



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 20 2018

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's Bureau of Human Services Licensing annual inspection on May 4, 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.

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,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 20449 - 05/04/2018 - Harvey, Jason
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
 The home posted only the Licensing Summary Inspections of 4/26/18 and 2/13/18. The home failed to post Licensing Summaries from inspections dated 7/25/17, 9/27/17 and 12/22/17.

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.

Licensing Summary Inspections
 where not hanging on board for 2017.

Licensing Summary Inspections
 are now hanging on board by kitchen door
 where public can see. The Admin & Supervisor
 will make sure all Licensing Summary Inspections
 are hung. Please check to remove any
 privacy coding documents from the
 Plan of Correction before posting. *OP*

~~6-28~~

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Buddy Minelli*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Buddy Minelli* Date *6/14/18*

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

The above plan of correction is approved as of 7-2-18
 (Date)

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

Plan of correction implementation status as of 7-12-18
 (Date)

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

Violation Report: 20149 - 05/04/2018 - Harvey, Jason
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE 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

The home had two carbon monoxide detectors located in each of the first and second floor hallways which did not have labeled dates as to when their batteries were installed as required by the Care Facility Carbon Monoxide Alarms Act effective 9/1/2016.

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.

batteries were not dated. Carbon monoxide detectors
 All batteries are replace and marked with dates.
 Supervisor will replace and date all batteries yearly or when detectors start beeping for low batteries.
 Adm will oversee this Plan of Compliance for ongoing compliance correction

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/26/2017

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Buddy Minelli Date 6/14/18

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

The above plan of correction is approved as of 7-2-18 (Date)

The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of 8/8/18 (Date)

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

Violation Report: 201449 - 05/04/2018 - Harvey, Jason
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION
 The home did not have an annual quality management plan review had taken place with the past 12 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.

Quality Management Plan could not be found at time of inspection due to change of Admin.
 New Quality Management plan was done by new Admin and is attach to report. YES Admin will make sure Quality Management plan is done yearly, and stays on file.

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

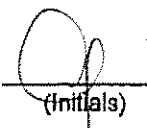
Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Buddy Minelli Date 6/14/18

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

The above plan of correction is approved as of 7-2-18
 (Date) Plan of correction implementation status as of 7-2-18
 (Date)

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

The above plan of correction was approved by 
 (Initials)

Violation Report: 20149 - 05/04/2018 - Harvey, Jason
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
 (1) Medication self-administration training.
 (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 (3) Care for residents with dementia and cognitive impairments.
 (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 (5) Personal care service needs of the resident.
 (6) Safe management techniques.
 (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
 Direct care staff member A hired 4/27/15 did not receive the following required annual training topic for the 2017 training year:
 *Care for residents with dementia and cognitive impairments
 *Personal care service needs of the resident
 *Care with residents with mental illness and intellectual disabilities
 *Infection control

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 member A did not have all of training for 2017.
 Admin was going to set up dates for classes to be made up. But staff member A has quit, from now on Admin will make sure all Staff has correct training.
 The Administrator or designee will make a list for each training year w/ all employee names on it as well as topics to be covered. Check off as training is completed with dates included.

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/26/2017

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **RUSSELL MINELLI** Date **6/14/18**

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Plan of correction implementation status as of 8/8/18 (Date)

The above plan of correction was approved by [Signature] (Initials)

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

Violation Report: 20149 - 05/04/2018 - Harvey, Jason
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE 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


Staff member A did not receive the Older Adult Protective Services trainings for the 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.

Staff member A no longer works for the home, but did not receive Older Adult Protection.

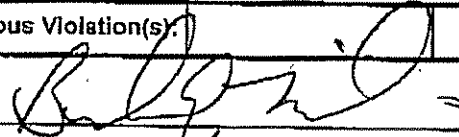
A Date was being set up for her to take class, but then she quit.

Admin will make sure all staff have correct training. Please reference Plan of Correction (checklist) of 6/5/18 to track employees and required training topics. 

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)

Buddy Minelli


Date

6/14/18

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 (Date)

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 (Initials)

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Violation Report: 20149 - 05/04/2018 - Harvey, Jason
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 The trash dumpster located in the parking lot was observed with an open lid. Outside trash from the home must be kept in a covered receptacle.

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 Outside dumpster lid was left open, after house keeper took out trash.
 House keepers were talked to and Staff members to make sure lids are always shut.
 Staff members will check through day to make sure all lids are shut on dumpster.
 Administrator will conduct periodic observations of the home's dumpster(s) to insure ongoing compliance. *CP*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Buddy Minelli*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Buddy Minelli* Date *6/14/18*

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 (Date)

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

Plan of correction implementation status as of 7-2-18
 (Date)

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

Violation Report: 20449 - 05/04/2018 - Harvey, Jason
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 56 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 top first step off the second floor outside deck used for fire evacuation made of pressure treated wood is soft and has movement when stepped on which is a hazard to residents using the exit especially during an emergency.
 There was a hole in the wall behind the entrance door located in the Blue bathroom on the second floor.

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.

Steps were soft due to weather & being old which was a hazard.
 The fire escape was fixed all boards were replaced with new boards, so everything is brand new on fire escape.
 Admin & supervisor will walk building periodically to check to see if there is anything that needs to be fixed.
 Blue bathroom hole in the wall will be fixed on 6/19/18 located on Second floor.

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) Date

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 Plan of correction implementation status as of 8/8/18 (Date)

The above plan of correction was approved by [Signature] (Initials)

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

Violation Report: 20419 - 05/04/2018 - Harvey, Jason
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE 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
 The hot water temperatures tested in the following areas had readings exceeding 120 degrees Fahrenheit. First Floor Blue bathroom sink 126.1. Second floor Tan bathroom sink 129.0. Second floor back rear Tan bathroom sink reading was 126 degrees.

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 hot water temperatures were over 120°F. Plumber was called to lower the water heater. temperature was turned down and will monitor to make sure temperature does not go over 120°F.

Admin will check temperatures periodically, so residents dont get hurt from hot water.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *B. Minelli*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Buddy Minelli* Date *6/14/18*

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

The above plan of correction is approved as of 7/2/18
 (Date)

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

Plan of correction implementation status as of 8/8/18
 (Date)

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

Violation Report: 20149 - 05/04/2018 - Harvey, Jason
 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
 The sink vanity located inside a second - floor tan bathroom which is located to the front of the building had a broken door on the right side of the vanity.
 The electric air blower used to dry resident hands in the first floor blue bathroom was inoperable and needs to be repaired or replaced.

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.

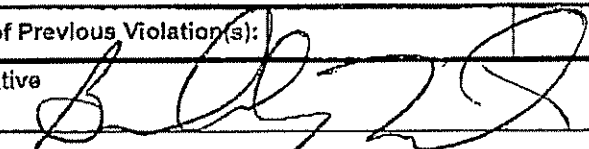
The second floor tan bathroom vanity was broke. The vanity, toilet and floor is all removed. Home is remodeling bathroom by putting a brand new toilet, sink, and tiles.

The electric blower was not working right, on 1st fl. Electrician came out and repaired the blow dryer.

Admin & supervisor will check periodically for damaged items and to make sure everything is in good repair.

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

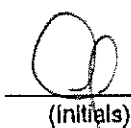
Signature of Legal Entity Representative
 (Required on EVERY Page)



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

Buddy Minelli 6/14/18

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

The above plan of correction is approved as of <u>7-2-18</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>8/8/18</u> (Date) <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
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Violation Report: 20449 - 05/04/2018 - Harvey, Jason
 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
 There were no hand-drying options available for residents using the first-floor blue bathroom. The electric hand dryer on the wall was inoperable and there were no paper towels present in the bathroom for residents to dry their hands.

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.

This is same ^{correction} as violation on page before, electrician came out and fixed hand dryer. Admin and Supervisor will check for good repair and make sure residents have way to dry their hands

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Buddy Minelli*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Buddy Minelli* Date *6/14/18*

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 (Date)

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

Plan of correction implementation status as of 8/8/18
 (Date)

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

Violation Report: 20149 - 05/04/2018 - Harvey, Jason
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
 The administrator confirmed there was no documentation available and that no annual review of the home's emergency procedures occurred in 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.

The emergency procedures were not documented of annual review, which is usually documented with quality management paper.

The Admin and owners did review YES procedures and is documented with quality management. Copy of this will be attached. The new admin will make sure this is documented yearly from now on.

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) Date 6/14/18

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The above plan of correction is approved as of 7-2-18
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

Plan of correction implementation status as of 7-2-18
 (Date)

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

Violation Report: 20449 - 05/04/2018 - Harvey, Jason
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
 The home's fire drill held on 4/20/18 had an evacuation time of 2 minutes and 54 seconds. The home does not have fire safe areas or an evacuation time specified in writing by a fire safety expert.

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.

evacuation was over 2 minutes and 30 seconds, and has no paper from fire expert.
 [Redacted] fire expert was called, home is waiting on date from him to come out. Paper will be kept on file from fire expert when he comes out and copy sent to state.
 This will be corrected before July 14 2018, and Admin will keep state updated with date and paper from fire expert.

attached

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Buffy Minelli*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Buffy Minelli* Date *6/14/18*

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

The above plan of correction is approved as of 7-2-18
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

Plan of correction implementation status as of 8/13/18
 (Date)

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

Violation Report: 20449 - 05/04/2018 - Harvey, Jason
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.143(b) - The following current emergency medical and health information shall be available at all times for each resident and shall accompany the resident when the resident needs emergency medical attention:

- (1) The resident's name and birth date.
- (2) The resident's Social Security number.
- (3) The resident's medical diagnosis.
- (4) The resident's physician's name and telephone number.
- (5) Current medications, including the dosage and frequency.
- (6) A list of allergies.
- (7) Other relevant medical conditions.
- (8) Insurance or third party payer and identification number.
- (9) The power of attorney for health care or health care proxy, if applicable.
- (10) The resident's designated person with current address and telephone number.
- (11) Personal information and related instructions regarding advance directives, do not resuscitate orders or organ donation, if applicable.

2a. DESCRIPTION OF VIOLATION

The allergies line of resident #1's "Resident Transfer Sheet" was left blank. The Resident Transfer Sheet is used when a resident is sent out for emergency medical care. The home must indicate on the transfer sheet whether or not the resident does have an allergy.

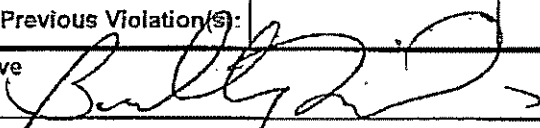
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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.

For Resident #1 there was no allergies marked on transfer sheet this was fixed at time of inspection. Resident #1 has none known allergies, transfer sheet was marked and copy is attached. Admin, will make sure all transfer sheets are filled out completely.


YES

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) Buddy Minelli Date 6/14/18

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The above plan of correction was approved by  (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: 20449 - 05/04/2018 - Harvey, Jason
PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION
Ashes from smoked cigarettes was observed on the floor of the second-floor blue bathroom. The ashes were found on the floor to the right side of the toilet and on an empty toilet paper roll beside the toilet.

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.

Ashes found in bathroom, from resident smoking.
Residents were told they will receive a 30 Day notice if caught smoking in facility. Signs were placed on bathroom doors, as a reminder to the residents. Staff will also check bathrooms more periodically through out the day, to see if we can catch who is smoking. Adm will oversee to ensure ongoing compliance.


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) Date

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Plan of correction implementation status as of 8/8/18 (Date)

- Fully Implemented
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Violation Report: 204#9 - 05/04/2018 - Harvey, Jason
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

- 1. REGULATION 55 Pa. Code §2600**
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:
- (1) Resident's name.
 - (2) Drug allergies.
 - (3) Name of medication.
 - (4) Strength.
 - (5) Dosage form.
 - (6) Dose.
 - (7) Route of administration.
 - (8) Frequency of administration.
 - (9) Administration times.
 - (10) Duration of therapy, if applicable.
 - (11) Special precautions, if applicable.
 - (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
 - (13) Date and time of medication administration.
 - (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION
 The Medication Administration Record for resident #2 indicated inject 24 units of insulin SQ at bed time, but the doctor's order states inject 24 units of insulin SQ at bed time but do not give the 24 units of insulin if blood sugar level is under 100.

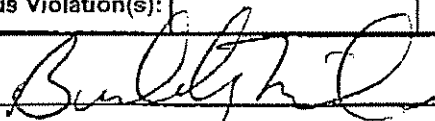
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

For Resident #2 there was no hold order written on MAR. The home had the order but pharmacy didn't have it printed on MAR. This was fixed at time of inspection, copy of order and MAR are attached. Med Techs, will check MAR's better at the beginning of month to make sure all orders are correct. MAR sent

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)

Bussy Minetti

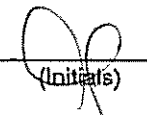
Date

6/14/18

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

The above plan of correction is approved as of 7-2-18
 Administrator will also review (Date)
 the MARs periodically to ensure ongoing compliance

The above plan of correction was approved by



Plan of correction implementation status as of 7-2-18
 (Date)

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

Violation Report: 20449 - 05/04/2018 - Harvey, Jason
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident #1's Preadmission Screening was completed on 1/22/2018, a day after the resident's admission date. Resident # 1's contract and resident transfer sheet both list resident #'s admission date as 1/21/2018.

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.

This resident #1 was brought to home, as emergency intake and prescreening was done the day after.

Any more Admin will make sure pre screening is done before resident moves into facility to make sure residents needs can be met by home.

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) Date 6/14/18
 Buddy Minelli

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

The above plan of correction is approved as of <u>7-2-18</u> (Date)	Plan of correction implementation status as of <u>7-2-18</u> (Date)
The above plan of correction was approved by <u>[Signature]</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