



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 13 2019

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's Bureau of Human Services Licensing's annual licensing inspection on January 9, 2019 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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
Violation Report

Violation Report: 33113 - 01/09/2019 - Showers, Michael
 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 18 hours of annual training during training year 2018.

Staff Person D, a co-administrator of the home, completed only 14 hours of annual training during training year 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.

*The administrator (Staff Person A) will complete a minimum of 10 hours of training by 4/30/19, a minimum of 20 hours of training by 8/31/19, and 30 hours of training by 12/31/19.

The Co-administrator Staff Person D) will complete a minimum of 10 hours of training by 4/30/19, a minimum of 24 hours of training by 8/31/19, and 34 hours of training by 12/31/19.

Documentation for the completion of all trainings for Staff Person A and D will be provided to the Department.

BAS 2/8/19

The Administrator will complete 30 hours of annual training during the 2019 training year. This will ensure that the Administrator is current in 2019 and will supplement her hours to go towards 2018. The Administrator will be more mindful in the future and keep a record of annual training hours to ensure that the Administrator is current with their training hours.

The Co-Administrator will complete 34 hours of annual training during the 2019 training year. This will ensure that the Administrator is current in 2019 and will supplement her hours to go towards 2018. The will both be more mindful in the future and keep a record of annual training hours to ensure that the Administrator is current with their training hours.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/14/2018
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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	2/28/19

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

The above plan of correction is approved as of 2/12/19
(Date)

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

Plan of correction implementation status as of 2/12/19
(Date)

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

Violation Report: 33113 - 01/09/2019 - Showers, Michael
 PCH Name: COMFORTS OF 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

Ancillary Staff Person B has not received training in any of the requirements under this regulation during training year 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.

Ancillary Staff was immediately trained on all topics in Regulation 2600.65(g).
 Administrator will ensure that all staff be trained and current on these topics

*The administrator will review each staff members training on a quarterly basis to identify any missed trainings and assure that the staff member has received the requisite number of annual training hours. Documentation of the completed trainings shall be maintained for Department review.

BAS 2/8/19

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 *1/28/19*

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Violation Report: 33113 - 01/09/2019 - Showers, Michael
 PCH Name: COMFORTS OF HOME

1. REGULATION 55 Pa.Code §2600

2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

2a. DESCRIPTION OF VIOLATION

The bathroom for the home has a furnace behind a sliding louvered door. The door lacks a lock and anyone can access the furnace. The furnace has an exposed exhaust flue and at 10:25am on 1/9/2019 the flue measured 198 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.

The owner of the home immediately placed a lock on the louvered door to ensure that residents do not have access to it. Administrator will check all areas in the home to ensure that a resident cannot come into contact with a heat source.

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Violation Report: 33113 - 01/09/2019 - Showers, Michael
 PCH Name: COMFORTS OF HOME

1. REGULATION 55 Pa.Code §2600

2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION

On 1/9/2019, ventilation fan in the shower room on the right side of hallway was inoperable. This bathroom does not contain a window.

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

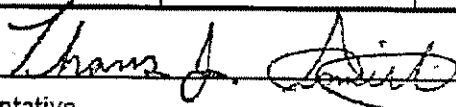
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The owner of the home replaced the ceiling light/ventilation fan to ensure proper ventilation. Administrator will check all areas in the home weekly to ensure that all mechanical fixtures are in proper working order.

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Violation Report: 33113 - 01/09/2019 - Showers, Michael
 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

The bottom half of the window located in the main lounge area has a horizontal crack across window pane.

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.

On or before April 15, 2019, the cracked window will be replaced. Maintenance staff will continue to check all areas of the home to ensure that all windows in the facility are in good repair and securely screened.

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Violation Report: 33113 - 01/09/2019 - Showers, Michael
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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 1/9/2019, the home had 17 residents, but only 30 gallons of emergency 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 home immediately purchased water to meet the regulation of having at least a 3 day supply for each resident. Staff was instructed that water cannot be stacked and must be replaced if outdated or damaged. Administrator will also check the water each week.

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Violation Report: 33113 - 01/09/2019 - Showers, Michael
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1. REGULATION 55 Pa.Code §2600

2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2a. DESCRIPTION OF VIOLATION

There was no exit sign posted at exit door in the home's main lounge area.

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.

An Exit Sign was immediately hung above the door where it was missing.
 Maintenance staff & Administrator will continue to check all areas of the home weekly to ensure Exit Signs are posted at every exit.

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Violation Report: 33113 - 01/09/2019 - Showers, Michael
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1. REGULATION 55 Pa.Code §2600
 2600.171(b)(4) - If staff persons or volunteers of the home provide transportation for the residents, at least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION
 Ancillary Staff Person B's duties include the transportation of residents alone. This staff person was hired in 2017, but did not take the training required by regulation 2600.65(d) until 1/9/2019.

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 that all new staff members including ancillary complete the training in Regulation 2600.65(d)

*The administrator will ensure that when the home is providing transportation for the residents, at least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training in 2600.65. The administrator will review each staff members training, who performs transportation duties, on a quarterly basis to identify any missed trainings and assure that the staff member has received the requisite trainings and number of annual training hours.
 Documentation of the completed trainings shall be maintained for Department review.
 BAS 2/8/19

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PCH Name: COMFORTS OF HOME

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 1/9/2018, Resident 1's wound care supplies, including Bacitracin Ointment and 0.9% Sodium Chloride irrigation solution, were unlocked and accessible in the resident's bedroom.

A tube of Collangenase Santyl and a bottle of Predsizolone Acetate were located in an unlocked drawer in the pantry area of the kitchen.

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 locked all medication. Administrator reminded staff that all medications must be in a locked container. Administrator will also check the areas of the home each week to ensure all medications are locked. Administrator will continue to remind staff.

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