

Department of Human Services
Bureau of Human Service Licensing

May 31, 2022

[REDACTED], OWNER
[REDACTED]
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/09/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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* License #: *20449* License Expiration: *09/20/2021*
Address: *906 SOUTH MAIN AVENUE, SCRANTON, PA 18504*
County: *LACKAWANNA* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *WEST SIDE KOZY COMFORT PERSONAL CARE HOME INC*
Address: *906 SOUTH MAIN AVENUE, SCRANTON, PA, 18504*
Phone: [REDACTED] 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: *29* Waking Staff: *22*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Incident* Exit Conference Date: *08/09/2021*

Inspection Dates and Department Representative

08/09/2021 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *36* Residents Served: *29*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *29* Are 60 Years of Age or Older: *17*
Diagnosed with Mental Illness: *29* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

08/09/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/17/2022*

Inspections / Reviews (*continued*)

05/09/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *05/16/2022*

05/31/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The facility has not posted the Influenza Awareness Act poster in a public and conspicuous place in the facility as required by the Influenza Awareness Act.

Plan of Correction

Accept

The admin has added posters to the home in main hallways. The managers will check periodically through out the week in ensure no one removes them.

Completion Date: 03/22/2022

Update: 05/09/2022

Please take a photo of the poster and send in for Step 2.

AG, 5-9-22

Document Submission

Implemented

flu poster hanging in hallway

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 8/9/21, 30 residents were present in the home. During this time staff persons A & B were present in the home had CPR/First Aid certificates provided by National CPR Foundation. The National CPR Foundation is not a accredit provider for CPR & First Aid.

Plan of Correction

Accept

Cpr classes were done in middle of covid. We couldnt find any classes in person to send workers. We are training three workers as instructors and all staff in gonna get Cpr through red cross. Admin set classes up with red cross to have workers trained and for Admin to be a trainer again just waiting on Jim from red cross to call with dates. Will update when have dates.

Completion Date: 03/29/2022

Update: 05/09/2022

Please send in a copy of the card from the In Person class when completed.

AG, 5-9-22

Document Submission

Implemented

I have completed first part of training along with [REDACTED] my manager and [REDACTED]. On June 2nd is our second part of the test and right after that same week will we train all workers in cpr. The workers were set to take this class as well but there was issues with the online part of the red cross test. By June 8th everyone will be certified through red cross again as they all were before covid.

63b - Current First Aid Training

1. Requirements

2600.

63.b. Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.

Description of Violation

Staff persons A, B, and C were trained in CPR and First Aid by The National CPR Foundation who is a online school. This training source is not certified as a trainer by a hospital or other recognized health care organization.

Plan of Correction**Accept**

Admin set classes up with red cross to have workers trained and for Admin to be a trainer again just waiting on Jim from red cross to call with dates. Will update when have dates. Will make sure all certs are done by red cross provider any more.

Completion Date: 03/29/2022

Update: 05/09/2022

Please send in a copy of the card from the in-person class when completed.

AG, 5-9-22

Document Submission**Implemented**

Talked with state on this one she did do class but it was in 2020 Training for workers shouldn't of been a violation

65f - Training Topics**1. Requirements**

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Direct care staff person A did not receive training in medication self administration and instruction on meeting the needs of the resident as described in the preadmission screening form, assessment tool, medical evaluation and support plan during training year 2020.

Plan of Correction**Accept**

2020 Was year with covid [REDACTED] was in the class but Admin had them go through training again and will send photo of class. Admin will make sure everyone signs papers any more when they are at the training.

Completion Date: 03/29/2022

Document Submission**Implemented**

violation was in 2020 no traing should of been nedded but had them make it up anyways

224a - Preadmission Screen Form**1. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1's preadmission screening form, does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction**Accept**

The homes manager missed the check box that residents needs can be met. Which the residents needs were and could be met. The homes manager fixed the paper at the time of inspection. Manager and admin will make sure to

224a - Preadmission Screen Form (continued)

check all boxes during assessment.

Completion Date: 03/22/2022

Update: 05/09/2022

Please send in a copy of a new admission showing a correct form since the renewal inspection that shows compliance.

AG, 5-9-22

Document Submission**Implemented**

Please send in a copy of a new admission showing a correct form since the renewal inspection that shows compliance.

AG, 5-9-22

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

On 8/9/2021, at 9:45am, the Licensing Inspection Summary from 10/6/2021 was posted on the home's bulletin board located on the first floor next to the kitchen door; the resident privacy coding was attached to the Licensing Inspection Summary.

REPEATED VIOLATION 10-6-2020

Plan of Correction**Accept**

the home remove privacy code at the time of inspection the manager hung it with violations which was a mistake.

The home corrected it and will make sure no privacy codes are hung with violations. Admin will check and make sure when hanging violations privacy code is not with them.

Completion Date: 03/29/2022

Update: 05/09/2022

please send in a photo of a violation report WITHOUT a privacy coding in Step 2.

AG, 5-9-22

Document Submission**Implemented**

please send in a photo of a violation report WITHOUT a privacy coding in Step 2.

AG, 5-9-22

252 - Record Content**1. Requirements**

2600.

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

Description of Violation

Resident #1's record does not include identifying marks.

REPEATED VIOLATION 10-6-2020

252 - Record Content (continued)

Plan of Correction**Accept**

On the resident#1's record id marks were left blank cause he didnt have any. The manager fixed at time of inspection and put none on the line. When doing the records the manager will keep mindful to fill all areas out and admin. We will also double check each other to make sure.

Completion Date: 03/22/2022

Update: 05/09/2022

In the future, please write NONE if there are no identifying marks. Please send in a face sheet for a new admission since the renewal inspection to show compliance.

AG, 5-9-22

Document Submission**Implemented**

In the future, please write NONE if there are no identifying marks. Please send in a face sheet for a new admission since the renewal inspection to show compliance.

AG, 5-9-22