



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 12 2017

Mr. Thomas T. 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 February 23, 2017 and May 25, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

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

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 33113 - 02/23/2017 - Springs, Israel  
 PCH Name: Comforts of Home

**1. REGULATION 55 Pa. Code §2600**

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

Resident # 4 has a prescription for Haloperidol 5mg tablet, take 1 tablet by mouth twice daily. On 2/3/17 at 8pm the resident was not administered this medication because the medication was not available in the home. The home failed to submit an incident report to the Department for this medication error.

Resident # 5 is prescribed Novolin R 100U/ml vial to be administered at 8am and 7pm daily on a sliding scale basis depending on the measurement of the resident's blood sugar. On 12/3/16 at 7pm and 12/4/16 at 8am and 7pm, the resident was not administered this medication, nor was the resident's blood sugar measured, because the medication was not available in the home. The home failed to submit an incident report to the Department for these medication errors.

**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 # 4 Haloperidol 5mg is a new prescription & was delivered after 8pm on 2/3/17.  
 Resident # 5 Novolin was used at 8am on 12/3/16 & the pharmacy did not deliver the new medication until 7am 12/5/16.

Adm. held meeting with staff regarding ordering medication in a more timely manner to ensure all medications are available at all times prescribed.

Adm. also reviewed the proper protocol to inform Administration if and when any medication is not available in the home to be given to the residents. At that time the Administrator will immediately submit an incident report to the department.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Thomas J. Smith</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Thomas J. Smith	3/31/17

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

The above plan of correction is approved as of 4/13/17  
 (Date)

Approved by: BAS

Plan of correction implementation status as of 5/25/17  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress

Violation Report: 33113 - 02/23/2017 - Springs, Israel  
 PCH Name: Comforts of Home

1. REGULATION 55 Pa. Code §2600  
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION  
 Under 34 Pa. Code Chapter 3, known as the Boilers and Unfired Pressure Vessels regulations, if a home has a boiler, it must have a valid "Certificate of Boiler or Pressure Vessel Operation" issued by the PA Department of Labor and Industry. Upon expiration of the certificate, boilers must be inspected, and if they pass inspection they will be issued a new certificate. The home's Boiler certificate expired on 8/30/16.

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 Department of Labor & Industry automatically renewed all certificates in the past. Due to a change in Staff, this process has changed.

The Department of Labor & Industry was immediately contacted & a boiler inspection was conducted on 3/16/17. As soon as the certificate is received, it will be forwarded to the Department. The home will also ensure that boiler inspections take place every 2 years, and will call the Department of Labor & Industry to ensure the inspection is scheduled within the time limits to ensure it does not expire.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)

*Thomas J. Smith*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Thomas J. Smith	3/31/17

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

Violation Report: 33113 - 02/23/2017 - Springs, Israel  
 PCH Name: Comforts of Home

1. REGULATION 65 Pa.Code §2600  
 2600.42(c) - A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home.

2a. DESCRIPTION OF VIOLATION  
 Resident #1 and #2 were observed setting the table for lunch. Staff Person A and Resident #1 both stated that Resident #1 regularly helps with lunch service. Resident #2 stated it was his/her first time providing assistance with the lunch set-up. Neither resident receives compensation for assisting with the lunch service.

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.

It was the homes understanding that if the resident willingly volunteered to help in "their home" and it was not "replacing" staff that it was the residents right to do so. The home is also supported by the Area Agency on Aging regarding this matter.

As it would be extremely difficult for the home to document which residents help set the table, which days and the time involved, in order to establish compensation the home will no longer allow residents to help set the tables at meal times. Residents & Staff were both informed of this regulation and staff will set the table and residents will not participate in any staff duties or responsibilities. Although some residents were very upset, Adm. will continue to remind staff & residents of this regulation.

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      Date 3/31/17

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

Violation Report: 33113 - 02/23/2017 - Springs, Israel  
 PCH Name: Comforts of Home

1. REGULATION 55 Pa. Code §2800  
 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 ceiling in the dining room was cracked and had pieces of missing plaster.

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 crack in the dining room ceiling was where the drywall had been replaced. It was more than a "drywall seam" than a crack & the missing plaster was the rough edges.

The home will contact a contractor to have the drywall finished by 6/30/17. This violation was not mentioned at the exit interview.

Adm. will check the facility weekly to ensure all surfaces are clean, in good repair and free of hazards.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Thomas J. Smith*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Thomas J. Smith</i>	Date <i>3/31/17</i>
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 (Date)

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

Plan of correction implementation status as of 5/25/17  
 (Date)

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

Violation Report: 33113 - 02/23/2017 - Springs, Israel  
 PCH Name: Comforts of Home

**1. REGULATION 55 Pa.Code §2600**

2600.89(d) - If the water is found to be above maximum contaminant levels, the home shall conduct remediation activity to reduce the level of contaminants to below the maximum contaminant level. During remediation activity, an alternate source of drinking water shall be provided to the residents.

**2a. DESCRIPTION OF VIOLATION**

On 8/8/17 the test of the home's water measured coliform being present. Staff Person B stated that the facility did not implement the protocol for contamination of the water, and the residents and staff continued to use the water as usual.

**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 contacted the water testing company during the inspection to implement a new system for informing the home if the home does not have a clean water test & if shows contamination levels. Previously, the home was sent a report <sup>at a</sup> much later date than the water test.

The water testing company will inform the home immediately (by telephone) if the water is found to be above maximum contaminant levels. The home will then use the emergency water supply and purchase more water as necessary. The home will continue to use another water source until the water testing company re-tests the water & the water report shows the level of contaminants are below the maximum contamination levels.

Repeat Violation: No	Date(s) of Previous Violation(s):
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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 Date 3/31/17

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

Plan of correction implementation status as of 7/13/17 (Date)

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

Violation Report: 33113 - 02/23/2017 - Springs, Israel  
 PCH Name: Comforts of Home

**1. REGULATION 55 Pa.Code §2600**

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

**2a. DESCRIPTION OF VIOLATION**

The lint trap in the dryer located in the resident laundry room was filled with lint.

**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 were immediately reminded to remove dryer lint after each use. Adm. also informed all staff of this practice.

A note was placed near the dryer to serve as a reminder to staff.

Adm. & Maintenance Staff will check the dryer weekly to ensure all dryer lint is removed after each use.

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

Date 3/31/17

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4/13/17  
 (Date)

Plan of correction implementation status as of

5/25/17  
 (Date)

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

The above plan of correction was approved by

BJS  
 (Initials)

Violation Report: 33113 - 02/23/2017 - Springs, Israel  
 PCH Name: Comforts of Home

**1. REGULATION 55 Pa.Code §2600**

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

**2a. DESCRIPTION OF VIOLATION**

On 2/1/17, 2/2/17, 2/3/17, 2/4/17, 2/6/17, 2/7/17, 2/8/17, 2/9/17, 2/10/17 and 2/11/17, Resident #3 refused the administration of the prescribed Aspirin 325 mg, Fluoxetine HCL 40 mg, Lisinopril 20 mg tablet, and Metformin HCL 1000 mg. The home failed to notify the prescriber of these refusals.

**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 immediately informed the prescriber of the residents refusal for these medications. The prescriber had known of previous occurrences that Resident # 3 refused medications, however, the home was not informing the prescriber at each occurrence.

The Administrator met with staff, informed them to notify the Administrator immediately upon a refusal so the Administrator can immediately inform the prescriber.

Administrator will ensure all med refusals are reported to the prescriber within 24 hours or as directed by the prescriber.

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      Date 3/31/17

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 (Date)

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

Plan of correction implementation status as of 5/25/17  
 (Date)

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

Violation Report: 33113 - 02/23/2017 - Springs, Israel

PCH Name: Comforts of 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 is prescribed Haloperidol 5mg tablet, take 1 tablet by mouth twice daily. On 2/3/17 at 8pm, the resident was not administered this medication because the medication was not available in the home.

Resident # 5 is prescribed Novolin R 100U/ml vial to be administered at 8am and 7pm daily on a sliding scale basis depending on the measurement of the resident's blood sugar. On 12/3/16 at 7pm and 12/4/16 at 8am and 7pm, the resident was not administered this medication, nor was the resident's blood sugar measured, because the medication was not available in 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.

Resident #4 Haloperidol 5mg was a new prescription & was delivered after 9pm on 2/3/17.

Resident # 5 Novolin was used at 8AM on 12/3/16 & the pharmacy did not deliver the new medication until 7AM on 12/5/16.

Adm. held a meeting with staff regarding ordering medication in a more timely manner to ensure all medications are available at all prescribed times.

Adm. also contacted the pharmacy & reviewed the importance of promptly delivering new prescriptions.

(see page 9A)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Thomas T. Smith*

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

Thomas T. Smith

Date 3/31/17

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4/13/17  
(Date)

Plan of correction implementation status as of

5/25/17  
(Date)

The above plan of correction was approved by

TAS  
(Initials)

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

Page 9A of 12

2600.187(d)

In future events where a resident cannot obtain the necessary medications for required administration due to failure of payment by the responsible payer for the resident, the home shall:

1. Document all contacts with the payer and pharmacy to address the situation.
2. Notify the resident concerning the problem.
3. Notify the prescriber concerning the problem.
4. Notify the payer and resident that not keeping the pharmacy bill paid up-to-date can negatively affect the home's ability to provide the care needed by the resident and could result in discharge of the resident.

BAS 4/13/17:

Violation Report: 33113 - 02/23/2017 - Springs, Israel  
 PCH Name: Comforts of Home

**1. REGULATION 55 Pa.Code §2800**

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

**2a. DESCRIPTION OF VIOLATION**

Resident # 4 has a prescription for Haloperidol 5mg tablet, take 1 tablet by mouth twice daily. On 2/3/17 at 8pm the resident was not administered this medication because the medication was not available in the home. This medication error was not reported to the prescriber.

Resident # 5 is prescribed Novolin R 100U/ml vial to be administered at 8am and 7pm daily on a sliding scale basis depending on the measurement of the resident's blood sugar. On 12/3/16 at 7pm and 12/4/16 at 8am and 7pm, the resident was not administered this medication, nor was the resident's blood sugar measured, because the medication was not available in the home. This medication error was not reported to the prescriber.

**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 informed all staff to immediately report any medication that are not available in the home.

Administrator can then investigate, file incident reports if necessary and notify resident, resident's designated person & the prescriber.

\*The administrator will complete weekly audits of all resident Medication Administration Records to identify times that medications were not administered. These medication errors shall be reported and documented in accordance with regulations 2600.16(a), 2600.16(c), 2600.188(a), 2600.188(b), and 2600.188(c). These audits shall be completed for a period of two months from the date of this plan.

BAS 4/13/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 3/31/17

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 (Date)

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 (Initials)

Plan of correction Implementation status as of 5/25/17  
 (Date)

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

Violation Report: 33113 - 02/23/2017 - Springs, Israel

PCH Name: Comforts of Home

**1. REGULATION 55 Pa.Code §2800**

2800.188(c) - Documentation of medication errors and the prescriber's response shall be kept in the resident's record.

**2a. DESCRIPTION OF VIOLATION**

Resident # 4 has a prescription for Haloperidol 5mg tablet, take 1 tablet by mouth twice daily. On 2/3/17 at 8pm the resident was not administered this medication because the medication was not available in the home. The reason for this medication error was incorrectly documented on the Medication Administration Record to read that the resident was "Physically unable to take".

Resident # 5 is prescribed Novolin R 100U/ml vial to be administered at 8am and 7pm daily on a sliding scale basis depending on the measurement of the resident's blood sugar. On 12/3/16 at 7pm and 12/4/16 at 8am and 7pm, the resident was not administered this medication, nor was the resident's blood sugar measured, because the medication was not available in the home. The reason for this medication error was incorrectly documented on the Medication Administration Record to read that the resident was "Physically unable to take".

**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 informed all staff to immediately report any medications that are not available in the home.

Administrator can then investigate, file incident reports if necessary and notify the resident, residents designated person & the prescriber and then put all documentation into the residents file.

\* Staff will receive education on the proper documentation for reporting of medication errors. When medication is not given to a resident because the medication has not been filled/refilled and is unavailable, this reason shall be documented instead of "Physically unable to take". Staff will be educated on when it is appropriate to use the designation "Physically unable to take." when documenting medication errors. This education shall occur by 4/28/17.

BAS 4/13/17

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

Date 3/31/17

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

The above plan of correction is approved as of 4/13/17  
(Date)

Plan of correction implementation status as of 5/25/17  
(Date)

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

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(Initials)

Violation Report: 33113 - 02/23/2017 - Springs, Israel  
 PCH Name: Comforts of Home

**1. REGULATION 55 Pa.Code §2600**

2600.228(h) - The only grounds for discharge or transfer of a resident from a home are for the following conditions:

- (1) If a resident is a danger to himself/herself or others.
- (2) If the legal entity chooses to voluntarily close the home, or a portion of the home.
- (3) If a home determines that a resident's functional level has advanced or declined so that the resident's needs cannot be met in the home. If a resident or the resident's designated person disagrees with the home's decision to discharge or transfer, consultation with an appropriate assessment agency or the resident's physician shall be made to determine if the resident needs a higher level of care. A plan for other placement shall be made as soon as possible by the administrator in conjunction with the resident and the resident's designated person, if any. If assistance with relocation is needed, the administrator shall contact appropriate local agencies, such as the area agency on aging, county mental health/mental retardation program or drug and alcohol program, for assistance. The administrator shall also contact the Department's personal care home regional office.
- (4) If meeting the resident's needs would require a fundamental alteration in the home's program or building site, or would create an undue financial or programmatic burden on the home.
- (5) If the resident has failed to pay after reasonable documented efforts by the home to obtain payment.
- (6) If closure of the home is initiated by the Department.
- (7) Documented, repeated violation of the home rules.

**2a. DESCRIPTION OF VIOLATION**

On 1/10/17, Resident #5 was issued a 30-day discharge notice from the home and subsequently discharged on [redacted] 17. The reasons for the discharge, as stated in the notice, was due to "personality conflicts between you [Resident #5] and many of the residents and you complain daily of issues involving other residents," and "complaints and concerns from you [Resident #5] daily and the home feels as if we cannot meet your needs any longer." The reasons listed in the 30-day discharge notice are not any of the permitted conditions for discharge or transfer of a resident from 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.

Administrator will ensure all 30 day notices are given for reasons specified in Regulation 2600.228(h)

Repeat Violation: No	Date(s) of Previous Violation(s):	
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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 T. Smith Date 3/31/17

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 (Date)

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 (Date)

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



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

PCH Name: COMFORTS OF HOME		License Number: 33113
Address: 1619 LISTONBURG ROAD, CONFLUENCE, PA 15424		County: Somerset
Administrator: Deneanne Miler		Region: CENTRAL
Legal Entity Name: THOMAS AND AMY SMITH		
Legal Entity Address: 1619 LISTONBURG ROAD, CONFLUENCE, PA 15424		
Certificate(s) of Occupancy LP 09/17/1988 Labor and Industry		
Staffing Hours Resident Support: 0 Total Daily Staff: 15 Waking Staff: 11		
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Interim		
On-Site Inspections Dates and Department Representatives On-Site 05/25/2017: Heemer, Laura; Showers, Michael		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers:		
Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 18 Number of Residents Served: 15 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 3	Number of Residents who: Receive Supplemental Security Income: 13 Are 60 Years of Age or Older: 12 Have Mental Illness: 2 Have an Intellectual Disability: 5 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 33113 - 05/25/2017 - Heemer, Laura  
PCH Name: COMFORTS OF HOME

1. REGULATION 55 Pa.Code §2600

2600.89(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 has not had a coliform water test since 12/14/2016. The home is not connected to a public water source.

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.

Environmental Service Laboratories automatically was scheduled to test the water every 3 months.

They had an error & missed our March test.

Adm contacted them & requested a schedule so the home can keep track of when they are scheduled to test the water & make sure it is completed.

Attached is a copy of this schedule & the most recent water test. 6/14/17.

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      Date 6/24/17

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

The above plan of correction is approved as of 7/13/17  
(Date)

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

Plan of correction implementation status as of 7/13/17  
(Date)

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