



**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 November 6, 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 - 11/06/2014 - Dumas, Gerald  
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

On 11/6/14, the personal care home owner, acknowledged in a phone conversation with the licensing representative, that he failed to notify this department of a termination notice from the water company on or about 9/24/14.

**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.*

The personal care home owner failed to notify this department of a termination notice from the water company.  
 The owner or administrator, in the future, will contact the department of licensing via incident report of any notice of termination given to the Home.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) Kimberly Santera

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Kimberly Santera</u>	Date <u>12.9.14</u>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

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

The above plan of correction was approved by SD  
 (Initials)

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

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

Violation Report: 20449 - 11/08/2014 - Dumas, Gerald  
PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

Residents of the home were unable to flush bathroom commodes or bathe due to a termination of water service from 11/5/14 at 12:20 p.m. until 11/6/14 at 2:30 a.m.

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.

Residents of the home were initially unable to flush toilets and were unable to bathe due to the termination of water.

Five gallon containers of water were brought down to flush toilets. Gallon water containers were purchased for drinking.

The home will now store a sufficient amount of water to maintain the home's residents for three days.

The administrator and manager of the home will insure that a sufficient quantity is on hand at all times.

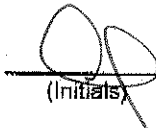
Repeat Violation: No      Date(s) of Previous Violation(s):

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kimberly Bentora PCHA*      Date *12.9.14*

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

The above plan of correction was approved by  (Initials)

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

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

Violation Report: 20449 - 11/06/2014 - Dumas, Gerald  
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION  
 The home initially had an insufficient amount of emergency water available immediately after the home's water termination on 11/5/14.

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.

The home initially had insufficient emergency water available immediately after the home's water termination.  
 The home will store a sufficient amount of water to maintain the home's residents for three days.  
 The administrator and manager of the home will insure that a sufficient quantity is on hand at all times.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kimberly Santana*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kimberly Santana PCHA</i>	Date <i>12.9.14</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>1-22-15</u> (Date)  The above plan of correction was approved by <u><i>op</i></u> (Initials)	Plan of correction implementation status as of <u>1-22-15</u> (Date)  <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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