



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 30 2018

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' Adult Residential Licensing's annual licensing inspection on February 14, 2018 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.

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.

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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License
License Inspection Summary

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: Deneane Miller		Region: CENTRAL
Legal Entity Name: THOMAS AND AMY SMITH		
Legal Entity Address: 1619 LISTONBURG ROAD, CONFLUENCE, PA 15424		
Certificate(s) of Occupancy LP 09/17/1986 Labor and Industry		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 14	Waking Staff: 11
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
02/14/2018: Heemer, Laura; Bomberger, Cybil		
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: 13 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: 2	Number of Residents who: Receive Supplemental Security Income: 10 Are 60 Years of Age or Older: 10 Have Mental Illness: 4 Have an Intellectual Disability: 4 Have a Mobility Need: 1 Have a Physical Disability: 1	

Violation Report: 33113 - 02/14/2018 - Heemer, Laura
PCH Name: COMFORTS OF HOME

1. REGULATION 55 Pa.Code §2600

2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION

Staff person A, the home's administrator, completed only 20 hours of annual training in training year 2017.

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.

Please see attached training certificates.

Administrator will complete 28 hours of training during the 2018 calendar year.

Administrator has already completed 22 hours for 2018. 6 more hours will be completed prior to the end of 2018.

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

3/5/18

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

The above plan of correction is approved as of

3/13/18
(Date)

Plan of correction implementation status as of

3/13/18
(Date)

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

The above plan of correction was approved by

BS
(Initials)

Violation Report: 33113 - 02/14/2018 - Heemer, Laura
PCH Name: COMFORTS OF HOME

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

2a. DESCRIPTION OF VIOLATION
On 2/14/2018 at 9:05 am, there were no means for hand drying in any of the three resident bathrooms.

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 immediately put paper towels in all 3 resident bathrooms.

Staff was reminded of the importance of replenishing used items in order to maintain sanitary conditions.

Administrator will check all resident bathrooms ~~weekly~~ ^{Daily} to ensure sanitary conditions are maintained.
BAS 3/13/18

On-going: The home will assure that residents have appropriate hand-drying items available in the bathrooms of the home.

The administrator shall perform checks of the bathrooms during daily walk-throughs of the home to assure compliance.
BAS 3/13/18

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 *3/5/18*

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Violation Report: 33113 - 02/14/2018 - Heemer, Laura
 PCH Name: COMFORTS OF HOME

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 On 2/14/2018, at 1:30pm the water temperature at the half bath sink, across from the laundry room measured 124 degrees Fahrenheit.
 On 2/14/2018, at 1:25 pm, the water temperature at the full bathroom sink, next to the laundry room measured 123 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.

Water temperature was immediately turned down.
 Administrator/Maintenance Staff will check water temperatures weekly to ensure water temperature does not exceed 120°F. We will check this weekly for 4 weeks and then monthly for 4 months.

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Violation Report: 33113 - 02/14/2018 - Heemer, Laura
PCH Name: COMFORTS OF HOME

1. REGULATION 55 Pa.Code §2600
2600.102(h) - Toilet paper shall be provided for every toilet.

2a. DESCRIPTION OF VIOLATION

On 2/14/2018 at 9:05 am, there was no toilet paper in any of the toilets in any of the three resident bathrooms.

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 immediately put toilet paper in all 3 resident bathrooms.

Staff was reminded of the importance of replenishing used items in order to maintain sanitary conditions.

Administrator will check all resident bathrooms ~~Weekly~~ ^{Daily} to ensure sanitary conditions are maintained.
BAS 3/13/18

On-going: The home will assure that toilet paper is available in the bathrooms of the home.

The administrator shall perform checks of the bathrooms during daily walk-throughs of the home to assure compliance.
BAS 3/13/18

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

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Violation Report: 33113 - 02/14/2018 - Heemer, Laura
PCH Name: COMFORTS OF HOME

1. REGULATION 55 Pa.Code §2600

2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION

On 2/14/2018, there was no soap available at the sink in the full resident bathroom located to the left of the laundry room. The wall mounted soap dispenser was empty.

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 immediately put soap in the resident bathroom.

Staff was reminded of the importance of replenishing used items in order to maintain sanitary conditions.

Administrator will check all resident bathrooms
~~Weekly~~ ^{Daily} to ensure sanitary conditions are maintained.
BAS 3/13/18

On-going: The home will assure that soap is available in the bathrooms of the home.

The administrator shall perform checks of the bathrooms during daily walk-throughs of the home to assure compliance.

BAS
3/13/18

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Violation Report: 33113 - 02/14/2018 - Heemer, Laura
PCH Name: COMFORTS OF HOME

1. REGULATION 55 Pa.Code §2600
2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION
On 2/14/2018, the home had 13 residents, but only 30 gallons of emergency drinking water.

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 purchased 9 more gallons of water.

Administrator will check water supply monthly to ensure emergency drinking water is always available.

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Violation Report: 33113 - 02/14/2018 - Heemer, Laura
PCH Name: COMFORTS OF HOME

1. REGULATION 55 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

On 2/14/2018 at 1:15 pm, Staff Person B administered Metformin to Resident# 1 but did not ensure Resident# 1, who requires assistance with medication administration, swallowed the medication or observe Resident# 1 for side effects. The resident was placed into the resident's hand and the resident was allowed to walk away without taking the medication in front of Staff Person B. *medication*

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 was immediately trained on the importance of following the correct procedures for medication Administration.

Administrator will monitor staff as they administer medications to ensure the proper procedures are followed.

(Continued on Page 8A)

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2600.182c

The medication administration monitoring previously described will include the direct observation of Staff Person B administering medications to residents. At least one observation will be performed each week for a period of four weeks and will entail a complete medication pass for all the residents who receive administration at the time of observation. Documentation of the observations will be kept by the home for Department review.

BAB 3/13/18