



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 15 2016

Mr. Thomas Smith, Owner
Thomas and Amy Smith
1619 Listonburg Road
Confluence, Pennsylvania 15424

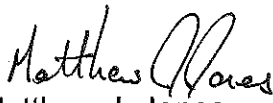
RE: Comforts of Home
License #: 331130

Dear Mr. Smith:

As a result of the Department of Human Services' annual licensing inspections on January 7, 2016, January 14, 2016 and February 3, 2016 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,


Matthew J. Jones
Director ¹⁵¹¹

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCN Name: COMFORTS OF HOME		License Number: 32113
Address: 1819 LISTONBURG ROAD, CONFLUENCE, PA 15424		County: Somerset
Administrator: Deneans Arnel		Region: CENTRAL
Legal Entity Name: THOMAS SMITH		
Legal Entity Address: 1819 LISTONBURG ROAD, CONFLUENCE, PA 15424		
Certificate(s) of Occupancy		
Large Personal Care 09/17/1986 Labor and Industry		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 16	Working Staff: 12
Type of Inspector: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
01/07/2016: Heemer, Laura; OPake, Hope		
01/14/2016: OPake, Hope		
02/03/2016: Heemer, Laura; OPake, Hope		
Off-Site Inspection Dates and Inspectors, if Applicable		
02/05/2016: Heemer, Laura		
Other Details		
Partial or Full Triggers:	Random Indicators:	
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 18	Number of Residents who:	
Number of Residents Served: 15	Receive Supplemental Security Income: 14	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 11	
Answer:	Have Mental Illness: 11	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 4	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 1	
Number of Current Hospice Residents: 4	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 5		

Violation Report: 33113 - 01/07/2016 - Heerner, Laura

PCN Name: COMFORTS OF HOME

1. REGULATION 53 Pa.Code §2500

2500.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION

On 01/07/2016 inspectors requested access to resident records, staff records, and documentation required for the annual inspection. The home was unable to provide the requested records to the inspectors as the office where these records are stored was locked and no available staff had a key.

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.

At the time of inspection the Administrator was on vacation & the staff who had the key was out of town for an unexpected death in the family, therefore, staff did not realize they were leaving town with the key & leaving the office inaccessible.

Administrator has appointed several staff members as designees & has provided them with keys to all locked areas. The Administrator knows the importance of accessible records to the Agents of the Department and has trained staff accordingly.

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)

Thomas J. Smith Owner

Date 3/10/16

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

The above plan of correction is approved as of

3/14/16
(Date)

Plan of correction implementation status as of 3/14/16
(Date)

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

The above plan of correction was approved by

THS
(Initials)

Violation Report: 33113 - 01/07/2016 - Heamer, Laura
 PCH Name: COMFORTS OF HOME

1. REGULATION 55 Pa. Code §2800
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contract for Resident #1 was not signed by the payer for Resident #1.

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 admitted to the facility on [redacted] 2016

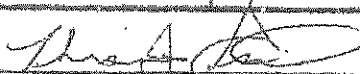
The payer for resident #1 was not available to sign the contract.

Administrator mailed the contract to have the payer sign the document & mail it back to the facility for the residents record

The administrator will complete an audit on all contracts for current residents to assure that the residents and payers have signed.

BAS 3/14/16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Thomas J. Smith Owner	3/10/16

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 (Date)

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

Plan of correction implementation status as of 3/14/16
 (Date)

- Fully Implemented
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- Not Implemented

Violation Report: 33115 - 07/07/2016 - Neemer, Laura

PCN Name: COMFORTS OF 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

Direct Care Staff member A did not receive training in Medication self-administration and Care of residents with dementia and cognitive impairments during training year 2015.

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.

All staff, including Staff member A, were immediately trained in the Care of residents with dementia & cognitive impairments. All staff were also given a brief training in medication Self-Administration. The home currently does not have any residents who self administer medications.

Administrator will ensure that all staff are trained annually and the training will include all topics in Regulation 2600.65(g)

Repeat Violation: No	Date(s) of Previous Violation(s): 09/24/2014	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Thomas J. Smith owner		3/10/16
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of <u>3/14/16</u> (Date)	Plan of correction implementation status as of <u>3/14/16</u> (Date)	
The above plan of correction was approved by <u>TAS</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	

Violation Report: 33113 - 01/07/2016 - Fleamer, Laura
PCH Name: COMFORTS OF HOME

1. REGULATION 88 Pa. Code §2509

2509.82(c) - A home that is not connected to a public water system shall have a coliform water test at least every 3 months, by a Department of Environmental Protection-certified laboratory, stating that the water is below maximum contaminant levels.

2a. DESCRIPTION OF VIOLATION

The home is not connected to a public water source. The home's water analyses dated 9/21/2015 and 12/21/2015 do not include the statement that the water is below maximum contaminant levels.

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 company that performs the homes water analyses states that Coliform & E Coli are absent. The same as it has for years

The home contacted the company & informed them that the wording will need changed and all future reports must read that the water is below maximum contaminant levels.

Adm. will continue to review reports from the company & ensure the correct wording is on the reports.

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) Thomas T. Smith Date: 3/10/16

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Plan of correction implementation status as of 3/14/16 (Date)

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- Not Implemented

Violation Report: 38113 - 01/07/2016 - Haemer, Laura

POC Name: COMFORTS OF HOME

1. REGULATION OF Pa. Code §2600

2500.64(b) - Interior stairs, exterior steps and ramps must have nonskid surfaces.

2. DESCRIPTION OF VIOLATION

The exit ramp located outside the coat door at the rear of the main bedroom hallway does not have a non-skid surface.

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.

Maintenance will apply a nonskid surface to the exit ramp as soon as the weather permits.

Admin will check all areas of the home weekly to ensure that all stairs, steps & ramps are safe & have a nonskid surface

Repeat Violation No

Date(s) of Previous Violation(s)

Signature of Legal Entity Representative
(Required on EVERY Page)

Thomas J. Smith

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

Thomas J. Smith Director

Date 3/10/16

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(Date)

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(Initials)

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(Date)

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- Not Implemented

Violation Report: 33113 - 01/07/2018 - Homes, Laura

PCN Name: COMFORTS OF HOME

1. REGULATION 55 Pa.C.S. § 2506

2506.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

On 2/3/2018 at 3:00 pm, the temperature in the floor chest freezer located in the second floor pantry was measured to be 15 degrees Fahrenheit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The said chest freezer was immediately removed from the facility.
 Adm. will check all refrigerators & freezers to ensure that they are all within the required temperatures, at least weekly.

Adm. also reviewed this regulation with all staff.

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)

Thomas J. Smith

Date 3/10/18

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

The above plan of correction is approved as of

3/12/18
 (Date)

Plan of correction implementation status as of

3/12/18
 (Date)

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

The above plan of correction was approved by

BAS
 (Initials)

Violation Report: 35113 - 01/07/2016 - Hoemer, Laura

POC Name: COMFORTS OF HOME

1. REGULATION OR Pa. Code §1200

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

Resident #2's most recent support plan was completed on 2/19/2015. The support plan was not updated to reflect Resident #2's changes in eating habits, weight loss, and health status.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

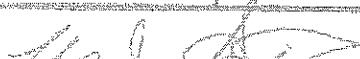
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Support plan for Resident # 2 was reviewed with the department.
 All resident Support plans were reviewed & updates were completed. Adm.
 and staff will continue to update all resident support plans as changes occur.

Report 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)

Thomas J. Smith owner

Date 3/10/16

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Violation Report: 38113 - 01/07/2016 - Hooper, Laura

PHN Name: COMFORTS OF HOME

1. REGULATION 25 Pa.Code §2500

2500.254(a) - Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

2. DESCRIPTION OF VIOLATION

The home stores all Resident Records in a second floor office. On 2/3/2016 the office was observed to be open and no staff member was present in the office at that time.

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.

Administrator reviewed this regulation with all staff members.

It was also explained that even though the upstairs office is in an area only used by staff, the door must remain locked. Administrator will continue to remind staff of this policy and continue to check the area to ensure records are kept confidential.

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
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Thomas J. Smith, Owner

Date 3/10/16

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3/10/16
(Date)

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TJS
(Initials)