



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: October 2, 2013

Mr. Frank Minelli, Owner
West Side Kozy Comfort Personal Care Home, Inc.
West Side Kozy Comfort Personal Care Home
906 South Main Street
Scranton, Pennsylvania 18504

Dear Mr. Minelli:

As a result of the Department of Public Welfare's (Department) licensing inspection on July 12, 2013 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in cursive script that reads "Anne Graziano".

Anne Graziano
Regional Licensing Administrator

Enclosure

Violation Report: 20449 - 07/12/2013 - O'Haire, Anne
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Residents #1, #2 and #3 annual Medical Evaluation forms were due in June 2013. The home did not initiate and complete their annual medical evaluation forms.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

It is important for all people in the home to have annual medical evaluations. The evaluations for three Resident's were not in the home.

In the future I will be more persuant of P.C.P. to return the evaluations on a timely basis.

The Adm or designee will audit all existing resident records to insure current compliance. The Adm or ~~designee~~ designee will create and use a tracking sheet w/ med eval renewal dates to insure future compliance. These tracking sheets will be retained by the home and provided to the department upon request.

CS, 9-30-13

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Kimberly Sanba*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kimberly Sanba* Date *9-9-13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9-30-13
 (Date)

Plan of correction implementation status as of 9-30-13
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented