



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via fax to: 570-341-5840**  
**MAILING DATE: March 28, 2018**

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 December 22, 2017 and December 29, 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 - 12/22/2017 - Harvey, Jason  
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

**1. REGULATION 55 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**  
 On 12/22/2017, at 11:45am, when residents were present in the home, the temperature in the dining room, living room and upstairs hallway used by the residents was 68 degrees Fahrenheit.  
 On 12/29/2017, at 9:00am, when residents were present in the home, the temperature in the dining room, living room and upstairs hallway used by the residents was 53 degrees Fahrenheit.

**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

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *0 22. 18*

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

The above plan of correction is approved as of <u>3/26/18</u> (Date)  The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u>3/26/18</u> (Date) <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
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West Side Kozy Comfort

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On the days observed the temperatures in the home were below compliance.

The regulation states that the indoor temperature, in areas used by residents, shall be at least 70° F when residents are present in the home.

The home had R & M to fix the problem and maintain that it was in working order on 12/27, 12/29 & 12/30.

The home is maintaining appropriate temperatures on both floors of the home consistent with regulation.

\* The Administrator checks the temperatures daily. Staff have been told to notify the Administrator and owners if there is a fluctuation in temperature.

Kimberly Santora PCHA Anne Grayson RLA  
2.22.18 3/22/18

Violation Report: 20449 - 12/22/2017 - Harvey, Jason  
PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.127(a) - Portable space heaters are prohibited.

2a. DESCRIPTION OF VIOLATION  
On 12/29/2017 at 9:00am 7 portable Lasko space heater were found in use in the home's dining room, down stairs hallway and living room.

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

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 *2.22.18*

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

The above plan of correction is approved as of 3/26/18  
(Date)

Plan of correction implementation status as of 3/26/18  
(Date)

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

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

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On 12.29.17 Seven portable Lasko space heaters were found in use in the areas that the room temperatures were not in compliance with state regulation.

Regulation states that portable space heaters are prohibited.

While the inspector was in the home the space heaters were removed.

The home will not use portable space heaters to supplement the temperature in the home.

This will be maintained by the administrator.

Kimberly Sanders PCHA  
2.22.18

Anne Grogan 3/26/18

RLA