

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY PUBLIC

January 30, 2026

[REDACTED]
WEST SIDE KOZY COMFORT PERSONAL CARE HOME INC
[REDACTED]

RE: WEST SIDE KOZY COMFORT
PERSONAL CARE HOME
906 SOUTH MAIN AVENUE
SCRANTON, PA, 18504
LICENSE/COC#: 20449

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/13/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME **License #:** 20449 **License Expiration:** 09/20/2025
Address: 906 SOUTH MAIN AVENUE, SCRANTON, PA 18504
County: LACKAWANNA **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME INC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: Other **Date:** 04/01/2017 **Issued By:** City of Scranton

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 31 **Waking Staff:** 23

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 11/13/2025

Inspection Dates and Department Representative

11/13/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 36 **Residents Served:** 31

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 28 **Are 60 Years of Age or Older:** 21
Diagnosed with Mental Illness: 31 **Diagnosed with Intellectual Disability:** 3
Have Mobility Need: 0 **Have Physical Disability:** 1

Inspections / Reviews

11/13/2025 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/06/2025

12/22/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 01/14/2026
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 12/27/2025

Inspections / Reviews *(continued)*

01/30/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/14/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, hired on [REDACTED] does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept [REDACTED] - 12/18/2025)

The home did not have copies on file of high school diploma. The home had them on email from staff member. The homes admin and asst admin will make sure all worker files have everything printed and in files. The homes admin and asst will do an audit of all staff members files. The home has printed and put all staff papers in their staff file in office. At time of hire the staff will submit all papers needed to the facility and will be placed in staff chart. The home will check files periodically through out the year to ensure this doesnt happen again. all files are up to date 12/08/25.

Licensee's Proposed Overall Completion Date: 12/08/2025

Implemented [REDACTED] - 01/30/2026)

65d - Initial Direct Care Training

2. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on [REDACTED], began providing unsupervised ADL services on [REDACTED]. However, the staff person A does not have the Department-approved direct care training competency test certificate on file.

Plan of Correction

Accept [REDACTED] - 12/18/2025)

The home did not have copies on file of direct care training. The home had them on email from staff member. The homes admin and asst admin will make sure all worker files have everything printed and in files. The homes admin and asst will do an audit of all staff members files. The home has printed and put all staff papers in their staff file in office. At time of hire the staff will submit all papers needed to the facility and will be placed in staff chart. The home will check files periodically through out the year to ensure this doesnt happen again. all files are up to date 12/08/25

Licensee's Proposed Overall Completion Date: 12/08/2025

Implemented [REDACTED] - 01/30/2026)

82c - Locking Poisonous Materials

3. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

At approximately 9:14 a.m. Oxydol Cleaner with Bleach with a manufacturer's label indicating "In case of contact

82c Locking Poisonous Materials (continued)

with eye, flush thoroughly with water for at least 15 minutes and call a physician", was located in an unlocked, unattended laundry room with door open, near the kitchen. Resident [REDACTED] has been assessed not capable of recognizing and using poisons safely.

Plan of Correction

Accept [REDACTED] 12/22/2025)

The staff bathroom\ laundry room was left unlocked and door was open by staff. Staff were told that door must stay locked at all times. The homes asst admin will check through day to make sure that the door stays shut and locked at all times. Meeting will be held with all staff to inform them of this situation, to ensure they make sure the door will stay locked at all times.

the homes admin put a sign on door for staff to keep locked at all times.

Licensee's Proposed Overall Completion Date: 12/08/2025

Implemented [REDACTED] - 01/30/2026)

85b - Infestation

4. Requirements

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

At approximately 2:30 p.m. 5 live mice were observed on the home's kitchen floor.

Plan of Correction

Accept [REDACTED] - 12/18/2025)

There was family of baby mice that ran across floor. The home has contract with orkin for monthly services. The home told orkin about the mice orkin came out and inspected and did full service for mice. The homes admin calls orkin if any issues through the month. Staff informed if any signs of mice to let one of the head staff members know so orkin can be called out. Orkin did service for mice on 11/25/25

Licensee's Proposed Overall Completion Date: 12/15/2025

Implemented [REDACTED] - 01/30/2026)

92 - Windows

5. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

At approximately 1:23 p.m., the window screen in resident # [REDACTED]'s room has a tear at the lower middle area of the screen approximately 5 inches in length.

Plan of Correction

Accept [REDACTED] - 12/18/2025)

The screen had a hole in the center of it. The homes admin had window guy take them for repair. As soon as they are repair the homes admin will put them back in the windows. The homes admin and assistant will go through building weekly and check for damaged furniture and screens. Cleaning staff will check on daily basis and report back to the admins. completed 12/04/25 will give updated when screen return

Licensee's Proposed Overall Completion Date: 12/17/2025

Implemented [REDACTED] - 01/30/2026)

95 - Furniture and Equipment

6. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

At approximately 1:28 p.m., in resident [REDACTED]'s bedroom there was a damaged dresser that was missing part of the front face of the drawer.

Repeat Violation- [REDACTED]

Plan of Correction

Accept [REDACTED] - 12/18/2025)

The dresser was missing part of face of drawer. The home did know about this and did have dresser delivered to the home. The home has thrown away old dresser and has replaced it with new dresser. The homes admin will make sure that any damaged furniture is replace or fixed in timely manor. The homes admin / manager will check rooms for damaged furniture and have cleaning staff check all rooms while cleaning. The dresser was replaced and completed on 11/14/25 the day after.

Licensee's Proposed Overall Completion Date: 12/15/2025

Implemented [REDACTED] 01/30/2026)

103i - Outdated Food

7. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There was an unlabeled, undated breakfast cereal in the home's kitchen.

Plan of Correction

Accept [REDACTED] - 12/18/2025)

Breakfast cereal were put into plastic cereal rubber maid containers to keep the cereal fresh. The containers were not dated tho by the staff. The staff was told they have to be dated and stayed dated. The assist admin is gonna mark the cereal containers [REDACTED] self as cereal is out and replaced with new cereal. The homes admin and assist admin will check to make sure all food is dated properly. The homes assist admin is going to check cereal on daily basis for that is dated properly completed 12/01/25

Licensee's Proposed Overall Completion Date: 12/17/2025

Implemented [REDACTED] - 01/30/2026)

105g - Lint Removal and Duct Cleaning

8. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On [REDACTED] at 9:15 a.m. there was an approximate 2 inch accumulation of lint in the lint trap of the clothes dryer. There were dried clothes in the dryer at the time, however they were from the previous day and cold to the touch.

Plan of Correction

Accept [REDACTED] - 12/18/2025)

The staff on the night shift did not clean the lent traps out. Staff is told to clean the lent traps after every load or 2

105g Lint Removal and Duct Cleaning (continued)

at the most. The homes assist admin has made papers for the staff to sign when they remove the lint. The homes assist admin and admin will check on the papers being signed and the staff are cleaning the dryer vents like they are supposed to. 12/10/25

Licensee's Proposed Overall Completion Date: 12/18/2025

Implemented [redacted] - 01/30/2026)

121a - Unobstructed Egress

9. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [redacted] at 9:40 a.m., the door on the second floor leading to the fire escape was stuck an required force to be opened.

Plan of Correction

Accept [redacted] - 12/22/2025)

The fire door was sticking cause of the weather. The homes admin call door guy while in inspection [redacted] arrived during inspection and fixed the door from sticking. This was fixed at the time of inspection and door open easily. The homes admin will keep test the door to make sure it opens properly through out the month. If this issue happens again we will call [redacted] back out to fix the door. completed 11/13/25

Licensee's Proposed Overall Completion Date: 12/17/2025

Implemented [redacted] - 01/30/2026)

125a - Combustible Storage

10. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

A bag of trash, containing paper was observed on the floor approximately 6 inches away from the first floor furnace. Several small pieces of paper were noted in the laundry room on the floor under the clothes dryer. A container with 6 rolls of toilet paper was observed leaning against the second floor furnace.

Plan of Correction

Accept [redacted] - 12/22/2025)

The home had different items stored in the furnace room from the cleaning staff. The staff was told that nothing is allowed to be store in that room it is suppose to be kept empty at all times. The cleaning staff cleaned out the room on 11/14/25 there is nothing but the furnace in the room now. The homes assist admin will check the room periodically through out the week to ensure no staff is storing things in this room. 11/14/25 completed

Licensee's Proposed Overall Completion Date: 12/18/2025

Implemented [redacted] - 01/30/2026)

185a - Implement Storage Procedures

11. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On [redacted] at 9:20 a.m. 3 large oxygen cylinders were observed on the floor in the home's living room next to the vending machines.

Plan of Correction

Accept ([redacted] - 12/22/2025)

The was oxygen tanks in the living room by vending maching from a resident that has moved out. The homes admin had called company for them to be remove, the company never show up. The homes admin contacted the company again and gave them a warning if not pick up we will have to call i medical drop off company to dispose of them. The company gave a date of 12/18/25 that driver will be there for pick up . The homes admin will make sure to stay on top of medical equipment leaving the building and call the company more often for them to pick up there supplies if a resident moves out.

Licensee's Proposed Overall Completion Date: 12/18/2025

Implemented ([redacted] - 01/30/2026)

187b - Date/Time of Medication Admin.

12. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted] is prescribed [redacted] tablet 4x daily. However, resident [redacted] medication administration record was not initialed by staff on [redacted] at 8:00p.m. to indicate it was administered. Resident [redacted] is prescribed [redacted] 2x daily. However, resident [redacted] medication administration record was not initialed by staff on [redacted] and [redacted] at 8:00am and on [redacted] and [redacted] at 8:00p.m. to indicate it was administered. The dosage for the [redacted] is also missing from Resident [redacted] medication administration record. Resident [redacted] is prescribed [redacted] to be applied daily at bedtime. However, resident [redacted] medication administration record was not initialed by staff on [redacted] and [redacted] to indicate it was applied.

Plan of Correction

Accept ([redacted] - 12/22/2025)

The homes medtech had missed initials that they administered medication. The homes medtech was talk to about the importance of initialing every box when given medication. The homes assist admin is going to check the mar book periodically through out the week to ensure all initial boxes are being marked by staff and given the correct way. The homes assist admin will audit the mar weekly and document and report to the admin.

Licensee's Proposed Overall Completion Date: 12/18/2025

Implemented ([redacted] - 01/30/2026)