



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: October 23, 2017

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

RE: Comforts of Home
Certificate #: 331130

Dear Mr. Smith:

As a result of the Department of Human Services' licensing inspection on August 15, 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.

Sincerely,

A handwritten signature in cursive script that reads "Gloria Emick".

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 33113 - 08/15/2017 - Hoover, Douglas
 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 #1 fell on 4/18/17 and 5/17/17 which resulted in head lacerations. Resident #1 was transported to the hospital and stitches were required for the injuries. The home did not report the incidents to the Department.

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

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

The administrator reviewed the regulations in 2600.16(c). The administrator will immediately report ANY and ALL incidents or conditions to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours of the incident happening. Staff training on what incidents need to be reported and mandated reporting will be completed by the Administrator and the Area Agency on Aging on October 3, 2017.

| | | |
|----------------------|-----------------------------------|--|
| 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 9/28/2017

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

The above plan of correction is approved as of 10-23-17
 (Date)

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

Plan of correction implementation status as of 10-23-17
 (Date)

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

Violation Report: 33113 - 08/15/2017 - Hoover, Douglas

PCH Name: COMFORTS OF HOME

1. REGULATION 55 Pa.Code §2600

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

At 9:00 am on 8/15/17, the window to the 2nd floor bathroom was open without a screen in place.

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 new screen will be ordered for the upstairs bathroom and installed on or before October 27th, 2017. Maintenance staff will check the home weekly to ensure all windows and doors are in good repair and securely screened.

| | | | |
|----------------------|-----------------------------------|--|--|
| 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 *9/28/17*

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Violation Report: 33113 - 08/15/2017 - Hoover, Douglas
 PCH Name: COMFORTS OF HOME

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services. If the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1 started receiving home health care services on 1/18/17 after a medical referral. The resident's support plan, dated 3/20/17, did not include the services or how the home will assist in meeting Resident #1's medical needs.

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's support plan was updated to include the relevant services and how the home will address the resident's medical needs. - *se*

All resident support plans will be checked to ensure all items are documented correctly, including start and end dates for hospice and home health services. Office staff will ensure to include these items on and support plans in the future. Administrator will audit staff files monthly to ensure all items are included on the resident assessment and support plans.

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 9/28/2017

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