



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

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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 September 20, 2016 until September 20, 2017,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 204490

Robert E. Robinson
ISSUING OFFICER

Jay Baul
DEPUTY SECRETARY

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

SEP 20 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 #: 204490

Dear Mr. Minelli:

As a result of the Department of Human Services' licensing inspection on April 28, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

Violation Report: 20449 - 04/28/2016 - Rushin, Julienne
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 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

Review of staff scheduling indicated that on 4/15/16, the home did not provide 1 hour of personal care service for each of the 32 residents in the home. 32 hours were needed. 29 hours were scheduled.

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 page

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *7-7-16*

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

The above plan of correction is approved as of 7/7/16
 (Date)

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

Plan of correction implementation status as of 9.14.16
 (Date)

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

Pg 3 of 16

Review of staff scheduling indicated that on 4/15/16 the home did not provide 1 hour of personal care service for each of the 39 residents of the home. It is understood that each resident deserves at least 1 hour of personal care service to maintain a healthier quality of life.

Schedules have been revised so that this standard can be maintained.

The manager and owner are responsible to adhere to this compliance. The administrator will also check to confirm personal care service hours are met.

Kimberly Sanders PCWA
7.7.16

7/7/16

m

Violation Report: 20449 - 04/28/2016 - Rushin, Julianne
 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 did not provide at least 75% of the required personal care hours during waking hours for the 32 residents in the home on 4/15/16. 24 hours were needed; 23 hours were 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 page

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/21/2015
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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>7.7.16</i>
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 (Date)

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

PA 4 of 16

The home did not provide at least 75% of the required personal care hours during waking hours for the 39 residents in the home on 4/15/16. The home understands the importance of having staff available to meet the needs of the residents.

Schedules have been revised to make sure that their needs are met.

The owner and manager will be educated to assure the schedules meet these needs.

The Administrator will also check to confirm compliance.

Kimberly Santora PCHA.
7.7.16

7/7/16

m

Violation Report: 20449 - 04/28/2016 - Rushin, Julianne
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION
 On 4/28/16 at 10:00 am and at 2:00pm, department representatives noted a strong odor of urine in resident #2's 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 page.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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>7.7.16</i>
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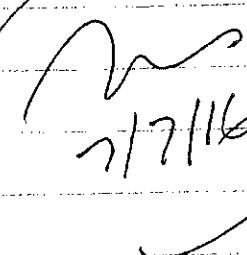
Pg 5 of 16

On day of inspection department representatives noted a strong odor of urine in resident #2's room. Sanitary conditions must be maintained for the health of the population served in the home. Resident #2's room carpet was old, worn and could no longer be cleaned properly.

On 6.14.16 a representative from Giant Floor came and gave an estimate for new flooring. As of 7.7.16 the flooring was received in stock and available for installation the week of 7.11-16.16.

The homes administrator and owner will see that residents rooms remain in better repair and sanitary conditions are met.

Kimberly Lentora PCHA
7.7.16


7/7/16

Violation Report: 20449 - 04/28/2016 - Rushin, Julianne
 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 carpeting in the first and second floor hallways, the first floor TV room and resident #2's room, is heavily stained and soiled.

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.

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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>7-7-16</i>
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Pq 6 of 16

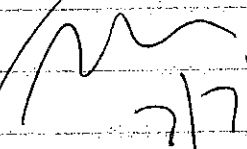
The carpeting in the first and second floor hallways, the first floor TV room and resident #2's room, is heavily stained and soiled. The carpets were old and worn and need to be replaced.

A carpet installer from Giant Floors came on 6-14-16 to measure and give estimate.

As of 7-7-16 the carpeting had been received from shipment and is ready for installation the week of 7-11-16-16.

The carpet chosen is made of 2' x 2' squares. Heavily soiled tiles can be replaced so the integrity of the floors stay in good repair and free of hazards.

The Homes Administrator and Owner will see that this continues.


7/7/16

Violation Report: 20449 - 04/28/2016 - Rushin, Julienne
 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

A door is missing from the cabinet under the sink in the "dark blue" bathroom on the second floor.
 The bathroom located next to the "dark blue" bathroom on the second floor is locked with an "Out of Order" sign posted on the door.

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.

A door is missing from the cabinet under the sink in the "dark blue" bathroom on the second floor.

The door was missing a hinge. The hinge will be replaced and the door placed back on.

The bathroom located next to the "dark blue" bathroom on the second floor was out of order.

At the time we were waiting for a part that was ordered. Since the part has come in and the toilet is in working order. The administrator shall monitor for ongoing compliance.

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

7/7/16
 7-14-16

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7/7/16
 (Date)

Plan of correction implementation status as of

7/7/16
 (Date)

Fully Implemented

Partially Implemented - Adequate Progress *cy*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

M
 (Initials)

Violation Report: 20449 - 04/28/2016 - Rushin, Julienne 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 is missing from under the second floor fire exit door exposing the wall sheathing and posing water damage to the home.	
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.	
<p>The stucco was missing from under the second floor fire exit door. The stucco has been replaced. Enclosed is a picture to show it is complete.</p>	
<p>The administrator shall monitor and assure ongoing compliance.</p> <p style="font-size: 2em;">W 7/7/16</p>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 10/21/2015
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>6.14.16</i>	
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Violation Report: 20449 - 04/28/2016 - Rushin, Juliene
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600
 2600.101(j)(1) - Each resident shall have the following in the bedroom: A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident.

2a. DESCRIPTION OF VIOLATION
 Resident #2's hospital bed mattress is cracked and smells of urine and half of the plastic mattress cover is missing.

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's hospital bed mattress is cracked and the mattress cover is torn. It is too soon for medicare to pay for a new mattress. When [redacted] is due [redacted] will get a new bed. Until then a new mattress cover has been put on. The resident's bed is washed and let to air out daily.

The administrator shall monitor and assure ongoing compliance

7/7/16

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kimberly Sautera PCHA* Date *6.14.16*

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

Violation Report: 20449 - 04/28/2016 - Rushin, Julianne
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600
 2600.102(f) - An individual towel, washcloth and soap shall be provided for each resident.

2a. DESCRIPTION OF VIOLATION

The first floor bathroom near the administrator's office and the "dark blue" shared bathroom on the second floor do not have soap in the soap dispensers.

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 first floor bathroom near the Administrator's office and the "dark blue" bathroom on the second floor did not have soap in the soap dispensers.

Housekeeping staff were told to check the dispensers everytime they clean the bathrooms.

Administrator will periodically check all bathrooms to insure all dispensers are full.

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

6-14-16

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 (Date)

Plan of correction implementation status as of

7-7-16
 (Date)

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Partially Implemented - Adequate Progress *cy*

Partially Implemented - Inadequate Progress

Not Implemented

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M
 (Initials)

Violation Report: 20449 - 04/28/2016 - Rushin, Julianne
 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
 A golf ball size piece of lint was removed from the exterior clothes dryer vent. The accumulation of lint poses a risk for fire.

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.

Lint was removed from the exterior clothes dryer vent.
 Staff have been told to check the outside vent daily to check for lint build up.
 Administrator will randomly check to make sure vents are clear of lint.

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 *6.14.16*

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- Not Implemented

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

Violation Report: 20449 - 04/28/2016 - Rushin, Julienne
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2606
 2606.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
 The second floor metal fire exit door leading to the wooden exterior steps cannot be opened without force.

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 fire exit door leading to the steps was difficult to open. An all season lubricant was placed on the hinges to lubricate them and make the door easier to be opened in case of emergencies. During fire drills manager or administrator will make sure the door is still easy to open.

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 6-14-16

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 (Date)

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Partially Implemented - Inadequate Progress

Not Implemented

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m
 (Initials)

Violation Report: 20449 - 04/28/2016 - Rushin, Julianne
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600
 2600.127(a) - Portable space heaters are prohibited.

2a. DESCRIPTION OF VIOLATION
 Department representative noted (3) Lasko brand ceramic space heaters in a second floor storage closet. Based on resident interviews, the heaters were used in the first floor TV room within the past 6 months.

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.

Department representative noted (3) Lasko brand ceramic heaters in the second floor storage closet.

Administrator had them taken out of the building. With the heaters not being available they will not be able to be used.

Staff were educated that the heaters posed a fire hazard and were never to be used.

The administrator shall monitor and assume ongoing compliance. M 7/7/16

Repeat Violation: No Date(s) of Previous Violation(s): 7/7/16

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 6.14.16

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Violation Report: 20449 - 04/28/2016 - Rushin, Julienne PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME	
1. REGULATION 55 Pa. Code §2600 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	
2a. DESCRIPTION OF VIOLATION The homes last fire safety inspection conducted by a fire safety expert was on 3-31-14.	
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.	
<p>The homes last fire safety inspection conducted by a fire safety expert was on 3-31-14.</p> <p>The city fire inspector was out the following year. I did not receive the letter along with our Certificate of operation.</p> <p>The inspector will be out on 6-15-16. Any documentation will be forwarded to you as I get it. Inspection completed June 2016.</p> <p>Documentation of inspection to be submitted within 30 days of receipt of this Plan of Correction, pp 24-16.</p> <p>The administrator shall be responsible for ongoing compliance. M 7/7/16</p>	
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 6-14-16	
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Violation Report: 20449 - 04/23/2016 - Rushin, Julianna
 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 insulin administered based on a sliding scale for insulin coverage. On the following dates and times the home did not follow the prescriber's orders:
 4-21-16 @ 4:00pm - needed 10 units received 0; 4-23-16 @ 12:00pm - needed 10 units received 0; 4-23-16 @ 4:00pm - needed 10 units received 0; 4-24-16 @ 8:00am - needed 10 units received 0; 4-24-16 @ 4:00pm - needed 18 units received 0, and the physician was supposed to be called because the blood glucose number was over 400. There was no documentation to support the physician was called; and, 4-25-16 @ 12:00pm - needed 16 units received 14

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 page 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) *Kimberly Santana PCHA* Date *6-14-16*

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Fully Implemented
 Partially Implemented - Adequate Progress *cy*
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Resident #1 has a physician's order to have insulin administered on a sliding scale for insulin coverage.

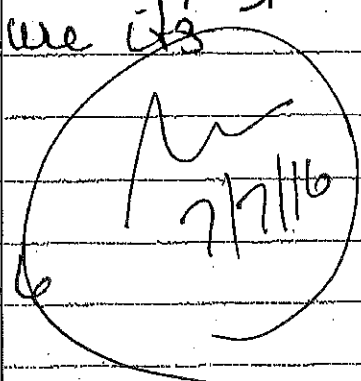
On six occasions the coverage was not written in the MAR or the physician support was not called. On one occasion 14 units were given and 16 were

Med techs were retrained on the importance of documenting how much coverage was given. They were also explained how the correct amount of coverage and documenting when you've called the doctor's office is important.

We have a new system in place that makes it easier to document and follow the patterns of a person's blood sugar.

The administrator will continue to check on the documentation to insure it's being done correctly.

Deborah Senora 6-14-16



Violation Report: 20449 - 04/28/2016 - Rushin, Juliene
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600
 2600.221(b) - The program must provide social, physical, intellectual and recreational activities in a planned, coordinated and structured manner.

2a. DESCRIPTION OF VIOLATION
 The home's activity calendar for the month of April offers board games and coffee socials, through interviews with staff and residents, are not being offered as scheduled. The home does not offer activities that provide a well-rounded program of social, physical, intellectual and recreational activities for the residents.

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 when you expect to complete them.

The home's activity calendar for the month of April offers board games, coffee socials, card games and crafts.

The home offers cook outs, days at the movie theater, luncheons and rides to Knoebels.

I will add these to the board so people can see more activities are being done than what is seen on the activity board.

The Administrator will add these activities and see that all events are represented.

Repeat

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 P.C.H.A.* Date *6.14.16*

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

The above plan of correction is approved as of 7-7-16
 (Date)

Plan of correction implementation status as of 9.14.16
 (Date) *SP*

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

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

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The home's activity calendar does not offer a well-rounded program of social, physical, intellectual and recreational activities for the Residents. This is to help the Residents' mind and body more active and give opportunity for a more well rounded life. Different types of physical activities such as going for walks, current events, movie night and table toss have been added to get them moving and thinking more.

The Administrator will see to the home's compliance.

Dambuly Santos P.C.H.A.
7.7.16