

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to **MINELLIS KOZY COMFORT LIVING INC**
LEGAL ENTITY

To operate **MINELLI'S KOZY COMFORT LIVING**
NAME OF FACILITY OR AGENCY

Located at **1640 NORTH MAIN AVENUE, SCRANTON, PA 18508**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **27**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967 P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **May 20,** **2013** until **November 20,** **2013**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **201001**

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE:

MAY 21 2013

Mr. Frank Minelli, Administrator
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 (Department) licensing inspection on December 11, 2012, of the above personal care home, the violations specified on the enclosed Violation Report were found.

A PROVISIONAL license is being issued based on the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

All violations specified on the 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 Human Services Licensing so that compliance can be verified.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Public Welfare
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

Mr. Frank Minelli

2

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read 'RM', with a long horizontal flourish extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 20100 - 12/11/2012 - Yellenic, Cindy
 PCH Name: Minelli's Kozy Comfort Living

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 12/11/12 the home's previous violation report and a copy of the 55 Pa. Code Chapter 2600 regulations were not posted in a conspicuous and public place in the home.

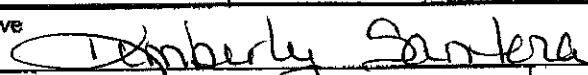
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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.

On 12.12.12 a copy of the homes previous violation report was placed on the dining room's cork board. Staff will check to make sure that a copy is always in place. If not a new copy will be put in its place immediately.

Adm or designee will oversee this task on a monthly basis to insure ongoing compliance
 confirmed by phone 3-7-13
 w/ adm EQ 3-7-13


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) Kimberly Santora Date 2.12.13

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

The above plan of correction is approved as of 3-7-13
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 3-7-13
 (Date)

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

Violation Report: 20100 - 12/11/2012 - Yellenic, Cindy
 PCH Name: Minelli's Kozy Comfort Living

1. REGULATION 55 Pa.Code §2600
 2600.14(a) - Prior to issuance of a license, a written fire safety approval from the Department of Labor and Industry, the Department of Health or the appropriate local building authority under the Pennsylvania Construction Code Act (35 P.S. Sections 7210.101 - 7210.1103) is required.

2a. DESCRIPTION OF VIOLATION
 The home does not have a valid certificate of occupancy. The home's most recent City of Scranton Personal Care home License has an expiration date of 4/30/12.

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.

The home found its occupancy certificate and placed it in its frame where it is to be displayed. The home will insure that it stays in compliance and displays its current Certificate of compliance.

The Adm or designee will oversee this task on a monthly basis to insure ongoing compliance.

Confirmed by phone w/ack in 3-7-13

The document provided for verification was the DPW issued Personal Care Home License. The home has yet to produce or post their occupancy permit.

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* Date *2-13-13*

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

The above plan of correction is approved as of 3-7-13
 (Date)

Plan of correction implementation status as of 3-7-13
 (Date)

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

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

Violation Report: 20105 - 12/11/2012 - Yellenic, Cindy
 PCH Name: Minelli's Kozy Comfort Living

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 12/11/12, at 9:00am, the desk in the foyer, which is the office, had resident medication evaluations, prescriptions, and a RASP unlocked and accessible to the residents, and the public.

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.

When staff leave the office area they will make sure that any and all materials pertaining to Residents or their welfare will be kept locked. The desk will be tidy and personal information made inaccessible to Residents and the public.

Adm or designee will make weekly checks to insure ongoing compliance. Confirmed by phone w/ adm on 3-7-13. *RP*
 These checks will be documented by person insuring compliance initialing and dating the checklist. These documents will be retained for review by the Dept.

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) <i>Kimberly Santora</i>	Date <i>3.13.13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 3-7-13
 (Date)

Plan of correction implementation status as of 3-7-13
 (Date)

The above plan of correction was approved by *KS*
 (Initials)

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

Violation Report: 20100 - 12/11/2012 - Yellenic, Cindy
 PCH Name: Minelli's Kozy Comfort Living

1. REGULATION 55 Pa.Code §2600
 2600.57(b) - Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

2a. DESCRIPTION OF VIOLATION
 On 11/11/12, there were 25 of residents in the home. On this day, only 18 hours of the required 25 hours of direct care staffing was provided.
 On 11/20/12, there were 25 of residents in the home. On this day, only 16.5 hours of the required 25 hours of direct care staffing was provided.
 On 11/27/12, there were 25 of residents in the home. On this day, only 16.5 hours of the required 25 hours of direct care staffing was provided.

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.

To insure that the home has more than adequate direct staffing hours the homes housekeepers ~~was~~ position was changed to a direct care staff position. This will change the ratio to stay within compliance.
 The home will ensure that this employee has met all the necessary criteria as a direct care employee (51, 52, 54a, 65a, 65b, 65c, 65d.)
 This was revised w/adm via phone 3-7-13.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kimberly Barbara*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kimberly Barbara* Date *2.13.13*

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

The above plan of correction is approved as of 3-7-13
 (Date)

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

Plan of correction implementation status as of 4-17-13
 (Date)

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

Violation Report: 20100 - 12/11/2012 - Yellenic, Cindy
 PCH Name: Minelli's Kozy Comfort Living

1. REGULATION 55 Pa.Code §2600
 2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION

On 11/11/12, a total of 18.25 hours of direct care was required. However, only 12 of the required hours were provided during waking hours.

On 11/20/12, a total of 18.25 hours of direct care was required. However, only 11 of the required hours were provided during waking hours.

On 11/27/12, a total of 18.25 hours of direct care was required. However, only 11 of the required hours were provided during waking hours.

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.

To insure that at least 75% of personal care is given during waking hours a workers job duties were changed from housekeeper to Direct Care worker.

This will ensure compliance.

The home will ensure that the staff person who is a direct care worker meets all regulatory requirements to provide direct care to residents. Phone call to adm on 3-7-13

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* Date *2.13.13*

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

The above plan of correction is approved as of 3-7-13
 (Date)

Plan of correction implementation status as of 4-7-13
 (Date)

The above plan of correction was approved by *OS*
 (Initials)

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

Violation Report: 20100 - 12/11/2012 - Yellenic, Cindy
 PCH Name: Minelli's Kozy Comfort Living

1. REGULATION 55 Pa.Code §2600
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person A received only 9 hours of annual training in training year 2011.
 Direct care staff person B received only 9 hours of annual training in training year 2011.

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.

To make up for the training hours missed staff persons A & B took three hours of training on February 12, 2013 to put towards 2011 training.

The Administrator will make sure that each staff person has their required 12 hours of training per year.

The Administrator or designee will develop a tracking sheet to keep track of employee training requirements on an annual basis. This tracking sheet will be updated monthly and retained for review by the department. Reviewed via phone w/ adm 3-7-13. ef.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kimberly Banora*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kimberly Banora* Date *2.13.13*

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

The above plan of correction is approved as of 4-17-13
 (Date)

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

Plan of correction implementation status as of 3-4-13
 (Date)

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

Violation Report: 20100 - 12/11/2012 - Yellenic, Cindy
 PCH Name: Minelli's Kozy Comfort Living

1. REGULATION 55 Pa. Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 12/11/12, the cloth shower curtain located in the first floor's bathroom had a layer of black substance on the bottom of the hem.
 On 12/11/12, at 9:47am, a Conair-Razor with no protective covering was being recharged in a kitchen cabinet next to small serving bowls, spices, and other cooking items.

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.

During time of inspection the cloth shower curtain located on the first floors bathroom was put into the washing machine. Cleaning staff will check and make sure all shower curtains are kept clean.

The Conair Razor being recharged in the kitchen cabinet was placed in a zip lock bag so as not to contaminate the surrounding bowls and cooking items.

Personal hygiene items that need care or service will be addressed in an area away from food preparation. Documentation of staff in-service on sanitation to be completed.

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 Date 2.10.13

DEPARTMENT USE ONLY - (HOMES MAY NOT WRITE BELOW THIS LINE)

The above plan of correction is approved as of 4-17-13
 (Date)

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

Plan of correction implementation status as of 4-17-13
 (Date)

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

Violation Report: 20100 - 12/11/2012 - Yellenic, Cindy
 PCH Name: Minelli's Kozy Comfort Living

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 On 12/11/12, at 2:00pm, the water temperature at the 1st floor bathroom sink measured 124.3 degrees Fahrenheit.
 On 12/11/12, at 2:00pm, the water temperature at the 3rd floor bathroom sink measured 127.4 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.

A water temp log is being used to help regulate the water temperatures in the home. Depending on the temps taken the water heater will be adjusted accordingly.

The home is to track water temps daily, staff measuring compliance are to initial and date their findings. Any temperature reading over 120° are to be addressed by the home as soon as possible.

* on 04-07-13 home self-reported temperatures of 124°, 126° and 125°.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Kimberly Santana

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

Kimberly Santana


Date 2-12-13

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

The above plan of correction is approved as of 4-17-13
 (Date)

Plan of correction implementation status as of 4-17-13
 (Date)

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

The above plan of correction was approved by 
 (Initials)

Violation Report: 20100 - 12/11/2012 - Yellenic, Cindy
 PCH Name: Minelli's Kozy Comfort Living

1. **REGULATION 65 Pa.Code §2600**
 2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. **DESCRIPTION OF VIOLATION**
 The first aid kit in the kitchen does not include tweezers, gauze, and medical tape.

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.

A new first aid kit was ordered from Prime Care Pharmacy with all items included according to regulation. The kit will be checked monthly to make sure all items are present. The person measuring compliance will initial and date the worksheet. Any missing items are to be replaced immediately. Documentation of the checks are to be maintained for review by the Department. Reviewed the above w/ adm on 3-07-13. *RP*

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* Date *2-13-13*

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

The above plan of correction is approved as of 4-17-13
 (Date)

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

Plan of correction implementation status as of 4-17-13
 (Date)

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


Violation Report: 20100 - 12/11/2012 - Yellenic, Cindy
 PCH Name: Minelli's Kozy Comfort Living

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(3) - Each resident shall have the following in the bedroom: Pillows, bed linens and blankets that are clean and in good repair.

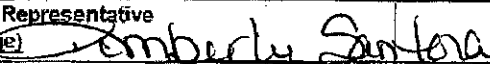
2a. DESCRIPTION OF VIOLATION
 The bed for Resident #1, 3rd floor, on the day of inspection did not have any linens on the bed because the resident will not leave them on, so the Direct Care Staff do not bother to give the resident any linens.

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.

Linens for Resident #1 are always placed on the bed. ~~Since~~ An extra set of clean linens will be kept on said Resident's dresser for their use.

Adm or designee will perform weekly checks of the resident's bed linens. Documentation of the checks will be maintained by the home for review by the Department. Reviewed w/ adm on 5-7-13. 

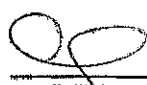
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kimberly Santora Date 2.18.13

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

The above plan of correction is approved as of 4-17-13
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 4-17-13
 (Date)

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

Violation Report: 20100 - 12/11/2012 - Yellenic, Cindy
 PCH Name: Minelli's Kozy Comfort Living

1. REGULATION 55 Pa.Code §2600
 2600.103(l) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

On 12/11/12, in the GE refrigerator, by the dining room door there were the following items:
 Sausage links - dated - 12/6/12, were cooked on 12/6/12
 Sliced bologna - dated - 12/3/12, was sliced and wrapped in plastic wrap
 Sliced salami - dated - 12-3-12, was sliced and wrapped in plastic wrap
 Sliced P&P loaf - dated - 12-3-12, was sliced and wrapped in plastic wrap
 Sliced Bologna - dated - 12-3-12, was sliced and wrapped in plastic wrap
 Sliced Chicken roll - dated - 12-3-12, was sliced and wrapped in plastic wrap
 Sliced Salami - dated - 11/26/12, was sliced and wrapped in plastic wrap

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.

hunchen meats are purchased in bulk and wrapped to be frozen. The date they were frozen is placed on them. When needed they are taken out of the freezer and thawed in the refrigerator. When meat is thawed it will be re-wrapped and that date will be placed on it to insure foods spoiled or outdated will not be used. Admor designee will make weekly reviews of the refrigerators & pantry. Home is to document these reviews and maintain for review.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kimberly Santera*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kimberly Santera* Date *2.12.13*

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

The above plan of correction is approved as of *4-17-13*
 reviewed w/Adm *3-7-13*
 (Date)

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

Plan of correction implementation status as of *4-17-13*
 (Date)

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

Violation Report: 20100 - 12/11/2012 - Yellenic, Cindy
 PCH Name: Minelli's Kozy Comfort Living

1. REGULATION 55 Pa.Code §2600
 2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

On 12/11/12, the home had 25 residents, did not have any additional bottled water on hand. The letter to have water delivered in an emergency did not include the amount of water to be delivered, did not guarantee the water would be delivered immediately upon request, and did not state that in an emergency the facility would be a priority for the delivery of the water.

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.

A new letter from Culligan was sent to state that Minelli's Cozy Comfort would receive 81 gallons of water to be delivered immediately upon notification in an emergency situation.

Adm or designee will update emergency water letters on an annual basis in accordance w/ the current regulations. Reviewed w/ adm 3-7-13. *ef*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kimberly Santera</i>	Date <i>2.13.13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4-17-13
 (Date)

Plan of correction implementation status as of 4-17-13
 (Date)

The above plan of correction was approved by *oo*
 (Initials)

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

Violation Report: 20100 - 12/11/2012 - Yellenic, Cindy
 PCH Name: Minelli's Kozy Comfort Living

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

On 12/11/12, at 9:30am, the rear exterior fire escape was blocked by two chairs that had been placed directly in front of the stairs leading from the upper levels to the rear porch.

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.

During inspection the chairs in question were moved. Staff were told to ensure that the stairs were not to be blocked by anything at anytime. The stairs are by a main entrance of the building and can be continuously monitored. The home is to develop a checklist to measure compliance daily for at least 2 months. Written documentation, including the initials & date of person measuring compliance is to be maintained by the home for review by the Department. With significant compliance after 60 days, monitoring shall be done weekly thereafter.
 Reviewed by adm 3-7-13

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* Date *2.13.13*

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

The above plan of correction is approved as of 4-17-13
 (Date)

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

Plan of correction implementation status as of 4-17-13
 (Date)

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

Violation Report: 20100 - 12/11/2012 - Yellenic, Cindy
 PCH Name: Minelli's Kozy Comfort Living

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 The medical evaluation for Resident #2, dated 4/24/12, does not include a list of the resident's medications.

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.

The medical evaluation for Resident #2 was updated to include the list of Resident medications.
 Med evaluations will be double checked by Supervisor and Administrator to insure they are complete. Adm or designee will develop a checklist to include required elements of the resident record and insure compliance, completeness, correctness, timeliness - the person doing the review will initial and date - reviews are to be done monthly - at least 2 months in advance to insure timeliness. Reviewed by adm by phone 3-7-13 *ee*

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* Date *3.13.13*

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

The above plan of correction is approved as of <u>4-17-13</u> (Date)	Plan of correction implementation status as of <u>4-17-13</u> (Date)
The above plan of correction was approved by <u><i>ee</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20100 - 12/11/2012 - Yellenic, Cindy
 PCH Name: Minelli's Kozy Comfort Living

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident #3, date of admission 8-2-11, last medical evaluation was completed on 8/2/11.

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.

Resident #3 was sent to see his P.C.P. and have a full medical evaluation. Resident files will be double checked and maintained by the house supervisor and Administrator to insure such oversights do not happen.

On-site verification 3-7-13 - home has still not double check resident med evals.

The adm or designee will develop and utilize a tracking sheet for resident med evals. It will be checked and updated monthly, initialed & dated by person measuring compliance. These checklists will be retained by the home and provided to the Department upon request.

Reviewed w/adm on 3-7-13 *ES*

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* Date *2.13.13*

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The above plan of correction is approved as of 4-17-13
 (Date)

The above plan of correction was approved by *OP*
 (Initials)

Plan of correction implementation status as of 4-17-13
 (Date)

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

Violation Report: 20100 - 12/11/2012 - Yellenic, Cindy
 PCH Name: Minelli's Kozy Comfort Living

1. REGULATION 55 Pa.Code §2600
 2600.183(c) - Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

2a. DESCRIPTION OF VIOLATION
 On 12/11/12, at 9:50am, insulin prescribed for Resident #4, was unlocked, in a paper bag, and accessible to unauthorized persons, in the refrigerator, in the kitchen.

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.

A locked box was purchased and placed in the refrigerator to hold medications that need to be refrigerated. A key was made for med. techs only. This way the medications are not accessible to unauthorized persons. The adm or designee will check on a weekly basis to insure on-going compliance w/ locked meds that need to be refrigerated. Documentation of these weekly reviews will be maintained by the home and presented to the Department upon request. Reviewed w/ adm on 3-7-13. *AG*

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* Date

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Violation Report: 20100 - 12/11/2012 - Yellenic, Cindy
 PCH Name: Minelli's Kozy Comfort Living

1. REGULATION 55 Pa. Code §2600
 2600.221(a) - The administrator shall develop a program of activities designed to promote each resident's active involvement with other residents, the resident's family and the community.

2a. DESCRIPTION OF VIOLATION
 The home has a limited program of activities. On, 12/11/12, puzzles was listed as an AM activity, however this activity never took place. The resident's activities for the day were eating, sleeping, watching t.v, and smoking.

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.

The home has a calendar of Activities posted. The activities are changed monthly to reflect the seasons, holidays, and Resident interests. If staff notice an activity that has lost interest a new one will be put in its place to promote activity and involvement of Residents with the community and each other.

Adm or designee will review calendar and monitor for compliance on a weekly basis. Documentation of these reviews will be documented and retained by the home for review by Dept. Review by adm: 3-7-13 R

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* Date *2.13.13*

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Violation Report: 20100 - 12/11/2012 - Yellenic, Cindy
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1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #3, date of admission was on 8/2/11, did not have an annual Resident Assessment and Support Plan completed. Resident #3's most recent Resident Assessment was completed on 8/2/11.

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.

A RASP was completed for Resident #3.

To insure that all paperwork is done to completion both the house Supervisor and Administrator will double check all Resident folders. The

ADM or designee will develop and maintain a listing of annual due dates for all residents. It will be updated to reflect admissions, discharges and significant changes. Adm or designee will review list on a monthly basis, document the review and act upon any resident records that require work. Documentation of the list will be maintained by the home for review by the Department. Reviewed w/ adm on 3-7-13

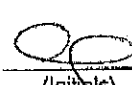
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kimberly Santora	Date 2.13.13
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