



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 February 13, 2018 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
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 20449 - 02/13/2018 - Valence, Duane
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.85(b) - There may be no evidence of infestation of insects or rodents in the home.

2a. DESCRIPTION OF VIOLATION

[The administrator and several residents stated the home continues to have an issue with mice infestation seen on both floors of the home. No documentation was provided by the home to indicate how the on-going rodent problem is being treated and by whom.

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.

Was Mice Seen by residents,
 Orkin was notified of problem. Orkin Comes out to facility 6 times a year unless needed more. which in this case, orkin came out and place more traps, and bait. The Administrator and orkin will make sure it does not become a problem and check periodically throughout the week.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)



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

Buddy Minelli, Admin Date: 4-2-18

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

The above plan of correction is approved as of	4-18-18 (Date)	Plan of correction implementation status as of	4/18/18 (Date)
The above plan of correction was approved by	 (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	

Violation Report: 20449 - 02/13/2018 - Valence, Duane
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 - The carpeting at the top landing of the second floor stairs has tears in two areas near the top edge of the stairs and can be hazardous to residents ascending or descending the stairs. There is a water leak located in the ceiling above first floor hallway that needs repair. A ceiling tile was removed to get at the water leak. However, water continues to drip from the leak into a bucket located on the floor in the middle of the hallway which is hazardous.

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.

Its Dangerous for the residents as a tripping hazard, with carpet pulled up. Carpet was fixed, and place back down so there is no more tripping hazard.

The water that was leaking from ceiling was fixed, we had 3 different plumbers out to fix it. The last plumber that came out found the leak, and fixed the pipe. Admin & manager will check building daily for repairs.

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

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 4-2-18

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The above plan of correction is approved as of 4-18-18 (Date)

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

Plan of correction implementation status as of 4-18-18 (Date)

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

Violation Report: 20449 - 02/13/2018 - Valence, Duane
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.89(a) - The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

2a. DESCRIPTION OF VIOLATION.
 - All four bathrooms on the second floor of the facility have no hot and cold water under pressure to meet the resident needs. Each shower in the respective bathrooms had no water pressure. Toilets in each bathroom had no water available to fill each toilet tank or toilet bowl to flush human waste away. The vanity sinks in each of the four bathrooms had very low or trickle amounts of water flowing from their faucet. The two first floor bathrooms had very low hot or cold water pressure but were utilized when needed. The first floor handicapped bathroom toilet could not flush due to low water pressure. The cold and hot water pressure at the kitchen sink was also low due to a lack of sufficient water pressure.
 - All four bathrooms on the second floor of the facility have no hot and cold water under pressure to meet the resident needs. Each shower in the respective bathrooms had no water pressure. Toilets in each bathroom had no water available to fill each toilet tank or toilet bowl to flush human waste away. The vanity sinks in each of the four bathrooms had very low or trickle amounts of water flowing from their faucet. The two first floor bathrooms had very low hot or cold water pressure but were utilized when needed. The first floor handicapped bathroom toilet could not flush due to low water pressure. The cold and hot water pressure at the kitchen sink was also low due to a lack of sufficient water pressure.

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.

This was a problem in the road, water company was called. Talk to Bob from State and he talked to water company as well. Papers being ATT: / Problem was fixed by American Water on 2-19-18.
 Administrator will make or oversee weekly water checks for adequate pressure to ensure ongoing compliance. *Q*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Buddy Minelli* Date *4-2-18*

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The above plan of correction is approved as of <u>4-18-18</u> (Date)	Plan of correction implementation status as of <u>4-18-18</u> (Date)
The above plan of correction was approved by <u><i>Q</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