



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAILING DATE: April 4, 2017

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 #: 204490

Dear Mr. Minelli:

As a result of the Department of Human Services' licensing inspection on January 31, 2017 and February 2, 2017 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 - 01/31/2017 - Valencia, Duane
PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 56 Pa.Code §2600

2600.83(a) - The indoor temperature, in areas used by the residents, shall be at least 70°F when residents are present in the home.

2a. DESCRIPTION OF VIOLATION

The home failed to maintain a temperature of 70 degrees in areas occupied by residents on the second floor. The second floor living space thermostat to the hot air furnace located on the same floor was shut-off. The thermostat had an indoor reading of 58 degrees

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.

please see page 2 of 3.

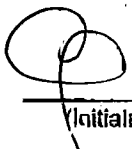
Repeat Violation: No Date(s) of Previous Violation(s):

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kimberly Barbara PCHA* Date *2-16-17*

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

The above plan of correction is approved as of 4-1-17 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 4-1-17 (Date)

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

The home failed to maintain a temperature of 70°F in areas occupied by residents on the second floor.

The heater had broken and a repair service was requested. While waiting for service the indoor temperature dropped below acceptable levels.

Residents were given extra blankets and could come downstairs to keep warm.

The following day R+M came to the facility and fixed the igniter.

Heating units are maintained quarterly and repairs done immediately.

Enclosed is the receipt of repair.

Duane Valence came to the home 2-2-17 to check the temperature and found it acceptable.

Amberly Santora PCHA

2-16-17

Adv 4-1-17

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Violation Report: 20449 - 01/31/2017 - Valence, Duane
PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The only washing machine in the home was broken for more than a week and could not be repaired. A service repair man worked on the washing machine on Monday, 1/30/2017 and advised staff to only use light loads until it was replaced by a new machine. The administrator stated that only light items could be washed.

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.

please see p 3Aq 3

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kimberly Baatoro PCHA.* Date *2-16-17*

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

The above plan of correction is approved as of 4-1-17
(Date)

Plan of correction implementation status as of 4-1-17
(Date)

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

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

The washing machine in the home had been acting up. On 1-26-17 HHGregg warranty company was contacted to come for service. I was told the serviceman would contact me within 5-5 business days to schedule service. On 1-30-17 [REDACTED] had a local repairman [REDACTED] to look at the washer. We were recommended to do small loads. On 2-1-17 a new washing machine was purchased. On 2-2-17 the warranty company called with the recommendation to purchase a new one and a refund was given. The facility continued washing light loads and larger loads of towels, blankets and wet bedding were brought to Angel Family Manor to be washed until the new washer was in place.

A copy of the warranty claim # and a receipt for the washing machine are attached.

Kimberly Santora PCHA

2-16-17

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AS 4-1-17