



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Faxed to: [REDACTED]
MAILING DATE: February 3, 2016

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

RE: West Side Kozy Comfort Personal Care Home
License #204491

Dear Mr. Minelli:

As a result of the Department of Human Services' licensing inspection on January 1, 2016 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,

Michele Moskalczyk
Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 20449 - 01/06/2016 - Yelleric, Cindy
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.14(a) - Prior to issuance of a license, a written fire safety approval from the Department of Labor and Industry, the Department of Health or the appropriate local building authority under the Pennsylvania Construction Code Act (35 P.S. Sections 7210.101 - 7210.1103) is required.

2a. DESCRIPTION OF VIOLATION

The home's current occupancy permit issued by the city of Scranton expired 3/31/15.

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's current occupancy permit issued by the city of Scranton expired 3/31/15. What was asked to be done by the city has been done. Many attempts have been made for the city to come back out to check and issue the license. As soon as the license is given a copy will be faxed to state for verification.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/08/2015	10/21/2015
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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) *Kimberly Santera* Date *1.26.16*

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

The above plan of correction is approved as of <u>2/2/16</u> (Date)	Plan of correction implementation status as of <u>2/2/16</u> (Date)
The above plan of correction was approved by <u>M</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

Violation Report: 20449 - 01/06/2016 - Yellenic, Cindy
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The stairway in the front of the building, when coming down the stairway, at the end of the hand rail, on the right side, is a large circular hole in the wall measuring 8" in diameter.

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 stairway in the front of the building, when coming down the stairway, at the end of the handrail on the right side, is a large circular hole in the wall.

On 1-25-16 a contractor came and began work on the wall. The hole has been patched and spackled. The contractor will be back to sand.

In the future the administrator will contact owner and be more vigilant.

The administrator is responsible for ongoing compliance. *M* 2/2/16

Repeat Violation: Yes	Date(s) of Previous Violation(s)	12/08/2015	10/21/2015
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Signature of Legal Entity Representative (Required on EVERY Page) *Kimberly Senora*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kimberly Senora* Date *1-27-16*

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The above plan of correction is approved as of 2/2/16 (Date)

Plan of correction implementation status as of 2/2/16 (Date)

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

The above plan of correction was approved by *M* (Initials)

Violation Report: 20449 - 01/06/2016 - Yellenic, Cindy
PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION

The home's written emergency procedures have not been submitted to the local Emergency Management Agency for 2014 to the current date.

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's emergency procedures have not been submitted to the local Emergency Management Agency for 2014 to the current date.

The owner Frank Minelli, is working with [redacted] to make one using the current template for each of the homes.

When this has been completed the proof of mailing will be faxed to the State to show compliance.

Going forward it will be done yearly as Regulation requires.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

12/08/2015

10/21/2015

Signature of Legal Entity Representative
(Required on EVERY Page)

Kimberly Sartore

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Kimberly Sartore

Date

1.06.16

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2/2/16
(Date)

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Violation Report: 20449 - 01/06/2016 - Yellenic, Cindy
PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

2a. DESCRIPTION OF VIOLATION
On 1-6-16 at 9:00am the corner of the parking lot closest to the side door (within 2 feet of the door) the Department Representative observed 30+ cigarette butts and an empty cigarette pack laying on the ground. The home's designated smoking area is located on the side of the building underneath the covered patio and the entire fenced yard.

3. PLAN OF CORRECTION
Include steps to correct this immediately, include date:
On 1-6-16 at 9am the corner of the parking lot closest to the side door the Department Representative observed cigarettes and an empty pack laying on the ground. The home's designated smoking area is located on the side of the building underneath the covered patio and the entire fenced yard. The grounds are swept twice daily on first and second shifts. The administrator checks the grounds twice daily. The cigarettes observed would have been from the smokers between 6am + 9am. The lot is not swept until after morning beds and prior to lunch. The persons known to smoke closer to the building have been spoken to and told that next offense will lead to a 30 days notice.

The administrator is responsible to monitor and assume orgonics compliance.
M
2/2/16

Repeat Violation: Yes

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Kimberly Santora
Date 1.26.16

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