

Department of Human Services
Bureau of Human Service Licensing

August 21, 2022

[REDACTED]
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 [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/06/2022, 01/13/2022 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: 09/20/2022
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

Staffing Hours

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

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 01/13/2022

Inspection Dates and Department Representative

01/06/2022 On Site [REDACTED]
01/13/2022 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 36 Residents Served: 35

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 34 Are 60 Years of Age or Older: 19
Diagnosed with Mental Illness: 34 Diagnosed with Intellectual Disability: 5
Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

01/06/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/14/2022

Inspections / Reviews (*continued*)

04/18/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/28/2022*

06/24/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/01/2022*

08/21/2022 - Document Submission

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

42e - Telephone Access

1. Requirements

2600.

42.e. A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.

Description of Violation

Per staff and resident interviews, residents do not have free access to a telephone without having to ask a staff person to use it.

Plan of Correction

Accept

he residents broke phone by slamming in down at time there was no phone out there but we had a cordless in kitchen residents just had to ask and it was handed to them to bring back. A new phone was purchased and place back in phone area for them to use again. we always allow them to use phone and have one there unless they break t then we have to go out and purchase another one.

Completion Date: 03/22/2022

Update: 04/18/2022

Please send in photos; receipts, or documents as proof of compliance for Step 2.

4-18-22

Document Submission

Implemented

Please send in photos; receipts, or documents as proof of compliance for Step 2.

, 4 18 22 already attached

83a Indoor Temperature

1. Requirements

2600.

83.a. The indoor temperature, in areas used by the residents, must be at least 70°F when residents are present in the home.

Description of Violation

The temperature in the home's living room area was 62.6 degrees Fahrenheit and the temperature in the bedroom for Resident #1 was 61.5 degrees Fahrenheit at time of inspection. Staff stated that the draft coming into the home from residents frequently opening the doors to walk in and out of the home lowers the temperature in the home.

Plan of Correction

Accept

The temp was low and we had issue with the heater blowing out the hot air. A new motor was put in but it would take 6 hours to replace so we had to wait for a warm day. If not it would of been way to cold for residents to be n building. It was in low teens once we got a warmer day it was replaced right away.

Completion Date: 03/22/2022

Update: 04/18/2022

Please send in photos; receipts, or documents as proof of compliance for Step 2.

4-18-22

Document Submission

Implemented

Please send in photos; receipts, or documents as proof of compliance for Step 2.

4-18-22 attched picture

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

There were several small brown droppings that appeared to be mice droppings scattered on the bottom of Resident #1's bedroom wardrobe at time of inspection. Per resident interviews, multiple mice have been seen in resident bedrooms and in the home's common areas.

Plan of Correction**Accept**

Their was mice dropping in the room, the resident was asked multiple times to not have food in room. The resident puts food under bed in closet open where it draws them in. Workers try to get in their to clean up but the residents gives a hard time and wont always let cleaner in room. The admin talked to resident and gave a warning, the manager is going to keep an eye on the room and have cleaner go in everyday.

Completion Date: 03/22/2022**Update:** 04/18/2022

Please send in photos; receipts, or documents as proof of compliance for Step 2.

█, 4 18 22

Document Submission**Not Implemented**

Please send in photos; receipts, or documents as proof of compliance for Step 2.

█, 4-18-22 pest control has been out twice since then resident keeps bring food into her room.

Update: 06/24/2022

no evidence of pest control was submitted.

█, 6 24 22

Document Submission**Implemented**

Please send in photos; receipts, or documents as proof of compliance for Step 2.

█, 4-18-22 pest control has been out twice since then resident keeps bring food into her room.

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

The trashcans in the home's first floor bathroom closest to the dining room and home's second floor bathroom were uncovered at time of inspection.

Plan of Correction**Accept**

Trash cans in bathrooms didn't have lids due to residents breaking them. The home went out and bought all new cans for bathrooms missing lids. Manager will check them periodically through out the week to make sure lids are on cans.

Completion Date: 03/22/2022**Update:** 04/18/2022

Please send in photos; receipts, or documents as proof of compliance for Step 2.

█, 4-18-22

85d - Trash Receptacles (continued)**Document Submission****Implemented***Please send in photos; receipts, or documents as proof of compliance for Step 2.***█**, 4-18-22 photo was attached already**87 - Lighting****1. Requirements**

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

The light fixture that lights the staircase descending to the home's side entrance emergency exit was inoperable and there are no other direct sources of light to ensure this area is properly lit.

Plan of Correction**Accept**

the home was working on this before inspector came out the new light was already ordered. Once the light came in we put it up, the light lights up steps so residents can see clearly to get into building at night.

Completion Date: 03/22/2022**Update:** 04/18/2022*Please send in photos; receipts, or documents as proof of compliance for Step 2.***█**, 4-18-22**Document Submission****Implemented***Please send in photos; receipts, or documents as proof of compliance for Step 2.***█** 4 18 22 photo was already attached**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 doorknob to Resident #2's bedroom was broken and prevented the door from fully closing.

Plan of Correction**Accept**

The doorknob was broke the home was aware of it and soon as our worker could get to it he did and fixed it so door shuts the right way and closes all the way. We were dealing with covid at the time of all this.

Completion Date: 03/22/2022**Update:** 04/18/2022*Please send in photos; receipts, or documents as proof of compliance for Step 2.***█**, 4-18-22**Document Submission****Implemented***Please send in photos; receipts, or documents as proof of compliance for Step 2.***█**, 4-18-22 door shut and works. picture attached**102k - No Common Towel**

1. Requirements

2600.
102.k. Use of a common towel is prohibited.

Description of Violation

The electric hand dryers in first floor bathroom closest to the home s kitchen and second floor bathroom were inoperable. There were no paper towels or other sanitary means of hand drying in these bathrooms.

Plan of Correction**Accept**

The Hand dryer works at time of inspection in wasn't so we called maintenance man to come and fix it. He open the insides up and the button was stuck from residents pushing so hard on it. Button was fixed and is now working again. Next time staff was told if does break to put paper towels in bathrooms for them until we get some one there to fix it.

Completion Date: 04/13/2022

Update: 04/18/2022

Please send in photos; receipts, or documents as proof of compliance for Step 2.

█ 4 18 22

Document Submission**Implemented**

Please send in photos; receipts, or documents as proof of compliance for Step 2.

█, 4-18-22 Hair dryer was fixed button inside was broke.

121a - Unobstructed Egress**1. Requirements**

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On the first day of inspection, there was a large quilt hanging over the emergency exit in the home's living room. On the second day of inspection, a blanket was laid at the base of the same emergency exit. These prevented safe and immediate egress from this exit in the event of an emergency. Staff and residents stated that these were used to prevent a cold draft from coming into the living room.

Plan of Correction**Accept**

The worker at home put a blanket there thinking was a good idea cause heat not working right and draft coming in. The homes admin had maintenance put up weather proofing around door and blanket was removed at time of nspection. Workers were told not to put blankets in way for it is a tripping hazard.

Completion Date: 03/22/2022

Update: 04/18/2022

Please send in photos; receipts, or documents as proof of compliance for Step 2.

█ 4-18-22

Document Submission**Not Implemented**

Please send in photos; receipts, or documents as proof of compliance for Step 2.

█, 4-18-22 photo was attached of new weather proofing

Update: 06/24/2022

no photo of the exit was included

█, 6-24-22

121a - Unobstructed Egress (*continued*)**Document Submission****Implemented**

Please send in photos; receipts, or documents as proof of compliance for Step 2.

█, 4-18-22 photo was attached of new weather proofing

127a - Portable Space Heaters

1. Requirements

2600.

127.a. Portable space heaters are prohibited.

Description of Violation

The was a large, unplugged space heater located in the home's kitchen at time of inspection.

Plan of Correction**Accept**

The portable heater was brought up from basement cause of maintenance █ was going to plug it in the manager told █ it can not be used so █ left it in kitchen area unplugged. Then when admin got there the admin told █ to take it out to trash cause we could use them.

Completion Date: 03/22/2022

Update: 04/18/2022

Please send in photos; receipts, or documents as proof of compliance for Step 2.

█ 4-18-22

Document Submission**Implemented**

Please send in photos; receipts, or documents as proof of compliance for Step 2.

█, 4-18-22 there is none we through it in garbage

132a - Monthly Fire Drill

1. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

Per staff and resident interviews, a fire drill was not conducted in December 2021.

Plan of Correction**Accept**

Monthly fire drills started back in December this was at fault by the Admin. Admin thought we where to start back in January. All other fire drills where done since this mistake and will keep being done every month and every 6 months a over night drill will be done.

Completion Date: 03/29/2022

Update: 04/18/2022

Please include a copy of the home's fire drill logs with Step 2

█ 4-18-22

Document Submission**Implemented**

Please include a copy of the home's fire drill logs with Step 2

█, 4-18-22 already attached

221c - Post Activity Calendar

1. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home. The activity calendar that is posted was for the previous month of December 2021.

Plan of Correction**Accept**

The home didnt change the activity calendar for the current month. It was just mistake and forgotten to be changed do to dealing with heat and covid going on and was admin fault. The admin has manager of home checking it and in charge of changing it every month from here on.

Completion Date: 03/22/2022

Update: 04/18/2022

Please send in photos; receipts, or documents as proof of compliance for Step 2.

■ 4 18 22

Document Submission**Implemented**

Please send in photos; receipts, or documents as proof of compliance for Step 2.

■ 4-18-22 already attached

252 - Record Content

1. Requirements

2600.

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

Description of Violation

The photograph in Resident #1's resident record was taken from the resident's driver's license, issued in October 2019. This picture is greater than two years old as required by this regulation.

Plan of Correction**Accept**

The home didnt realize it was over two months old and new picture was placed in file manager will go through rest of files as well to ensure all pictures are up to date within the two year window.

Completion Date: 03/22/2022

Update: 04/18/2022

Please send in photos; receipts, or documents as proof of compliance for Step 2.

■ 4-18-22

Document Submission**Implemented**

Please send in photos; receipts, or documents as proof of compliance for Step 2.

■ 4-18-22 new photo was already attached