



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Faxed to: [REDACTED]
MAILING DATE: February 3, 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:

As a result of the Department of Human Services' licensing inspection on December 8, 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,

Michele Moskalczyk
Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 20449 - 12/08/2015 - Yellenic, Cindy
 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 current occupancy permit issued by the city of Scranton expired 3-31-15.

The owner of the property has been in contact with the inspector and has made arrangements.

When the new permit arrives I will fax it over.

When the inspector comes to the home the administrator will schedule a date and time for the year 2016.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

10/21/2015

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

12-29-15

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

The above plan of correction is approved as of

2/2/16
 (Date)

Plan of correction implementation status as of

2/2/16
 (Date)

The above plan of correction was approved by

m
 (Initials)

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

Violation Report: 20449 - 12/08/2015 - Yellenic, Cindy
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 tear was patched with a piece of duct tape, which has come loose at the bottom, still 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.

When coming down the stairway, at the end of the hand rail, on the right side, is a large circular hole in the wall measuring 8" in diameter. *no*

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 carpet on the stairway had a tear posing a potential trip hazard. A bonding agent has been applied to adhere the carpet to the step and stop it from fraying.
Completed 12.11.15.

The tile floor in dining room had a hole posing a potential trip hazard. On the same day this was also repaired.

Pictures are included. See attached
Administrator will inspect flooring for potential hazards and inform owner

Repeat Violation: Yes

Date(s) of Previous Violation(s):

10/21/2015

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 12.29.15

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The above plan of correction is approved as of

1/4/16
(Date)

Plan of correction implementation status as of

1/6/16
(Date)

The above plan of correction was approved by

M
(Initials)

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

Violation Report: 20449 - 12/08/2015 - Yellenic, Cindy
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.

The home's first aid kit did not contain scissors.
The Administrator placed scissors into the first aid kit at time of inspection.
When the Administrator goes into med room to do med audits she will check the first aid kit for contents.

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/21/2015

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 *12.29.15*

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(Date)

Plan of correction implementation status as of 1/6/16
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *C9*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20449 - 12/08/2015 - Yellenic, Cindy
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.103(h) - Food shall be thawed either in the refrigerator, microwave, under cool water or as part of the cooking process.

2a. DESCRIPTION OF VIOLATION

On 12-8-15, at 10:45, a large pan of italian sausage was being thawed on top of the stove, which was not on.

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.

On day of inspection sausage was being thawed on top of the stove.
 Going forward all food will be thawed either in refrigerator, microwave, or under cool water.
 Administrator will see that this is being followed.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kimberly Senora PCHA* Date *12.29.15*

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 (Initials)

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 (Date)

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Violation Report: 20449 - 12/08/2015 - Yellenic, Cindy
 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 dryer duct to the north side of the building had lint in the duct and lint on 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.

The dryer duct had lint in the duct and on the ground underneath the duct.
 This area will be maintained by each shift while the butts are being cleaned.
 Staff have been notified of the change in grounds cleaning.
 Administrator will check area weekly for compliance.

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/21/2015

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 *12.29.15*

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

Plan of correction implementation status as of 1/6/16 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *C9*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20449 - 12/08/2015 - Yellenic, Cindy
 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 to current.

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 owner has been in contact with the Emergency Management Deputy Director. I now have the template to fill out and with that my letter of written emergency procedures.

Confirmation of the written letter will be faxed to you.

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/21/2015

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 *10-09-15*

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The above plan of correction is approved as of 2/2/16
 (Date)

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

Plan of correction implementation status as of 2/2/16
 (Date)

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

Violation Report: 20449 - 12/08/2015 - Yellenic, Cindy
 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
 On 12-8-15 upon arrival at the home, a Department Licensing Representative observed Resident #1 smoking near the side entrance, outside of the designated smoking area. The home's designated smoking area, which is listed in the home's smoking 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.

Resident #1 was spoken to about the place [redacted] was smoking being outside the smoking area listed in the home's policy. [redacted] agreed to no longer use that area and will smoke in the designated smoking area.

Administrator will check the area twice daily to insure compliance.

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/21/2015 12/11/2014

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 *12-09-15*

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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 - 12/08/2015 - Yellenic, Cindy
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

2a. DESCRIPTION OF VIOLATION

On 12-8-15 upon arrival at the home, a Department Licensing Representative observed Resident #1 smoking within 6 feet of the side entrance, outside of the designated smoking area. The home's designated smoking area, which is listed in the home's smoking policy, as being located on the side of the building underneath the covered patio and the entire yard, approximately 15 feet from where the resident was smoking.

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 #1 was observed smoking within 6 ft of the side entrance outside of the designated smoking area.

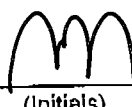
Resident #1 was spoken to about the smoking area listed on the Home's policy.

██████ agreed to no longer use that area and will smoke in the designated smoking area.

The Administrator will check the area twice daily to insure compliance.

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)			Date
Kimberly Santana PCHA			12-29-15

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The above plan of correction was approved by	 (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	<u>Cy</u>

Violation Report: 20449 - 12/08/2015 - Yellenic, Cindy
 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

Resident #2 has a physician's order for Advair 500/50. Advair has a shelf life of 30 days from the time the package is opened. The Advair Diskus was not dated when the package was opened.

The home had a bottle of Hydrogen Peroxide in the medication room and the expiration date was 4/15.

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.

Resident #2 had a physicians order for Advair Discus. The package was opened but did not have a date that the package was opened on it.

This was brought to the med techs attention.

The Administrator will check for dates when she does her med room audits.

every 2 weeks

m
1/4/16

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/21/2015

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Imberly Santora PCHA Date 12.29.15

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(Date)

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

Plan of correction implementation status as of 1/6/16
(Date)

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

Violation Report: 20449 - 12/08/2015 - Yellenic, Cindy
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

Resident #2 has a physician order for Advair 500/50. The resident's Advair was opened on 10/16/15 and has a shelf life of 30 days after opening. On 12-8-15 the Advair was in the medication cart available for use.

Resident #3 has a physician order for Advair 500/50. The resident's Advair was opened on 10/21/15 and has a shelf life of 30 days after opening. On 12-8-15 the Advair was in the medication cart available for use.

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 #2 had a physicians order for Advair. The opened medication was out of date while a new one was available for use.

Resident #3 had an order for Advair. The opened medication was out of date while there was an ^{un}opened one ~~was~~ in the med drawer.

Med techs were instructed to check the "opened on" dates on medications.

Administrater will check dates when she does the med cart audits - every 2 weeks

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Kimberly Santana</i>	<i>MM</i> <i>1/4/16</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>Kimberly Santana PCHA.</i>	Date <i>12-29-15</i>
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The above plan of correction was approved by <i>MM</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