

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

September 6, 2023

[REDACTED], ADMINISTRATOR  
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 08/01/2023 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]    **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:** 08/01/2023

## Inspection Dates and Department Representative

08/01/2023 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:** 1

## Number of Residents Who:

**Receive Supplemental Security Income:** 34    **Are 60 Years of Age or Older:** 24  
**Diagnosed with Mental Illness:** 32    **Diagnosed with Intellectual Disability:** 5  
**Have Mobility Need:** 0    **Have Physical Disability:** 0

## Inspections / Reviews

## 08/01/2023 - Full

**Lead Inspector:** [REDACTED]    **Follow-Up Type:** POC Submission    **Follow-Up Date:** 08/13/2023

## 08/24/2023 - POC Submission

**Submitted By:** [REDACTED]    **Date Submitted:** 09/05/2023  
**Reviewer:** [REDACTED]    **Follow-Up Type:** Document Submission    **Follow-Up Date:** 08/30/2023

Inspections / Reviews *(continued)*

08/31/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/05/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/06/2023

09/06/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/05/2023

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

*The license inspection summary (LIS) reports dated 7/19/22, 9/27/22, and 2/28/23 were posted in the home's kitchen and not in a conspicuous place accessible to the public.*

## Plan of Correction

Accept ( ) - 08/24/2023)

*At the time of inspection license summary was posted in the kitchen area. The reason was residents kept knocking it off the board. at time of inspection they were hung back on board in hallway for public and residents to view. The admin will make sure they stay on the board in the hallway, and check periodically throughout the week to ensure they are there.*

Licensee's Proposed Overall Completion Date: 08/16/2023

Implemented ( ) - 08/31/2023)

## 51 - Criminal Background Check

## 2. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

## Description of Violation

*Staff person A was hired on ( ). A criminal background check was not obtained until ( ).*

## Plan of Correction

Accept ( ) - 08/24/2023)

*The background check for staff person A was 2 months over 30 days. The administrator forgot about the background check under review. The administrator will be checking and making sure all new hires get a background check right away. The manager will double check the admin to make sure they are back within 30 days. The manager will make sure we have background checks for all new hires under 30 days.*

Licensee's Proposed Overall Completion Date: 08/16/2023

Implemented ( ) - 09/06/2023)

## 65d - Initial Direct Care Training

## 3. Requirements

2600.

- 65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

## Description of Violation

*Staff person A provides direct care services. Staff person A did not take the Department's required Direct care competency test.*

65d - Initial Direct Care Training (*continued*)**Plan of Correction**

Accept [REDACTED] - 08/24/2023)

*At time of inspection the staff member A didnt complete the direct care competency test. The Admin gave address to worker but site wasnt working. The site ended up changing to a new site and was different test. The staff member has now completed the test. The homes admin will make sure that the competency test is taken to every new worker before providing ADLs. The home admin will make sure he stays up to date on test and site changes and check website periodically to ensure it is working.*

Licensee's Proposed Overall Completion Date: 08/21/2023

Implemented [REDACTED] - 08/31/2023)

## 65f - Training Topics

**4. Requirements**

2600.

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

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

**Description of Violation**

*Staff person B did not receive training in the topics medication self administration and meeting the needs of the resident using the pre-screen, medical evaluation, and support plan forms for the 2022 training year.*

**Plan of Correction**

Accept [REDACTED] - 08/24/2023)

*Staff person B missed a training day for self administration which is needed for the 12 hours of training. Staff member B was given the training to make up for it after time of inspection. The manager will make sure all staff that miss trainings are rescheduled in timely manor. The admin will check through out the year that everyone has got there trainings for the month.*

Licensee's Proposed Overall Completion Date: 08/21/2023

Implemented [REDACTED] - 08/31/2023)

## 82a - Poisonous Materials

**5. Requirements**

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

**Description of Violation**

*A plastic spray bottle with the words "bug spray" written on it was found in the home's laundry room. The bug spray was not stored in the original, labeled container.*

**Plan of Correction**

Accept [REDACTED] - 08/24/2023)

*A plastic bottle said bug spray on it with no label it was on the laundry floor. The bottle was thrown away at time of nspection. The admin had a meeting with staff not to use any bottle without original labels on it. The admin will check for spray bottles and have manager check periodically throughout the week. They will also make sure no cleaner is using or bringing bottles in with no labels.*

Licensee's Proposed Overall Completion Date: 08/16/2023

Implemented [REDACTED] - 09/06/2023)

## 85e - Trash Outside Home

## 6. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

## Description of Violation

*The lid on the home's dumpster located in the parking lot was observed to be open during the initial walk through.*

## Plan of Correction

Accept [REDACTED] - 08/24/2023)

*Dumster lid was open at time of inspection. This was because of neighborhood strangers coming by and throwing garbage in it. Staff was informed to try to see who is doing it. Staff will check multiple times through the day to make sure the lid is closed.*

Licensee's Proposed Overall Completion Date: 08/16/2023

Implemented [REDACTED] - 08/31/2023)

## 101j7 - Lighting/Operable Lamp

## 7. 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

*The lamp located next to resident #1's bed had a light bulb in it that was burned out.*

## Plan of Correction

Accept [REDACTED] - 08/24/2023)

*The lamp for resident 1 had a bulb that burnt out. The staff changed the bulb at the time of inspection. The house cleaners and maintenance will check lamps periodically through the week to make sure all lamps are working. The admin will check periodically to make sure all lamps are working.*

Licensee's Proposed Overall Completion Date: 08/16/2023

Implemented [REDACTED] - 08/31/2023)

## 102h - Toilet Paper

## 8. Requirements

2600.

102.h. Toilet paper shall be provided for every toilet.

## Description of Violation

*There was no toilet paper in the bathroom on 2nd floor, second bathroom in on the right.*

## Plan of Correction

Accept [REDACTED] - 08/24/2023)

*There was no toilet paper in bathroom 2 on second floor. A resident just came out and used the last of it. The cleaner should have seen it was low and put another roll in. The cleaners will check throughout the day, to make sure all bathrooms have toilet paper at all times.*

Licensee's Proposed Overall Completion Date: 08/16/2023

Implemented [REDACTED] - 09/06/2023)

**103d - Storing Food Off Floor****9. Requirements**

2600.

103.d. Food shall be stored off the floor.

**Description of Violation**

*Boxes containing cans of Chef Boyardee and cans of beans were stored in the home's pantry directly on the floor.*

**Plan of Correction**

Accept ( ) - 08/24/2023)

*There was a can of Ravioli and a can of beans on the ground of the pantry. The manager picked them up at the time of inspection. the admin and manager will make sure all food is stored on the shelves and overstock on crates off the floor. The admin will check periodically throughout the week and when order comes in that all food is off the ground.*

Licensee's Proposed Overall Completion Date: 08/17/2023

Implemented ( ) - 08/31/2023)

**103i - Outdated Food****10. Requirements**

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

**Description of Violation**

*There was a large can of sliced potatoes and a large can of sauce stored in the home's pantry, both of which had dents in the tops of the cans.*

**Plan of Correction**

Accept ( ) - 08/24/2023)

*There was two dented cans at the time of inspection. Both cans the home got rid of. The home will check cans as they come with the order. Admin and manager will double check all cans in pantry to ensure all dented cans are sent back to store.*

Licensee's Proposed Overall Completion Date: 08/17/2023

Implemented ( ) - 09/06/2023)

**125a - Combustible Storage****11. Requirements**

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

**Description of Violation**

*The home's smoking area is located in the backyard. During the initial walk through at least a dozen cigarette butts were observed in the grass near the picnic table in the rear of the yard and in the bottom of the plastic trashcans to the left side of the yard.*

**Plan of Correction**

Accept ( ) - 08/24/2023)

*Residents throwing cig butts in garbage can and all over ground. Meeting with residents to tell them stop throwing butts all over. Workers will check smoking area every couple hours to make sure thrown cig butts are picked up. Manager will check to make sure workers are picking them up.*

Licensee's Proposed Overall Completion Date: 08/17/2023

## 125a - Combustible Storage (continued)

Implemented ( ) - 09/06/2023

## 183e - Storing Medications

## 12. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

## Description of Violation

The ( ) and the ( ) insulin pens belonging to resident #2 were not dated when they were opened for use.

## Plan of Correction

Accept ( ) - 08/24/2023

At time of inspection insulin pens for resident #2 wasn't dated. Med techs were talked to and told they need to be dated. Admin had workers open new pens and mark them with open date. The head med tech will make sure pens are dated. The admin and manager will check periodically to make sure insulin is dated correctly.

Licensee's Proposed Overall Completion Date: 08/17/2023

Implemented ( ) - 08/31/2023

## 187d - Follow Prescriber's Orders

## 13. Requirements

2600.

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

## Description of Violation

Resident #2 has a sliding scale order for insulin to be administered before meals and at bedtime. On the following dates and times the incorrect number of sliding scale insulin units were administered:

7/5/23—7am reading = 200 requiring 4 units of insulin; 6 units were administered.

7/19/23—4pm reading = 198 requiring 4 units of insulin; 0 units were administered.

## Plan of Correction

Accept ( ) - 08/24/2023

Resident #2 documentation was wrong with insulin given to resident. Med techs will be retrained on insulin and sliding scale and all documentation of insulin to ensure this does not happen again. The home administrator and manager will check on insulin and documentation periodically throughout the week. Will give update on date and papers of training when completed. Class will be given august 25th.

Licensee's Proposed Overall Completion Date: 09/17/2023

Implemented ( ) - 08/31/2023

## 227d - Support Plan Medical/Dental

## 14. Requirements

2600.

**227d - Support Plan Medical/Dental (continued)**

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

*Resident #3 is currently receiving hospice services twice per week. The resident's support plan dated [REDACTED] did not indicate this and did not include the information regarding the services the resident receives from hospice.*

**Plan of Correction**

**Accept [REDACTED] - 08/24/2023)**

*At time of inspection resident #3 was on hospice and wasn't documented on residents Rasp. Was updated day of inspection . The home admin will check periodically on paperwork to make sure rasps are updated as needed. Admin will make sure Rasps are updated immediately when someone is on hospice.*

**Licensee's Proposed Overall Completion Date: 08/17/2023**

**Implemented [REDACTED] - 08/31/2023)**