

Department of Human Services  
Bureau of Human Service Licensing

September 24, 2020

THOMAS SMITH, OWNER  
THOMAS SMITH  
1619 LISTONBURG ROAD  
CONFLUENCE, PA 15424

RE: COMFORTS OF HOME  
1619 LISTONBURG ROAD  
CONFLUENCE, PA, 15424  
LICENSE/COC#: 33113

Dear Mr. Smith,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 07/28/2020, 07/29/2020 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,  
Gloria Emick

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *COMFORTS OF HOME* License #: *33113* License Expiration Date: *05/21/2021*  
 Address: *1619 LISTONBURG ROAD, CONFLUENCE, PA 15424*  
 County: *SOMERSET* Region: *CENTRAL*

**Administrator**

Name: *Karen Miller* Phone: *8143955812* Email: *deneane.miller@aol.com*

**Legal Entity**

Name: *THOMAS SMITH*  
 Address: *1619 LISTONBURG ROAD, CONFLUENCE, PA, 15424*  
 Phone: *8143955812* Email: *DENEANE.MILLER@AOL.COM*

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *09/17/1986* Issued By: *Labor and Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *18* Waking Staff: *14*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *07/29/2020*

**Inspection Dates and Department Representative**

*07/28/2020 - Off-Site: Kellie Cargile*  
*07/29/2020 - Off-Site: Kellie Cargile*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *18* Residents Served: *17*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *1*

**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: *0*

## Inspections / Reviews

07/28/2020 - Partial

Lead Inspector: *Kellie Cargile*Follow-Up Type: *POC Submission*Follow-Up Date: *08/17/2020*

9/24/2020 - POC Submission

Lead Reviewer: *Gloria Emick*Follow-Up Type: *Document Submission*Follow-Up Date: *10/16/2020*

## 15a - Resident Abuse Report

## 1. Requirements

2600.

- 15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

**Description of Violation**

*Resident #1 alleged that on 7/14/20, during the afternoon, Resident #2 grabbed the resident's arm, touching Resident #1 without consent. This incident was reported to Staff Member A on or before 7/17/20. However, this allegation of abuse was not reported to the county area agency on aging.*

**Plan of Correction****Accept**

*This incident was not reported to staff until the afternoon of Friday, July 17th. This incident was reported to BOTH DHS and Area Agency on Aging on Monday, July 20th at 1:40 pm. Please see the attached fax confirmation.*

*Moving forward, the administrator will ensure that all alleged incidents be reported to Area Agency on Aging within the 48-hour time frame in accordance with the Older Adults Protective Services Act.*

*All incidents will be reviewed by the administrator on a quarterly basis to ensure that all required reporting was completed. The results of the reviews will be included in the home's periodic quality management reviews.*

**Completion Date:** 07/20/2020

## 16c - Written Incident Report

## 1. Requirements

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 § 2600.15 (relating to abuse reporting covered by law).

**Description of Violation**

*Resident #1 alleged that on 7/14/20, Resident #2 grabbed the resident's arm, touching Resident #1 without consent. This incident was reported to Staff Member A on or before 7/17/20. The home did not report this incident to The Department until 7/20/20.*

**Plan of Correction****Accept**

*Staff was not informed of this incident until the afternoon of Friday, July 17th. Administrator spoke to the residents involved on Friday and the 17th. It was early evening when that was complete, so a report was written on Monday, July 20th.*

*The administrator will ensure that all alleged incidents be reported to The Department within the 24-hour time frame in accordance with the Older Adults Protective Services Act. The administrator will review the incidents required to be reported by 2600.16a with all staff. All future incidents will be reported as required moving forward. All incidents will be reviewed by the administrator on a quarterly basis to ensure that all required reporting was completed. The results of the reviews will be included in the home's periodic quality management reviews.*

**Completion Date:** 07/20/2020

## 141a 1-10 Medical Evaluation Information

**1. Requirements**

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department's request.

**Description of Violation**

*Resident #1's medical evaluation, dated 2/3/20, does not include the resident's health status or cognitive functioning.*

**Plan of Correction****Accept**

*Resident #1's medical evaluation was immediately corrected to include the resident's health status and cognitive functioning. An audit of all resident medical evaluations will be conducted on or before August 31, 2020. Corrections will be made to any medical evaluations that are not correct or not filled out in their entirety. Administrator spoke to office staff regarding this matter and made sure office staff is aware that this was missing and know that in the future they must be more mindful and ensure all areas of the medical evaluation are completed. Administrator will also audit several resident records each month and rotate between residents records to ensure all resident records remain up to date and completed correctly.*

**Completion Date:** 08/17/2020