

Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC

January 30, 2023

[REDACTED]  
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 11/01/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *COMFORTS OF HOME* License #: *33113* License Expiration: *05/21/2023*  
 Address: *1619 LISTONBURG ROAD, CONFLUENCE, PA 15424*  
 County: *SOMERSET* Region: *CENTRAL*

**Administrator**

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

**Legal Entity**

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

**Certificate(s) of Occupancy**

Type: *Other* Date: *09/17/1986* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *19* Waking Staff: *14*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *11/01/2022*

**Inspection Dates and Department Representative**

11/01/2022 - 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: *14*  
 Diagnosed with Mental Illness: *17* Diagnosed with Intellectual Disability: *2*  
 Have Mobility Need: *2* Have Physical Disability: *2*

**Inspections / Reviews**

11/01/2022 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/26/2022*

Inspections / Reviews (*continued*)

## 11/28/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/26/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 12/05/2022

## 12/12/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/26/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 12/19/2022

## 01/30/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/26/2023

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

*On 11/01/2022, it was observed that the home does not have its most recent Licensing Inspection Summary (LIS) posted, The last LIS posted was from 1/15/2020.*

## Plan of Correction

**Accept (SK - 12/12/2022)**

*On November 30, 2022 the homes Licensing Inspection Summary from 04/13/2021 and 07/14/2021 were hung in the resident dining room by the Administrator. Beginning Decemner 2022, the Administrator will check monthly to ensure that the homes current License and most recent Licensing Inspection Summary continue to be hung in the resident dining room. Staff were asked to notify the administrator if they notice the current License or License Inspection Summary missing from the resident dining area.*

**Licensee's Proposed Overall Completion Date: 12/05/2022**

**Implemented (SK - 01/30/2023)**

## 5a1 - DHS Access

## 2. Requirements

2600.

- 5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:
1. Agents of the Department.

## Description of Violation

*On 11/1/22, at approximately 9:30 am, Licensing Representatives from the Department requested access to various staff records, as well as the administrator's employee record; including training, criminal background check, etc. Staff Person A stated that the administrator would not be available, and also that many of the requested documents were in another location and currently misplaced. On at least three separate times throughout the day, representatives again requested staff and administrator records, only to find that they were unavailable, and no staff records could be found at the other location either.*

*Due to the inability to produce the requested records, the licensing representatives did not have access to the information for the following regulations: 51, 52, 53a, 53b, 54a, 54b, 63b, 64a, 65a, 65d, 65h, 65i, 190a, 190b and 190c.*

## Plan of Correction

**Accept (SK - 12/12/2022)**

*The administrator educated her designee, Administrator Assistant, Staff Person A, on November 30, 2022 as to the location of all records. Staff person A will have access to all records at all times beginning November 2022. All records will be kept safely and securely in the locked pantry of the facility so that the designee will have immediate access to them in order to provide all records to Agents of the Department upon their request.*

**Licensee's Proposed Overall Completion Date: 12/05/2022**

**Implemented (SK - 01/30/2023)**

## 44g - Telephone Number

**3. Requirements**

2600.

44.g. The telephone number of the Department’s personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the home.

**Description of Violation**

*The telephone numbers of the Department's personal care home regional office, protective services unit in the area agency on aging, local law enforcement agency and the personal care home complaint hotline were not posted in a conspicuous and public place in the home.*

**Plan of Correction**

**Accept (SK - 11/28/2022)**

*On November 1, the required telephone numbers were posted in the resident dining room by the Administrators Assistant. Beginning November 2022, the Administrator will check monthly to ensure the list of telephone numbers remain hung in the resident dining room. Staff were asked to notify the administrator if they notice the required telephone numbers poster missing from the resident dining area.*

**Licensee's Proposed Overall Completion Date: 11/27/2022**

**Implemented (SK - 01/30/2023)**

**89b - Hot Water Temperature**

**4. Requirements**

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

**Description of Violation**

*Water temps measured in the home exceeded 120 degrees Fahrenheit on 11/01/2022:  
Bathroom 1 on the right side of home measured 125.9  
Bathroom 2 on the right side of home measured 128.1  
Bathroom on the left side of the home measured 126.5*

**Plan of Correction**

**Accept (SK - 12/12/2022)**

*On November 2, 2022, the hot water temperature was turned down. Beginning November 2022, the Administrator will check the hot water temperatures monthly to ensure the temperature does not exceed 120 degrees Fahrenheit. The temperatures were rechecked on November 11th and they measured as follows:  
Bathroom 1 on the right side of the home - 115.7  
Bathroom 2 on the right side of the home- 118.9  
Bathroom 3 on the left side of the house- 117.6*

*If Administrator should notice that during the monthly checks that water temps exceeds 120, Administrator will immediately check hot water heater and if needed contact plumbing services if unable to lower water temp below 120 degrees Fahrenheit.*

**Licensee's Proposed Overall Completion Date: 12/05/2022**

**Implemented (SK - 01/30/2023)**

**100a - Exterior - Free of Hazards**

**5. Requirements**

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

**Description of Violation**

*On the exterior of the home, there is a pavilion for Resident Smoking, there are two downspouts missing from the gutters.*

*There are also two downspouts that have become unattached from the gutters on the rear of the home.*

**Plan of Correction****Accept (SK - 12/12/2022)**

*The Administrator contacted a contractor on November 8, 2022 regarding the various downspouts on the home. The contractor will be able to repair and/or replace the downspouts in early spring of 2023. The contractor will complete the project by March 31, 2023.*

**Licensee's Proposed Overall Completion Date:** 12/05/2022

**Implemented (SK - 01/30/2023)****101j7 - Lighting/Operable Lamp****6. 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**

*On 11/1/22, the bedroom hall housed 4 male residents in the first bedroom to the left. Only 2 of those residents had access to a source of light that can be turned on/off at bedside. The last bedroom on the left has 4 female residents, and only 2 residents had access to a source of light that can be turned on/off at bedside. The last bedroom on the right has 2 female residents. These residents have no access to a source of light that can be turned on/off at bedside.*

**Plan of Correction****Accept (SK - 11/28/2022)**

*Bedside lamps were placed in all resident bedrooms listed above on November 4, 2022 by the Administrator and Administrators Assistant. A staff meeting was held on November 9, 2022. Staff were reminded that all residents should have a source of lighting that they can access bedside. Beginning November 2022, the Administrator will do a monthly check throughout the home to ensure that staff members are continuing to keep lighting bedside where each resident can access it while in bed.*

**Licensee's Proposed Overall Completion Date:** 11/27/2022

**Implemented (SK - 01/30/2023)****103e - Left Overs****7. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

**Description of Violation**

*Inside the refrigerator of the kitchen there were various leftovers that were not labeled and/or dated, including:*

103e - Left Overs (continued)

- A plastic container covered in aluminum foil which did not include a label of contents or date.
- A plate of turkey covered in plastic wrap with no date.
- A container of green beans covered with plastic wrap that was not dated.
- 2 ham/bologna and cheese sandwiches in aluminum foil with no label or date.
- A bowl of stuffing covered in plastic wrap with no date.

Inside of the chest freezer, located in the pantry, there was what appeared to be a bag of various chicken pieces that was frozen and did not have a label or date.

**Plan of Correction**

**Accept (SK - 12/12/2022)**

On November 1, 2022 all of the the unlabeled and undated food items listed above were immediately removed from the refrigerator and disposed of by the Administrators Assistant. A staff meeting was held on November 9, 2022. All staff were reminded that all food must be labeled, dated and covered. Beginning November 2022 the Administrator will conduct weekly checks to ensure all leftover/open food is labeled and dated, if after 2 months of weekly checks there are no concerns with labeling of leftovers and open food, Administrator will then conduct monthly checks. If within the initial 2 months of weekly checks any leftover food/ open food is found to not be labeled and dated, Administrator will reeducate staff on the importance of regulation 103e.

Licensee's Proposed Overall Completion Date: 12/05/2022

**Implemented (SK - 01/30/2023)**

103f - Refrigerator/Freezer Temps

**8. Requirements**

- 2600.
- 103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

**Description of Violation**

There is a large chest freezer located in the pantry connected to the living room. No Thermometer was found in this chest freezer.

**Plan of Correction**

**Accept (SK - 11/28/2022)**

On November 1, 2022, during inspection the Administrators Assistant found the missing thermometer deep in the chest freezer located in the pantry. A staff meeting was held on November 9, 2022. All staff were reminded that all refrigerators/freezers must contain a thermometer and it must be easily seen and accessed. Beginning November 2022 the Administrator will check monthly to ensure all refrigerators/freezers contain a thermometer.

Licensee's Proposed Overall Completion Date: 11/27/2022

**Implemented (SK - 01/30/2023)**

107c - Food/Water 3 Day Supply

**9. Requirements**

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

**Description of Violation**

*The home has 17 current residents, however there was not enough emergency water for all 17 residents. Only 35 gallons of water, stored in seven 5-gallon bottles, were located in the pantry.*

**Plan of Correction****Accept (SK - 11/28/2022)**

*On November 8 2022, 20 gallons of water was purchased in order to have enough water in case of emergency. Beginning November 2022, the Administrator will review the home's water supply monthly to ensure that there is always a 3-day water supply in the home for all residents.*

**Licensee's Proposed Overall Completion Date: 11/27/2022**

**Implemented (SK - 01/30/2023)****109b - Rabies Vaccination****10. Requirements**

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

**Description of Violation**

*The feline/ cat named "Fluffy" has not received the required rabies vaccination.*

**Plan of Correction****Accept (SK - 12/12/2022)**

*Fluffy received her rabies vaccination on November 2, 2022. This vaccination needs to be renewed by November 2, 2024. Administrator will set a reminder on the calendar 1 month prior to expiration date to ensure that Fluffy's rabies vaccination will continue to remain current.*

**Licensee's Proposed Overall Completion Date: 12/05/2022**

**Implemented (SK - 01/30/2023)****123c - Evacuation Diagrams****11. Requirements**

2600.

123.c. For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

**Description of Violation**

*There is a diagram of the fire evacuation route in the hallway of the building, however there is a pull station located in the home and the home serves more than 9 residents. There was no pull station indicated on the diagram.*

123c - Evacuation Diagrams (*continued*)**Plan of Correction****Accept (SK - 11/28/2022)**

*On November 2, 2022 the pull station location was added to the fire evacuation diagram. Beginning November 2022 the Administrator will check monthly to ensure all diagrams are hung in the appropriate locations and contain all required information.*

**Licensee's Proposed Overall Completion Date: 11/27/2022**

**Implemented (SK - 01/30/2023)**

## 132b - Safety Inspection/Fire Drill

**12. 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 Violation**

*The last observed fire drill and fire safety inspection from a fire safety expert was conducted on 09/5/2022, however, the previous fire safety inspection and fire drill by a fire safety expert was conducted on 08/12/2021.*

**Plan of Correction****Accept (SK - 11/28/2022)**

*The home must rely on the local fire department to perform a Fire Safety Inspection, Fire Drill and Fire Safety Class for our staff. The home had issues getting this scheduled due to Covid and also the availability of our local fire department. Administrator will be sure to schedule this in a timely manner so that it is completed annually. The Administrator will set a calendar reminder for July 2023 so that the Fire Safety Inspection and Drill can be completed before the September 5 deadline. The Fire Safety Drill and Inspection will be discussed at our next Quality Management meeting to be held in August 2023.*

**Licensee's Proposed Overall Completion Date: 11/27/2022**

**Implemented (SK - 01/30/2023)**

## 162c - Menus Posted

**13. Requirements**

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**Description of Violation**

*The last menu posted by the home was from 10/9/2022-10/15/2022, there was no menu posted for the month of November.*

**Plan of Correction****Accept (SK - 11/28/2022)**

*Menu's were updated and hung in the resident dining room by the Administrator Assistant on November 1, 2022. Beginning November 2022 the Administrator will check bi-monthly to ensure menu's continue to be hung in the resident dining room. A staff meeting was held on November 9, 2022 and all staff were reminded that menu's must be hung in the resident dining room.*

**Licensee's Proposed Overall Completion Date: 11/27/2022**

**Implemented (SK - 01/30/2023)**

## 183a - Original Containers and Injections

### 14. Requirements

2600.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

### Description of Violation

*Upon inspection of the home's medication cart, there was a loose, unsecured, white oval pill found in the top drawer of the medication cart.*

### Plan of Correction

**Accept (SK - 12/12/2022)**

*The loose unsecured medication was immediately disposed of at the time of inspection. On November 7, 2022 the Administrator performed an audit of the entire Med Cart to ensure that there were not any other loose or unsecured medications in the Med Cart. Beginning November 2022, the Administrator will continue to perform monthly audits of the Med Cart to remain compliant with this regulation. A staff meeting was also held on November 9, 2022 and all staff were educated on the importance of securing medications in the med cart.*

**Licensee's Proposed Overall Completion Date: 12/05/2022**

**Implemented (SK - 01/30/2023)**

## 187a - Medication Record

### 15. Requirements

2600.

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

6. Dose.
11. Special precautions, if applicable.
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

### Description of Violation

*Resident 1 is prescribed Novolog 100u/ml to be administered per sliding scale. The resident's electronic MAR (eMAR) contained blanks for administration and did not include how many units were administered or the glucometer readings on the following dates and times:*

*-10/20/2022 (at 8:00 am and 12:00 pm)*

*-10/25/22 (at 5:00 pm)*

### Plan of Correction

**Accept (SK - 11/28/2022)**

*On November 7, 2022 the Administrator performed an audit of all resident MARS to ensure that there were not any other missing items on them. Beginning November 2022 the Administrator will continue to perform monthly audits of the MARS in order to remain compliant with this regulation. A staff meeting was also held on November 9, 2022 and all staff were educated on the importance of documenting each dose of medication given along with initialing each time a medication is given.*

**Licensee's Proposed Overall Completion Date: 11/27/2022**

**Implemented (SK - 01/30/2023)**

**187d - Follow Prescriber's Orders****16. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

*Resident 2 is prescribed Loperamide 2mg Capsule, however, the home did not have this medication available.*

**Plan of Correction*****Accept (SK - 12/12/2022)***

*On November 1, 2022 the pharmacy was contacted and the missing Loperamide 2mg Capsule for Resident # 2 was ordered and delivered that same evening. Administrator performed an audit of all resident MARS and Med Cart to ensure that there were not any other missing or unavailable medications for the residents. Beginning November 2022 the Administrator will continue to perform monthly audits of the MARS/Med Cart to ensure all ordered medications are available and to remain compliant with this regulation. A staff meeting was also held on November 9, 2022 and all staff were educated on the importance of medication availability.*

**Licensee's Proposed Overall Completion Date: 12/05/2022**

***Implemented (SK - 01/30/2023)***