

Department of Human Services
Bureau of Human Service Licensing

October 2, 2022

[REDACTED], ADMINISTRATOR
WEST SIDE KOZY COMFORT PERSONAL CARE HOME INC
[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 07/19/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]
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* 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: [REDACTED]
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: *34* Waking Staff: *26*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *07/19/2022*

Inspection Dates and Department Representative

07/19/2022 - 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 Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *32* Are 60 Years of Age or Older: *23*
Diagnosed with Mental Illness: *33* Diagnosed with Intellectual Disability: *5*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

07/19/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/13/2022*

Inspections / Reviews (*continued*)

09/16/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/21/2022*

10/02/2022 - Document Submission

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 most current renewal LIS from 8/9/2021, was not posted in the home.

Plan of Correction

Accept

Someone had taken it off the billboard no seen it happen. New copy was hung back on billboard in middle of hallway for public to see. The homes admin and manager will keep an eye on it. Will check periodically through out the week to ensure that it is hanging on board.

Completion Date: 08/30/2022

Update: 09/16/2022

Please send proof of compliance (picture).

Please include in you plan of correction a completion date, as far as when the violation was or is intended to be completed.

Document Submission

Implemented

Someone had taken it off the billboard no seen it happen. New copy was hung back on billboard in middle of hallway for public to see. The homes admin and manager will keep an eye on it. Will check periodically through out the week to ensure that it is hanging on board.

Update: 09/27/2022

On-Site POC Verification conducted by [REDACTED] on 9-30-2022.

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 Care Facility Carbon Monoxide Alarms Standard Act requires that all CO2 detectors operating with a battery be changed annually and dated with battery installation date. The batteries in the CO2 detector on the 1st and 2nd floor were not dated with the installation date.

Plan of Correction

Accept

There was two carbon monoxide alarms out that wasnt working. The home had cintas out to check them new ones are being purchased and will be hung back up. The homes admin and manager will check battery and date them to ensure they are changed yearly and work properly.

Completion Date: 08/30/2022

Update: 09/16/2022

Please send proof of compliance. Please include invoice of work completed and picture.

Please include in you plan of correction a completion date, as far as when the violation was or is intended to be completed.

18 - Compliance With Laws *(continued)***Document Submission****Implemented**

There was two carbon monoxide alarms out that wasnt working. The home had cintas out to check them new ones are being purchased and will be hung back up. The homes admin and manager will check battery and date them to ensure they are changed yearly and work properly.

Update: 09/27/2022

On-Site POC Verification conducted by [REDACTED] on 9-30-2022.

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

There was no lid on the trash receptacle in the 3rd bathroom on the 2nd floor.

Plan of Correction**Accept**

garbage can lid was taken off by someone no one could find the lid. The home will purchase a new can with lid and replace that one. The homes cleaners and staff will check bathroom periodically through out the day to make sure all cans are covered

Completion Date: 08/31/2022

Update: 09/16/2022

Please send proof of compliance (picture).

Please include in you plan of correction a completion date, as far as when the violation was or is intended to be completed.

Document Submission**Implemented**

garbage can lid was taken off by someone no one could find the lid. The home will purchase a new can with lid and replace that one. The homes cleaners and staff will check bathroom periodically through out the day to make sure all cans are covered

Update: 09/27/2022

On-Site POC Verification conducted by [REDACTED] on 9-30-2022.

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The door exiting the front of the home had broken wood casing on the left-hand side of the door. The broken casing left jagged pieces of wood and exposed nails that present as a hazard.

Plan of Correction**Accept**

Someone pull a piece of molding off the door and nail was sticking out. The Admin call maintenance guy out and it

88a - Surfaces (continued)

was replaced same day. New molding was hung, Admin also talked with staff to let him know of any repairs need through out the week that they see.

Completion Date: 08/30/2022

Update: 09/16/2022

Please send proof of compliance, invoice and picture.

Please include in you plan of correction a completion date, as far as when the violation was or is intended to be completed.

Document Submission**Implemented**

Someone pull a piece of molding off the door and nail was sticking out. The Admin call maintenance guy out and it was replaced same day. New molding was hung, Admin also talked with staff to let him know of any repairs need through out the week that they see. metal was used this time for door to see if holds up better.

Update: 09/27/2022

On-Site POC Verification conducted by [REDACTED] on 9-30-2022.

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 Violation

There was a towel wrapped around the dryer's exhaust vent.

Plan of Correction**Accept**

A worker but a towel around vent to keep bugs out. The Admin told workers it is a fire hazard, and they can not have a towel there. The admin fixed vent and window with new equipment while inspector was there. This was fixed at time of inspection.

The staff will check periodically to make sure that new vent stays in place and let admin know of any repairs they see through out the day.

Completion Date: 08/30/2022

Update: 09/16/2022

Please send proof of compliance - (picture).

Please include in you plan of correction a completion date, as far as when the violation was or is intended to be completed.

Document Submission**Implemented**

A worker but a towel around vent to keep bugs out. The Admin told workers it is a fire hazard, and they can not have a towel there. The admin fixed vent and window with new equipment while inspector was there. This was fixed at time of inspection.

The staff will check periodically to make sure that new vent stays in place and let admin know of any repairs they see through out the day.

Update: 09/27/2022

On-Site POC Verification conducted by [REDACTED] on 9-30-2022.

132a - Monthly Fire Drill

1. Requirements

2600.

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

Description of Violation

The home did not conduct a fire drill as required in December 2021.

Plan of Correction

Accept*The home didn't have a fire drill in December, every other month the drills where done. Coming back to rules after covid the admin forgot to pull alarm in December. The home has had a fire drill every month other then December and fire safety expert was out for a fire drill as well. The home will make sure there is fire drill every month.***Completion Date:** 08/30/2022**Update:** 09/16/2022*Please send fire drill log from January to current.**Please include in you plan of correction a completion date, as far as when the violation was or is intended to be completed.*

Document Submission

Implemented*The home didn't have a fire drill in December, every other month the drills where done. Coming back to rules after covid the admin forgot to pull alarm in December. The home has had a fire drill every month other then December and fire safety expert was out for a fire drill as well. The home will make sure there is fire drill every month.***Update:** 09/27/2022*On-Site POC Verification conducted by [REDACTED] on 9-30-2022.*

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident 1 received a PRN medication of [REDACTED] on 7/1, 7/3, and 7/9/2022 but the effectiveness of the medication was not documented on the Medication Administration Record.

Plan of Correction

Accept*The staff didn't right in effective for [REDACTED] given on these dates. The staff person that didnt do this was told about it. The staff is going to be in a med class on 8/30 to refresh them on documentation for medication. The admin will check book through out the week and make sure everything is documented properly.***Completion Date:** 08/30/2022**Update:** 09/16/2022*Please send proof of staff training.*

Document Submission

Implemented*The staff didn't right in effective for [REDACTED] given on these dates. The staff person that didnt do this was told about it. The staff is going to be in a med class on 8/30 to refresh them on documentation for medication. The admin will check book through out the week and make sure everything is documented properly.*

187a - Medication Record (continued)

Update: 09/27/2022

On-Site POC Verification conducted by CP on 9-30-2022.

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The RASP dated [REDACTED] for Resident 3 was not signed by the resident and did not indicate that the resident refused to participate or refused to sign.

Plan of Correction**Accept**

Resident was out when we did the new rasp manager put back in chart. Both admin and manager forgot to pull it back out to have him sign . Admin wil make sure all paper work is sign and will go over and double check charts .

Completion Date: 09/15/2022

Update: 09/16/2022

Please include in you plan of correction a completion date, as far as when the violation was or is intended to be completed.

Document Submission**Implemented**

Resident was out when we did the new rasp manager put back in chart. Both admin and manager forgot to pull it back out to have him sign . Admin wil make sure all paper work is sign and will go over and double check charts .

Update: 09/27/2022

On-Site POC Verification conducted by [REDACTED] on 9-30-2022.

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 [REDACTED], Staff member A and B were working in the home with a census of 34 residents. The staff members had CPR/first aid certificates provided by the National CPR Foundation which is not an accredited provider of CPR/first aide. This is a repeat violation from 8/9/2021.

Plan of Correction**Accept**

Cpr Training was done by red cross again now and we have instructors that work for us. We couldnt get an instructor out due to covid and we where short workers at the time. Worker is trained in cpr and first aid by redcross now on second reply will send cards

Completion Date: 09/15/2022

Update: 09/16/2022

Please send proof of compliance - Staff A and B's CPR cards.

63a - First Aid/CPR Training (continued)

Please include in you plan of correction a completion date, as far as when the violation was or is intended to be completed.

Document Submission**Implemented**

Cpr Training was done by red cross again now and we have instructors that work for us. We couldnt get an instructor out due to covid and we where short workers at the time. Worker is trained in cpr and first aid by redcross now on second reply will send cards

Update: 09/27/2022

On-Site POC Verification conducted by CP on 9-30-2022.

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 Members A & B were trained in CPR and first aid by the National CPR Foundation exclusively online. This training is not certified as a trainer by a hospital or other recognized health care organization. This is a repeat violation from 8/9/2021.

Plan of Correction**Accept**

Cpr Training was done by red cross again now and we have instructors that work for us. We couldnt get an instructor out due to covid and we where short workers at the time. Worker is trained in cpr and first aid by redcross now on second reply will send cards

Completion Date: 09/15/2022

Update: 09/16/2022

Please send proof of CPR trainer qualifications.

Please include in you plan of correction a completion date, as far as when the violation was or is intended to be completed.

Document Submission**Implemented**

Cpr Training was done by red cross again now and we have instructors that work for us. We couldnt get an instructor out due to covid and we where short workers at the time. Worker is trained in cpr and first aid by redcross now on second reply will send cards

Update: 09/27/2022

On-Site POC Verification conducted by [REDACTED] on 9-30-2022.

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

The pre-admission screening form for Resident 2 was not dated to determine if it was completed within 30 days prior to admission. This is a repeat violation from 8/9/2021.

224a - Preadmission Screen Form (continued)

Plan of Correction**Accept**

Was no date on pre screening, Admin and managers will take more time into ensuring everything is dated properly. Admin will double check files as well when completed by manager to make sure it doesnt happen again.

Completion Date: 09/15/2022

Update: 09/16/2022

Please include in you plan of correction a completion date, as far as when the violation was or is intended to be completed.

Document Submission**Implemented**

Was no date on pre screening, Admin and managers will take more time into ensuring everything is dated properly. Admin will double check files as well when completed by manager to make sure it doesnt happen again.

Update: 09/27/2022

On-Site POC Verification conducted by [REDACTED] on 9-30-2022.