



Sent via e-mail [deneane.miller@aol.com]

MAILING DATE: April 16, 2020

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

RE: Comforts of Home  
Certificate #: 331130

Dear Mr. Smith:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living) review on January 15, 2020, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

*Gloria Emick*

Gloria Emick  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: COMFORTS OF HOME

License Number: 33113

Address: 1619 LISTONBURG ROAD,, CONFLUENCE, PA 15424

County: SOMERSET

Region: CENTRAL

## Administrator

Name: Deneane Miller

Phone: 8143955812

Email: DENEANE.MILLER@AOL.COM

## Legal Entity

Name: THOMAS AND AMY SMITH

Address: 1619 LISTONBURG ROAD, CONFLUENCE, PA, 15424

## Certificate(s) of Occupancy

Type: C-2 LP

Date: 09/17/1986

Issued By: L&I

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 16

Waking Staff: 12

## Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

## Inspection Dates and Department Representative

01/15/2020 - On-Site: Douglas Hoover, Michael Palermo

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 18

Residents Served: 15

### Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

### Hospice

Current Residents: 0

### Number of Residents Who:

Receive Supplemental Security Income: 12

Are 60 Years of Age or Older: 12

Diagnosed with Mental Illness: 4

Diagnosed with Intellectual Disability: 4

Have Mobility Need: 1

Have Physical Disability: 1

85a - Sanitary Conditions

Regulations

2600.  
85.a. Sanitary conditions shall be maintained.

Description of Violation

Direct Care Staff Member A did not wear gloves when completing a glucose blood draw and administering insulin to Resident #1.

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.)

Direct Care Staff Member A was immediately educated on the importance of sanitary conditions and wearing gloves when completing many procedures in the home including but not limited to completing blood glucose draws and administering insulin.

Administrator will continue to educate all staff at staff meetings and also during annual staff trainings throughout the year.

Administrator will monitor all staff during various shifts to ensure that they are maintaining sanitary conditions. Administrator will continue to remind staff and educate staff regarding sanitary conditions.

Legal Entity Representative

Signature *Thomas J. Smith*

Thomas J. Smith Owner 2/5/20  
Printed Name and Title Date

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The above plan of correction is approved as of 4/16/20 Plan of correction implementation status as of 4/16/20  
(Date) (Date)

Implemented  
 Not Implemented

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

93a - Handrails

Regulations

2600.

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

The entrance next to the porch entryway did not have a handrail for the outside step.

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 handrail was installed on porch entryway. Administrator along with maintenance staff will continue to check all areas of the home weekly to ensure that all ramps, interior stairways and outside steps have a secure handrail.

Legal Entity Representative

Signature *Thomas J. Smith*

Thomas J. Smith  
Printed Name and Title

4/5/20  
Date

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(Initials)

102h - Toilet Paper

Regulations

2600.  
102.h. Toilet paper shall be provided for every toilet.

Description of Violation

There was no toilet paper in the bathroom across from the laundry room at 9:10 am.

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 other two bathrooms in the facility had toilet paper provided for residents. Staff immediately replaced the toilet paper in the bathrooms across the laundry room when they were informed that the previous toilet paper had been used. Staff were instructed to continue to monitor all bathrooms and replace toilet paper as needed. Staff was also instructed to keep an extra roll of toilet paper in each bathroom under the sink for use. Administrator also reminded the residents to please inform staff if they happen to use the last of the toilet paper so it can be replaced.

Legal Entity Representative

*Thomas J. Smith*

Signature

Thomas J. Smith

Printed Name and Title

2/5/20  
Date

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144c1 - Smoking Area Guidelines

Regulations

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

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.

Description of Violation

The home's outside designated smoking area had a collapsible fabric chair that was not fire resistant and there were numerous cigarette butts on the ground.

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 fabric chair was immediately removed from the smoking area. Staff and residents were instructed that they are not permitted to have fabric or any furniture that is not fire resistant in the smoking are. Staff will continue to monitor the smoking area several times daily while on breaks to ensure that there are not any pieces of furniture in the smoking area that are not fire resistant.

The cigarette butts were immediately removed from the ground. Staff and residents were instructed that cigarette butts must be extinguished in the fire proof ashtrays and receptacles provided.

Administrator will check the smoking are several times weekly to ensure that all furniture in the smoking area is fire resistant and that all cigarette butts are extinguished properly. Administrator will continue to educate staff during annual staff trainings and will periodically remind all residents at resident meetings and discussion times.

Legal Entity Representative

Signature 

Printed Name and Title Thomas J. Smith

Date 2/5/20

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227g -Support Plan Signatures

Regulations

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The 10/31/2018 support plan for Resident #2 was not signed by the home.

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 immediately reviewed all resident records to ensure that all required documents were signed properly. Resident #2 had a support plan completed 08/23/19 and it was signed properly. Administrator reminded all staff completing required documents for the home to be mindful and careful when completing the forms to ensure the forms are completed in their entirety and accurately. Administrator will continue to audit several resident records monthly (rotating them so that all resident records are audited throughout the year) to ensure all forms are completed accurately.

Legal Entity Representative

Signature *Thomas J. Smith*

Printed Name and Title *Thomas J. Smith*

Date *2/5/20*

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