

Department of Human Services
Bureau of Human Service Licensing

September 29, 2021

[REDACTED]
THOMAS SMITH
1619 LISTONBURG ROAD
CONFLUENCE, PA 15424

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/13/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance 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: [REDACTED] Phone: *8143955812* Email: [REDACTED]

Legal Entity

Name: *THOMAS SMITH*
Address: *1619 LISTONBURG ROAD, CONFLUENCE, PA, 15424*
Phone: *8143955812* Email: [REDACTED]

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: *18* Waking Staff: *14*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *04/13/2021*

Inspection Dates and Department Representative

04/13/2021 - On-Site: [REDACTED]

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: *16* Are 60 Years of Age or Older: *13*
Diagnosed with Mental Illness: *13* Diagnosed with Intellectual Disability: *5*
Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

04/13/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/13/2021*

Inspections / Reviews *(continued)*

6/4/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/11/2021*

9/29/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

95 - Furniture and Equipment**1. Requirements**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The fire alarm system pull station, in the hallway next to the shower room, was loose from the wall and being held in place by tape.

Plan of Correction**Accept**

The pull station was immediately fixed by the owner. The back of the pull station had brackets and the pull station was placed correctly into the brackets making the pull station attach to the wall tightly and securely. Tape was no longer needed. Owner and Administrator advised the staff to inform us as soon as equipment in the home is not in good repair so that we can fix it immediately.

Completion Date: 04/13/2021

Document Submission**Implemented**

All steps have been completed