



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**MAILING DATE: August 1, 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 July 7, 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 - 07/07/2016 - Yellenic, Cindy  
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.57(b) - Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

2a. DESCRIPTION OF VIOLATION

On 6-19-16, there were 31 residents in the home. On this day, only 29 hours of direct care staffing was provided. The home did not provide 1 hour of personal care service for each of the 31 residents in the home.

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.

2 Pages attached.

The administrator is responsible for monitoring and ongoing compliance.

M  
7/28/16

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/28/2016
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Signature of Legal Entity Representative (Required on EVERY Page) *Kimberly Pantora*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kimberly Pantora PCHA* Date *7.28.16*

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

The above plan of correction is approved as of 7/28/16  
 (Date)

Plan of correction implementation status as of 7/28/16  
 (Date)

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

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

576 cont.

Pg 2 of 5

On 6.19.16 there were 31 Residents in the home. On this day only 24 hours of direct care staffing was provided.

The home understands the importance of having staff available to meet the needs of the residents.

The schedules are being made to insure that the direct care staffing hours are met.

The owner has been educated in the need for more staffing to meet the needs of the residents.

The administrator will also check to confirm compliance.

A schedule has been included to verify compliance.

Damberly Santana P.C.H.A.

7.28.16

7/28/16

Violation Report: 20449 - 07/07/2016 - Yellenic, Cindy  
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION-55 Pa.Code §2600  
 2600.57(c) - Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

2a. DESCRIPTION OF VIOLATION  
 On 6/19/16, there were 31 residents in the home, including 1 resident with mobility needs, requiring a total minimum of 32 hours of direct care. On this date, only 29 hours of direct care staffing was provided.

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.

Page attached.

The administrator is responsible for monitoring and ongoing compliance -

*[Signature]*  
 7/28/16

Repeat Violation: Yes      Date(s) of Previous Violation(s): 04/28/2016

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 *7.28.16*

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

The above plan of correction is approved as of <u>7/28/16</u> (Date)	Plan of correction implementation status as of <u>7/28/16</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<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

57c cont

Pg 3 of 5

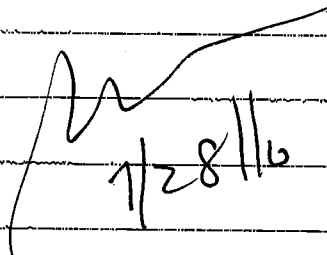
On 6.19.16 there were 31 residents in the home including 1 resident with a mobility need requiring a total minimum of 32 hours of direct care. On this date only 29 hours of direct care staffing was provided.

It is understood that each resident deserves at least 1 hour of care and persons with mobility needs require at least one extra hour.

The home has been educated as how to maintain the hours to keep the home in compliance with personal care hours concerning persons with a mobility need.

The owners are responsible for scheduling the home. The administrator will check the schedules to confirm compliance.

Emberly Samera PCA  
7.28.16

  
7/28/16

Violation Report: 20449 - 07/07/2016 - Yellenic, Cindy  
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION  
 On 6/19/16, a total of 24 hours of direct care was required. However, only 21.5 of the required hours were provided during waking hours.

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.

Page attached.

The administrator is responsible for monitoring and ongoing compliance.

*M*  
7/28/16

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>7-28-16</i>
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- Not Implemented

Std cont

Pa 4 of 5.

On 6-19-16 a total of 24 hours of direct care was required. However, only 21.5 of the required hours were provided during waking hours.

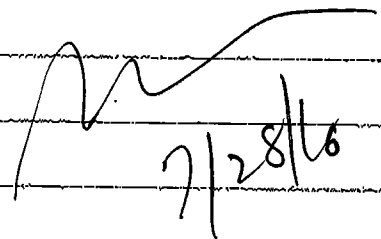
The home did not provide 75% of the required personal care hours during waking hours.

The home understands the importance of having staff available to meet the needs of the residents.

The owners have been counselled and changes made to the schedule to meet these needs.

The Administrator will check to confirm compliance.

Amberly Santora  
7-28-16

  
7/28/16

Violation Report: 20449 - 07/07/2016 - Yellenic, Cindy  
PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600-2600.221(b) - The program must provide social, physical, intellectual and recreational activities in a planned, coordinated and structured manner.

2a. DESCRIPTION OF VIOLATION

The home's activity calendar states the home will have board games and coffee socials. The activity calendar posted did not include any dates or times for the listed activities and the home does not offer activities that meet the social, physical, and intellectual needs of the residents.

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.

Page attached.

The administrator shall monitor and assure ongoing compliance.

*[Signature]*  
7/28/16

Repeat Violation: Yes      Date(s) of Previous Violation(s): 04/28/2016

Signature of Legal Entity Representative (Required on EVERY Page)

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

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2/21/16 cont

The home's Activity calendar did not offer a well rounded program of social, physical, intellectual and recreational needs.

The home has since added some activities such as "go walk", Top-toss and current events that has them moving, thinking and talking more.

The Administrator will see that the home stays in compliance.

Kimberly Santora  
7.28.16

AK  
7/28/16