

Department of Human Services
Bureau of Human Service Licensing

March 3, 2021

██████████ ADMINISTRATOR
WEST SIDE KOZY COMFORT PERSONAL CARE HOME INC
906 SOUTH MAIN AVENUE
SCRANTON, PA 18504

RE: WEST SIDE KOZY COMFORT
PERSONAL CARE HOME
906 SOUTH MAIN AVENUE
SCRANTON, PA, 18504
LICENSE/COC#: 20449

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/06/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME **Licen e #:** 20449 **Licen e Expiration Date:** 09/20/2020
Adde : 906 SOUTH MAIN AVENUE, SCRANTON, PA 18504
County: LACKAWANNA **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** 5703415840 **Email:**
[REDACTED]

Legal Entity

Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME INC
Address: 906 SOUTH MAIN AVENUE, SCRANTON, PA, 18504
Phone: 5703415840 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: Other **Date:** 04/01/2017 **Issued By:** City of Scranton

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 35 **Waking Staff:** 26

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Rea on: Renewal **Exit Conference Date:** 10/06/2020

Inspection Dates and Department Representative

10/06/2020 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 36 **Residents Served:** 34

Secured Dementia Care Unit

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

Hospice

Current Re ident : 4

Number of Residents Who:

Receive Supplemental Security Income: 32 **Are 60 Years of Age or Older:** 18
Diagnosed with Mental Illness: 32 **Diagnosed with Intellectual Disability:** 4
Have Mobility Need: 1 **Have Physical Disability:** 1

Inspections / Reviews

10/06/2020 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow-Up Date: *11/14/2020*

1/20/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *01/27/2021*

3/3/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The License inspection summary dated 3/26/20 was not posted in the home.

Plan of Correction

Accept

The license was hanging in office and not in public area to be seen. Due to residents pulling stuff off bulletin board. The home since inspection has hung up a copy in public area and has original in office. The homes manager will check to make sure the lisencc stays up on bulletin board at all time.

Completion Date: 01/18/2021

Update - 01/19/2021

Please send picture/proof of compliance with this regulation.

Document Submission

Implemented

picture is attached, hanging in main hallway.

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

License Inspection Summary dated 5/15/2019 was posted on the public bulletin board with the privacy information still attached.

Plan of Correction

Accept

Residents privacy sheet was left hanging with the inspection summary of 5/15. It was removed at time of inspection, the admin will make sure the privacy isnt posted for public.

Completion Date: 01/18/2021

Update - 01/19/2021

Immediately and Ongoing:

All resident records will be confidential and stored in a manner that protects confidentiality that is consistent with this chapter.

Document Submission

Implemented

Admin has double checked no private information is hanging with violation report. Will make sure that any names and information is removed before hanging violation report in future

Update - 03/03/2021

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Repeat Violation

The home did not have documentation of criminal background check for staff person A, who was hired [REDACTED]

Plan of Correction

Accept

At the time of inspection the background check was misplaced, the admin and house manager couldn't find it. After inspection it was found in file in office desk. The home admin and house manager will make sure all personal files have everything they need in them.

Completion Date: 01/18/2021

Update - 01/20/2021

Immediately:

The administrator shall AUDIT all staff records and ensure that the proper documentation (criminal background checks) are up to date and available for review by the department.

Document Submission

Implemented

All workers files are audited and copy is attached of background check.

64c - Annual Training

1. Requirements

2600.

- 64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Repeat Violation

The home's administrator, staff person B, did not have at least 24 hours of training in 2019.

Plan of Correction

Accept

the admin have been trying to make up as many hours as i can due to covid-19 the trainings that where set got cancelled. I did alot of training online to make up those hours plus took the fire saftey course. i will also do as many trainings as possible to make all hours up.

Completion Date: 01/18/2021

Update - 01/20/2021

Immediately:

The administrator shall submit a plan with training dates and times for completion of (24 hours) of training for year 2019.

The administrator shall submit/ATTACH to the Northeast regional office any and all training that has been completed for training year 2019.

64c - Annual Training (continued)

Document Submission**Implemented**

have alot of online training which I put together to make up for past trainings. The state (northeast region) had a plan and dates set up with me to get all my training up to date in 2020 due to covid they where all cancelled. Now being a member of personal care home ass. they haven't told me about more online training, but i need onsite training. [REDACTED] from PCHA said there is a 40 hour in service in Poconos at Khalahari in November 2021 which as soon as dates are given to me I will sign up and do the 40 hrs there. when I get the email of the dates I will make sure state is informed.

Update - 03/03/2021

As discussed with provider- a binder shall be kept on site at all times with the administrators training hours. Training hours verified for 2018 and 2019 and ongoing. The binder shall be made available to the department upon request.

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

There was no light bulb in the lamp next to the bed of Resident 1. The lamp next to the bed of Resident 2 was not working.

Plan of Correction**Accept**

Two new lamps were placed in room, and both are working with new bulbs. housekeeping was told to check all amps and bulbs periodically through the week while cleaning, to ensure they all work.

Completion Date: 01/18/2021

Update - 01/20/2021

Please submit picture as proof of compliance with this regulation.

Document Submission**Implemented**

attached

125a - Combustible Storage

1. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Repeat Violation

A small pink towel was found on the floor behind the home's dryer in the laundry room located on the first floor.

Plan of Correction**Accept**

At the time of inspection there was a towel behide the dryer. The staff was told to be checking every load for items that had fallen behide. Also with fire training added about cloths of all kinds are picked up and not left by a heat source.

Completion Date: 01/18/2021

125a - Combustible Storage (continued)

Update - 01/20/2021

Please submit/Attach proof of staff training regarding compliance with this regulation.

Document Submission**Implemented**

training is attached

132b - Safety Inspection/Fire Drill

1. Requirements

2600.

- 132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Repeat Violation

The home's annual fire safety inspection conducted by a fire safety expert was conducted on 10/11/2019. The previous inspection was conducted on 7/10/18, more than 12 months prior.

Plan of Correction**Accept**

The city couldn't make it out in time due to they were backed up, the home had [REDACTED] come out and do inspection. From here on out [REDACTED] will be doing all the inspections for the home so they are not over due.

Completion Date: 01/18/2021

Update - 01/20/2021

Please submit/Attach proof of the Fire Safety drill/Inspection as compliance with this regulation.

Document Submission**Implemented**

attached

183d - Prescription Current

1. Requirements

2600.

- 183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

The medication card contained a bottle of PRN Ibuprophen for Resident 3. The medication had been discontinued since 9/12/20 but was still kept in the cart.

Plan of Correction**Accept**

The bottle of Ibuprophen was in med cart, after it was D/C by doctor. At time of inspection it was discarded. The med techs were told soon as something is d/c that the pharmacy is to be called and meds are to be given back to pharmacy for discarding. Head med tech will check and make sure that this is followed through out the week.

Completion Date: 01/18/2021

Update - 01/20/2021

Please submit/Attach proof of staff training in regards to this regulation.

Document Submission**Implemented**

attached

227d - Support Plan Medical/Dental

1. Requirements

227d - Support Plan Medical/Dental (*continued*)

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The Resident Assessment and Support Plan of Resident 3 did not indicate any mobility or ambulating needs; however [REDACTED] utilizes a wheelchair for mobility due to the loss of both legs below the knee.

Plan of Correction**Accept**

Resident is independently mobile but does use a wheelchair or prosthetic legs. It was written write on support plan though. The support Plan is updated and a copy attached. the admin will make sure to state more clearly mobility of resident, but the resident is fully mobile on [REDACTED] own with the help of these devices.

Completion Date: 01/18/2021

Update - 01/20/2021

Please Attach updated RASP for Resident #3.

Document Submission**Implemented**

Rasp for mobility needs and changes are attached

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

3. A photograph of the resident that is no more than 2 years old.

Description of Violation

The record of Resident 4 did not include a photograph.

Plan of Correction**Accept**

Resident was a new resident the picture was on phone but not yet printed yet. At the time of inspection the picture was printed and put on [REDACTED] file and shown to inspector.

Completion Date: 01/18/2021

Update - 01/20/2021

Immediately and Ongoing:

Please send proof of Resident #4's photo.

The administrator will AUDIT all resident records for current pictures of all residents. The administrator will monitor for ongoing compliance.

Document Submission**Implemented**

Attached and auditing all pictures for residents.