



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: minelli09@hotmail.com
Mailing Date: June 23, 2020

Mr. Buddy Minelli
Administrator
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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 26, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

License Number: 20449

Address: 906 SOUTH MAIN AVENUE, SCRANTON, PA 18504

County: LACKAWANNA

Region: NORTHEAST

Administrator

Name: Frank Minelli

Phone: 5703415840

Email: SEMPEFI92@AOL.COM

Legal Entity

Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME INC

Address: 906 SOUTH MAIN AVENUE, SCRANTON, PA, 18504

Certificate(s) of Occupancy

Type: Other

Date:

Issued By:

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 32

Waking Staff: 24

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint

Inspection Dates and Department Representative

03/26/2020 - Off-Site: Pamela Harris

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 36

Residents Served: 32

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 32

Are 60 Years of Age or Older: 16

Diagnosed with Mental Illness: 32

Diagnosed with Intellectual Disability: 5

Have Mobility Need: 0

Have Physical Disability: 1

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 2/24/20, UGI reported that a 37 day termination notice of utilities was issued to the Home. The home did not report this incident to the department as required.

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.)

On 2/24/20 UGI sent termination letter which was paid couple days late. The home manages bills and try to get them paid on time being SSI home it is not always possible. But from now on when home receives termination letter, the home will call and report it within 24 hr period. The home's Admin will make sure to fax this report. Attach: is copy of check that it was paid.

Legal Entity Representative

[Handwritten Signature]

Bussy Minelli
Printed Name and Title

6/16/20
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 6-16-2020 (Date) Plan of correction implementation status as of 6-16-2020 (Date)

Implemented doc.
 Not Implemented

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