



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAILING DATE: June 10, 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 April 26, 2016 and April 27, 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 - 03/31/2016 - Foulkes, Kimberli
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION
 On 3/13/16, an allegation of abuse against resident #1 by resident #2 was reported to staff person A. The home did not report the allegation to the local Area Agency on Aging.

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.

On 3.13.16 an allegation of abuse against resident #1 by resident #2 was reported to staff person A. The home gave a report to local police and State but did not report it to the local Area Agency on Aging.

The home now knows that all allegations need to be reported to the local Area Agency on Aging.

Going further this will be done.

- The administrator shall monitor and assure ongoing compliance. *M* 5/31/16

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

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 PCHA* Date *5.25.16*

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The above plan of correction is approved as of 5/31/16 (Date) Plan of correction implementation status as of 5/31/16 (Date)

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

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

Violation Report: 20449 - 03/31/2016 - Foulkes, Kimberli
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

The medical evaluation for resident #1, dated 8/26/15, was incomplete. Section 4) Special Health or Dietary Needs and section 9) Health Status/Cognitive Functioning were left blank.

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.

When [redacted] D.M.E. was reviewed by the inspector it was found to be incomplete. Section four and nine were blank.

On 4-8-16 [redacted] came to our facility and filled in and initialed and dated these sections.

Going further I will see that it is complete when it is given to me.

Paper attached.

The administrator shall monitor and assure ongoing compliance. *[Signature]* 5/31/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Signature: Kimberly Santora]

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

Kimberly Santora PCHA

Date

5-28-16

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The above plan of correction is approved as of

5/31/16
(Date)

Plan of correction implementation status as of

5/31/16
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented