

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

April 11, 2023

[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 02/28/2023, 03/06/2023 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: WEST SIDE KOZY COMFORT PERSONAL CARE HOME License #: 20449 License Expiration: 09/20/2023
 Address: 906 SOUTH MAIN AVENUE, SCRANTON, PA 18504
 County: LACKAWANNA Region: NORTHEAST

Administrator

Name: [REDACTED] [REDACTED] [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: 31 Waking Staff: 23

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 03/06/2023

Inspection Dates and Department Representative

02/28/2023 - On-Site: [REDACTED]
 03/06/2023 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 36 Residents Served: 31

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 28 Are 60 Years of Age or Older: 27
 Diagnosed with Mental Illness: 29 Diagnosed with Intellectual Disability: 5
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

02/28/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/26/2023

03/28/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 04/10/2023
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/31/2023

Inspections / Reviews *(continued)*

04/11/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/10/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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 has an order to use their CPAP unit at night in bed. This was not listed on the MAR.

Plan of Correction

Accept (MM - 03/28/2023)

CPAP unit was not listed on MAR. When resident 1 came into facility he came with CPAP machine but with no orders. Ordering doctor was from nursing home and was order while before entering personal care home. [REDACTED] said [REDACTED] doesn't use it and would refuse. The home never got ahold of doctor for order or discontinuation or CPAP machine. Rotech only had a print out of times machine was used. They said when their company moved they lost the order.

The home will ensure to put all medication machines residents are using in MARs. The administrator and manager will make sure MARs are marked correctly for all residents and check periodically through the month to make sure MARs are correct. The home will also make sure they get all orders from doctors and continue to call and document conversations with doctors offices or nursing homes. The resident was already moved back to the nursing home before inspector came out and home received this violation.

Licensee's Proposed Overall Completion Date: 03/27/2023

Implemented (MM - 04/11/2023)

187c - Refusal of Medication

2. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Staff members indicate that Resident 1 often refused to use their CPAP machine as prescribed but there was no record of the refusals or corresponding notification to the prescriber.

Plan of Correction

Accept (MM - 03/28/2023)

The manager documented that the resident refuses to use the CPAP machine and oxygen twice when [REDACTED] spoke with niece. [REDACTED] spoke with the [REDACTED] when resident first moved in [REDACTED]. The home will make sure all refusals are reported to doctors office immediately. The homes administrator and manager will make sure MARs are checked periodically through the week and that refusals are reported. In this case the home should of kept calling ordering doctor which was before resident moved into facility from nursing home and got order to discontinue. The home will make sure this procedure is done from here on out with all residents. This resident has moved back to nursing home prior to inspector coming out to home.

Licensee's Proposed Overall Completion Date: 03/27/2023

Implemented (MM - 04/11/2023)