



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via fax to: 570-341-5840  
MAILING DATE: November 7, 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 September 27, 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,

*Michele Moskalczyk*  
Michele Moskalczyk  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 20449 - 09/27/2017 - OHaire, Anne  
 PCH Name: WEST SIDE COZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.83(b) - If a home does not provide air conditioning, fans shall be made available to residents when the indoor temperature exceeds 80°F.

2a. DESCRIPTION OF VIOLATION

On 09-27-17 at 1:00PM it was found that the home did not have a functional air conditioner or fans placed in the public areas and residents rooms to cool the facility on the first floor. The home's temperature throughout the first floor was in excess of 80 degrees Fahrenheit on the date of this inspection. The first floor had temperature readings of 84 degrees Fahrenheit in the dining room and 83.6 degrees Fahrenheit in the resident rooms and 83 degrees Fahrenheit in the TV lounge area.

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.

See Attached

The administrator shall monitor and be responsible for ongoing compliance.

M  
11/2/17

→  
cont

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

Kimberly Santana

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

Kimberly Santana PCHA

Date 11-2-17

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

The above plan of correction is approved as of 11/2/17  
 (Date)

Plan of correction implementation status as of 11/2/17  
 (Date)

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

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