



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Faxed to: [REDACTED]  
MAILING DATE: January 23, 2015

Ms. Kimberly Santora, Administrator  
West Side Kozy Comfort Personal Care Home Inc.  
906 South Main Avenue  
Scranton, Pennsylvania 18504

RE: West Side Kozy Comfort Personal Care Home  
License #204490

Dear Ms. Santora:

As a result of the Department of Human Services' licensing inspection on October 22, 2014 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 must be maintained.

Sincerely,

*Anne Graziano*  
Anne Graziano  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 20449 - 10/22/2014 - Novak, Ryan  
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION  
 Resident #1's DME dated 5/28/14 was incomplete, nothing was noted for health status and cognitive functioning.

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.

Resident #1's DME was incomplete not having (9) Health Status + Cognitive functioning marked.  
 The D.M.E. was faxed back to the doctor's office filled in and initialed by [redacted] and faxed back.  
 In the future the Supervisor and Administrator will make sure the form is placed in Resident's file complete.

See paper attached.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kimberly Santera P.C.H.A.*      Date *11.11.14*

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

The above plan of correction is approved as of 1-22-15 (Date)

Plan of correction implementation status as of 1-22-15 (Date)

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

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