



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
100 LACKAWANNA AVENUE
ROOM 330, SCRANTON STATE OFFICE BUILDING
SCRANTON, PENNSYLVANIA 18503-1923

ADULT RESIDENTIAL LICENSING

PHONE: (570) 963-3209
1-800-833-5095
FAX: (570) 963-3018

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: May 9, 2012

Mr. Frank Minelli, Owner
Minelli's Kozy Comfort Living, Inc.
Minelli's Kozy Comfort Living
1640 North Main Avenue
Scranton, Pennsylvania 18508

Dear Mr. Minelli:

As a result of the Department of Public Welfare's licensing inspection on February 28, 2012 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

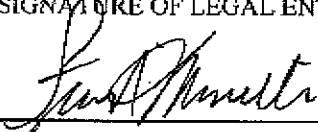
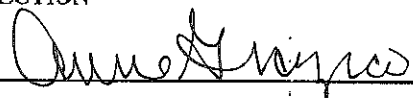
Sincerely,

Anne Graziano

Regional Licensing Administrator

Enclosure
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

| | | | |
|---|-----------------|--|----------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME MINELLI S KOZY COMFORT LIVING, 1640 NORTH MAIN AVENUE SCRANTON, PA 18508 | | CURRENT LICENSE NUMBER 201000 | |
| INSPECTION DATES (Include all dates of the inspection) 02/28/2012 | | REGIONAL REPRESENTATIVE Leslie Patton, Florence Babiarz | |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) | | | |
| SIGNATURE OF LEGAL ENTITY  | DATE 3-20-12 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  | DATE 5-7-12 |

| REGULATION 55 Pa.Code §2600 | VIOLATION | DATE COMPLIANCE VERIFIED BY | PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | DATE COMPLIANCE VERIFIED BY |
|---|--|-----------------------------|--|---|
| 85a Sanitary conditions shall be maintained. | The bathroom located on the first floor next to the kitchen and the "blue" bathroom located on the second floor had a strong smell of urine. In addition, a liquid which appeared to be urine was located at the base of the toilet on the floor of the "blue" bathroom on the second floor. | 2-28-12 | <p><i>All bathrooms were cleaned at time of inspection. Housekeeper and staff will ensure in the future all bathrooms are kept clean on a daily basis. Adm will do weekly checks to insure compliance.</i></p> | <p>Steps have been taken to correct violation, full compliance is not verified.</p> <p>Date: 5-7-12 Initials: (Signature)</p> |

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

| | | | |
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| SIGNATURE OF LEGAL ENTITY <i>[Signature]</i> | DATE 3-20-12 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i> | DATE 5-7-12 |

| REGULATION 55 Pa.Code §2600 | VIOLATION | DATE COMPLIANCE VERIFIED BY | PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | DATE COMPLIANCE VERIFIED BY |
|---|--|-----------------------------|---|--|
| 102h. Toilet paper shall be provided for every toilet. | The following bathrooms did not contain toilet paper: The bathroom located on the third floor The "pink" bathroom located on the second floor The "blue" bathroom located on the second floor | 2-28-12 | At time of inspection toilet paper was placed in all bathrooms In the future Housekeeper and staff will check more often to insure toilet paper is in bathrooms Staff will check daily to insure t.p. is in each bathroom. Adm. will do weekly spot checks. | Steps have been taken to correct violation; full compliance to be verified by 5-7-12 Date Initials (DPW) <i>[Signature]</i> |

[Signature] 5-7-12