/9/15, and 27 hours available on 10/11/15 and 10/14/15.

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

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Kimberly Antora

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

Kimberly Antora PCHA

Date 12-1-15

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

The above plan of correction is approved as of

12/3/15
 (Date)

Plan of correction implementation status as of

12/7/15
 (Date)

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

The above plan of correction was approved by

Am
 (Initials)

West Side Kozy Comfort

Page 5 of 22

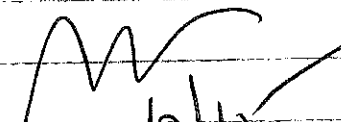
After a review of the home's staffing schedule it was determined that the home was staffed for 24 direct care hours on 10/4/15 and 27 direct care hours on 10/11/15 and 10/14/15.

The schedule has been reviewed and a part time person has been placed on the schedule to compensate for the lapse in direct care hours.

November 8 - 14th's schedule is attached to show how the implementation of a part-time person resolves the issue.

The Administrator will check each week's schedule to insure the amount of direct care hours meets the needs of the home.

Kimberly Santana


12/3/15

Violation Report: 20449 - 10/21/2015 - Patton, Leslie
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.57(c) - Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

2a. DESCRIPTION OF VIOLATION
 The home serves 33 residents, one of whom has a mobility need, requiring that the home have a total of 34 hours of direct care available. Based upon an interview with staff person C and a review of the home's staff schedule, it was determined that the home had only 29 hours of direct care service available on 10/9/15, and 27 hours available on 10/11/15 and 10/14/15.

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 refer to the previous page with its sample schedule that permits for 34 hours of direct care per day.

See Attached 12.1.15

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kimberly Santora* Date *11/11/15*

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

The above plan of correction is approved as of *12/3/15*
 (Date)

Plan of correction implementation status as of *12/8/15*
 (Date)

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

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

West Side Kozy Comfort Page 6 of 22

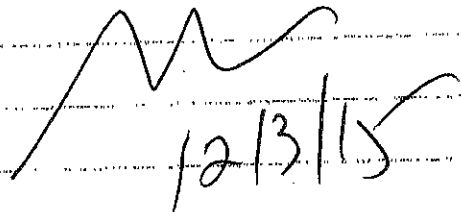
The home serves 33 residents, one of whom has a mobility need, requiring that the home have a total of 34 hours of direct care available.

The schedule was reviewed and a part-time person was put in place to compensate for the difference in hours needed.

November 8-14th's schedule is attached to show how the implementation resolves this issue.

The administrator will check each week's schedule to insure the amount of direct care hours meets the needs of the home.

Kimberly Lester


12/3/15

Violation Report: 20449 - 10/21/2015 - Patton, Leslie
 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 person C completed 23 of the required 24 hours of administrator training during the 2014 training year.

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

Repeat Violation: Yes Date(s) of Previous Violation(s) 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 *11.13.15*

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

The above plan of correction is approved as of 12/3/15
 (Date)

Plan of correction implementation status as of 12/8/15
 (Date)

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

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

West Side Kozy

Page 7 of 22

An administrator shall have at least 24 hours of annual training. Staff person C completed 23 of the 24 required hours.

To comply with regulation 2600.64c I am using 1 of the 4 hours of the First Aid / CPR course. This will give me the 24 hours of training for the 2014 year.

Going forward I will make sure to have the required number of hours each year.

Kimberly Sanders

11/13/15

11/18/15

Violation Report: 20449 - 10/21/2015 - Patton, Leslie
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

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

Staff person D (hired [redacted]/15) did not complete the Department-approved direct care employee online training but has continued to provide unsupervised direct care services.

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

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 PCHA* Date *11/11/15*

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

The above plan of correction is approved as of <u>12/3/15</u> (Date)	Plan of correction implementation status as of <u>12/8/15</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

West Side Kozy Comfort

Pg. 8 of 22

Staff Person D, hired [REDACTED] 15, did not complete the department approved direct care employee online training.

Staff person D did complete the department approved direct care employee training. When they printed it out what they received was an error letter. This was shown to the inspector.

Staff person D will have to re-take the training and the administrator will fax it to licensing department upon completion.

Kimberly Santora 11/11/15

12/3/15

Violation Report: 20449 - 10/21/2015 - Patton, Leslie
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE 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

Staff person E (hired [redacted] 02) did not receive training regarding fire safety during the 2014 training year.

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 hired [redacted] 2002 was to have not received training regarding fire safety during the 2014 training year.

Staff person E did receive the training at Angel's Family Manor on December 15, 2014.

Please refer to to the sign in sheet provided by the Scranton Fire Prevention Bureau.

Administrator will try to have all employees trainings papers on site.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kimberly Santora* Date *11/11/15*

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

The above plan of correction is approved as of *12/3/15*
 (Date)

Plan of correction implementation status as of *12/8/15*
 (Date)

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

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

Violation Report: 20449 - 10/21/2015 - Patton, Leslie
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE 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 carpet on the second step down on the stairway to the second floor has a tear 8 inches in length, posing a potential trip hazard going up or down the stairway.

The tile floor in the dining room by the table closest to the bathrooms has a hole measuring approximately 4x1x1 inches that poses a potential tripping hazard walking in the dining room.

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

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Kimberly Katar

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

Kimberly Katar

Date

11/11/15

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

The above plan of correction is approved as of

12/3/15
 (Date)

Plan of correction implementation status as of

12/8/15
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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

West Side Kozy Comfort

10 of 22

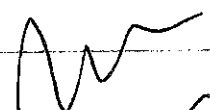
The carpet on the second step down on the stairway to the second floor had a tear 8 inches in length which posed a potential trip hazard.

The carpeting has been fixed and no longer is a trip hazard.

The tile floor in the dining room has a hole measuring 4x1x1 inches and could pose a potential tripping hazard. A contractor has been contacted and will be fixing the floor so that it no longer poses a risk. He will be done before the end of the month.

Kimberly Santora

11/11/15



12/3/15

Violation Report: 20449 - 10/21/2015 - Patton, Leslie
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 Water temperature in both bathrooms #1 and #4 on the second floor had a water temperature of 130.4 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.

See Attached

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Kimberly Dentora

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

Kimberly Dentora

Date 11/11/15

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

The above plan of correction is approved as of

12/3/15
 (Date)

Plan of correction implementation status as of

12/8/15
 (Date)

The above plan of correction was approved by

M
 (Initials)

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

7: CY

West Side Kozy Comfort

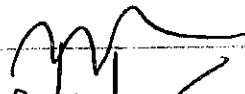
Pg 11 of 22

Water temperature in both bathrooms #1 and #4 on the second floor had water temperatures of 130.4°F .

On the day of inspection the hot water heater was turned down.

Since then the water temperature has been tested daily. Adjustments were made as needed. A log is now kept by the Administrator.

Once the hot water heater has been calibrated weekly temps will be monitored.


12/3/15

Kimberly Santora

11/11/15

Violation Report: 20449 - 10/21/2015 - Patton, Leslie
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The light on the outside of the exit toward Main Avenue is inoperable.

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

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kimberly Santora* Date *11/11/15*

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

The above plan of correction is approved as of 12/3/15
 (Date)

Plan of correction implementation status as of 12/8/15
 (Date)

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

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

West Side Cozy Comfort

12/3/15

The light on the outside of the exit toward Main Avenue was inoperable.

On 11-4-15 a new lightbulb was placed in the fixture and it was cleaned.

The administrator will check the light weekly to make sure it is working.

Kimberly Santera

11/11/15

12/3/15

Violation Report: 20449 - 10/21/2015 - Patton, Leslie
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

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's first aid kit did not contain scissors.

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

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kimberly Santora* Date *11/11/15*

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

The above plan of correction is approved as of *12/3/15* (Date) Plan of correction implementation status as of *12/8/15* (Date)

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

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

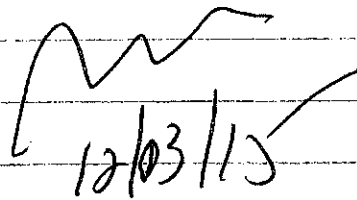
West Side Hozy Comfort page 13 of 22

The home's first aid kit did not contain scissors.

On the day of inspection scissors were placed in the first aid kit.

Administrator will periodically check the first aid kit to insure we stay in compliance.

Kimberly Santera 11/11/15


12/03/15

Violation Report: 20449 - 10/21/2015 - Patton, Leslie
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The stucco façade underneath the exit to the fire escape stairs on the second floor is falling off the building. Behind the stucco is a metal grid that is broken with rusty nails that poses a potential skin tears and tripping hazard when exiting the building from the second floor.

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

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) <i>Kimberly Santora</i>	Date <i>11/11/15</i>
---	----------------------

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

The above plan of correction is approved as of *12/3/15*
 (Date)

Plan of correction implementation status as of *12/8/15*
 (Date)

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

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

West Side Kozy Comfort

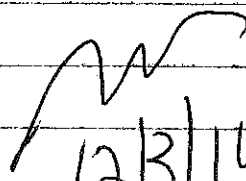
page 14 of 23

The stucco facade underneath the exit to the fire escape stairs on the second floor is falling off the building. There is also a rusty grid that is broken with rusty nails. This poses a tripping hazard.

A contractor came to the building took off the crumbling stucco, metal grid and pulled out the nails. They will come back in the spring to do further repair to the facade. At this time it is no longer a hazard.

Kimberly Santera

11/11/15


12/3/15

Violation Report: 20449 - 10/21/2015 - Patton, Leslie
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 The duct from the dryer to the north side of the building had lint in the duct and lint all over the ground underneath the duct.

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

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kimberly Sanjora</i>	Date <i>11/11/15</i>
---	----------------------

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

The above plan of correction is approved as of *12/3/15*
 (Date)

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

Plan of correction implementation status as of *12/8/15*
 (Date)

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

West Side Kozy Comfort page 15 of 20

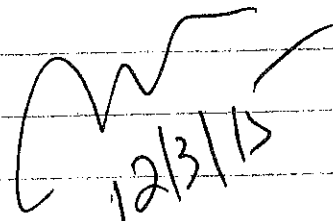
The duct from the dryer to the north side of the building had lint in the duct and lint on the ground underneath the duct.

The dryer duct was replaced and the lint on the ground has been removed.

Staff have been instructed to check the area for excessive lint daily.

The administrator will check the area to insure compliance.

Kimberly Sentera 11/11/15


12/3/15

Violation Report: 20449 - 10/21/2015 - Patton, Leslie
PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

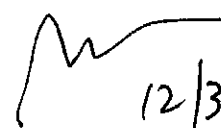
1. REGULATION 55 Pa.Code §2600
2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
The home's written emergency procedures have not been submitted to the local Emergency Management Agency for 2014.

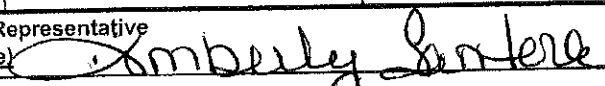
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the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

The home's emergency procedures were not submitted to the local Emergency Management Agency for 2014.
The Owner is writing a letter and the Administrator will fax proof of the letter when it is completed.

The administrator shall monitor and assure ongoing compliance.


12/3/15

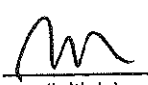
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kimberly Sartora Date 11/11/15

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

The above plan of correction is approved as of 12/3/15 (Date) Plan of correction implementation status as of 12/8/15 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 20449 - 10/21/2015 - Patton, Leslie
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION
 All the fire drills since March of 2015, with the exception of the overnight drill in May, were conducted during the 1st shift from 7am-3pm.

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

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 PCHA* Date *11/11/15*

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

The above plan of correction is approved as of <u>12/3/15</u> (Date)	Plan of correction implementation status as of <u>12/8/15</u> (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>CY</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

West Side Kozy Comfort

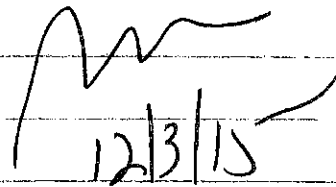
Page 17 of 22

All the fire drills since March of 2015, with the exception of the overnight drill in May, were conducted during the 1st shift from 7AM - 3PM.

Five consecutive months of fire drills were done during first shift hours. The administrator will be more cognizant of the times the fire drills are conducted to insure more variety times.

Kimberly Santora

11/11/15



12/3/15

Violation Report: 20449 - 10/21/2015 - Patton, Leslie
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION
 Staff person C stated resident #1 has a mobility need and will smoke outside the front entrance of home during inclement weather due to having difficulty getting to the designated smoking area. The front of the home is not the home's designated smoking area which is listed in the home's policy as being located on the side of the building underneath the covered patio and the entire yard.

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

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) <i>Kimberly Santora PCHA</i>	Date <i>11/11/15</i>
--	----------------------

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

The above plan of correction is approved as of <u>12/8/15</u> (Date)	Plan of correction implementation status as of <u>12/8/15</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented <i>CY</i>

West Side Hozy Comfort

Pg. 18 of 29

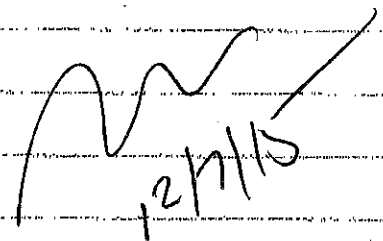
Resident #1 has a mobility need and has smoked outside the front entrance of the home during inclement weather.

The home will discourage this Resident from doing so.

Our Homes Smoking Policy states that the backyard is our designated smoking area.

Staff will monitor the area to insure the policy is followed.

The Administrator will also monitor the area for compliance.


12/7/15

Violation Report: 20449 - 10/21/2015 - Patton, Leslie
PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.162(e) - A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

2a. DESCRIPTION OF VIOLATION
There was a menu change on 10/21/15 from split pea soup to tuna fish sandwiches. The change was not noted on the home's menu.

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 that all changes to the menu are posted in a conspicuous and public place & shall be accessible to residents in advance of the meal.
See Attached → 12/13/15

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kimberly Santora* Date *11/11/15*

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

The above plan of correction is approved as of <i>12/3/15</i> (Date)	Plan of correction implementation status as of <i>12/8/15</i> (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 <i>CY</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

West Side Kozy Comfort

page 14 of 20

There was a menu change on 10.21.15 from split pea soup to tuna fish sandwiches. The change was not noted on the home's menu.

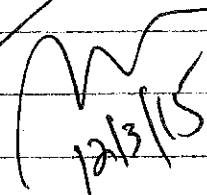
The day of inspection the menu was changed in order to make it go quicker due to the inspection. The change was not made on the physical menu. If there is a menu change it is posted in ample time for Residents to be aware. We were trying to be more efficient that day.

Going forward I will not make menu changes on days of inspection.

The Administrator will see that this is so.

Kimberly Lantieri

11/11/15


12/3/15

Violation Report: 20449 - 10/21/2015 - Patton, Leslie
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 The following medications prescribed to resident #2 were expired:
 Milk of Magnesia, expired 9/2015
 KAO-TIN Suspension, expired 11/2014

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

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) <i>Kimberly Santana</i>	Date <i>11/11/15</i>
---	----------------------

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

The above plan of correction is approved as of <u>12/3/15</u> (Date)	Plan of correction implementation status as of <u>12/8/15</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <i>cy</i> <input type="checkbox"/> Not Implemented

West Side Kozy Comfort

Pg. 00220

There were 2 prescribed PRN medications to Resident #2 that were expired.

On the day of inspection the pharmacy was called and new bottles were sent over.

Going forward all med techs were made aware to pay more attention to the dates of all medications in the med room.

The Administrator will ensure that this will be followed.

Kimberly Santera 11/11/15

Violation Report: 20449 - 10/21/2015 - Patton, Leslie
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

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

A pharmacy label was not attached to Polyethylene Glycol prescribed to resident #3

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

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) <i>Kimberly Santora</i>	Date <i>11/11/15</i>
---	-------------------------

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

The above plan of correction is approved as of <u><i>12/3/15</i></u> (Date)	Plan of correction implementation status as of <u><i>12/8/15</i></u> (Date)
The above plan of correction was approved by <u><i>m</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

West Side Kozy Comfort

page 21222

A pharmacy label was not attached to medication box prescribed to resident #3.

On the day of inspection the pharmacy was called and notified that they had failed to place a label on the second box of a double box prescription.

The same day they sent one over and it was affixed to the box.

Med techs were made aware to make sure that prescriptions that come in more than one container all have labels on them.

The administrator will check to make sure this is followed.

Kimberly Santera

11/11/15

Violation Report: 20449 - 10/21/2015 - Patton, Leslie
 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 #4 did not receive Simvastatin 10mg on 10/12/15 at 5:00pm as ordered by the physician.

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

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/15/2015	02/25/2015	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* Date *11/11/15*

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

The above plan of correction is approved as of 12/3/15
 (Date)

Plan of correction implementation status as of 12/8/15
 (Date)

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

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

West Side Kozy Comfort

Page 22 of 28

Resident #4 did not receive Simvastatin 10 mg on 10/12/15 at 5PM as ordered by the physician.

The patient's Doctor was notified. We were instructed to continue meds as prescribed after the missed dose.

All med techs were instructed to notify the patient's doctor when there is a missed dose.

Administrator will check MAR's to insure this is followed.

Kimberly Bentora 11/11/15

Administrator is going to do weekly audits of the MAR. I will decrease my audits as I see compliance. This will begin immediately.

Kimberly Bentora 12.1.15

AW
12/3/15