



MAILING DATE: August 5, 2013
Sent Via email to: shelly7806@aol.com

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 May 23, 2013 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 Human Services Licensing so that compliance can be verified.

Sincerely,

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

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Violation Report

Violation Report: 20100 - 05/23/2013 - Babiarz, Florence
PCH Name: MINELLI S KOZY COMFORT LIVING

1. REGULATION 55 Pa.Code §2600

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 section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

Resident #1 eloped from the home on 4.6.2013 and did not receive his/her 8pm medications. The home failed to report the medication error 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. The home did not send in a Reportable Incident to the Department.

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.

As per phone conversation with Bob Bisignani on 7.17.13 violation 2600.16(c) has been dropped.

*Violation
withdrawn
B.B.
7/17/13

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 P.C.H.A.

Date 7.17.13

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

The above plan of correction is approved as of _____
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

Violation Report: 20100 - 05/23/2013 - Babiarz, Florence
PCH Name: MINELLI S KOZY COMFORT LIVING

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

On 4.6.2013, Resident #1 eloped from the home. He/she did not receive the following 8pm medications: Niacin 500mg tablets; Cogentin 1mg tablet; K DUR 20MEQ SA tablet; and Risperadal 4mg tablet. The home did not follow the directions of the prescriber.

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.

As per phone conversation with Bob Bisignani on 7.17.13 violation 2600.187(d) has been dropped.

* violation withdrawn
B.B.
7/17/13

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Date(s) of Previous Violation(s):

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(Required on EVERY Page)

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Printed Name and Title of Legal Entity Representative

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Date 7.17.13

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(Initials)

Violation Report: 20100 - 05/23/2013 - Babiarz, Florence
 PCH Name: MINELLI S KOZY COMFORT LIVING

1. REGULATION 55 Pa.Code 52600

2600.186(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION

On 4.6.2013, the date Resident #1 eloped from the home, he/she did not receive the following 8pm medications: Niacin 500mg tablets; Cogentin 1mg tablet; K DUR 20MEQ SA tablet; and Risperadal 4mg tablet. The home did not have a record that the resident was informed, the prescriber was informed, or that residents' designee was informed.

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.

Page attached:

* The administrator shall be responsible for ongoing monitoring + Compliance.

M
7/29/13

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 P.C.H.A.

Date

7.17.13

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7/29/13
(Date)

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M
(Initials)

MINELLI'S KOZY COMFORT LIVING INC.
1640 N. MAIN AVE.
SCRANTON, PA. 18508
PHONE 570-342-5499
FAX 342-5499

Regulation 2600.188(b)

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It is important for the resident's prescriber to be informed that the person did not receive their medication so that both the home and the prescriber will know how best to move forward with their care.

The resident the medication due to an elopment. During the elopment period the prescriber was not informed of the missed dose.

Med techs will be trained that no matter the cause or fault of the missed dose it is always important to inform the prescriber as everyone knows how to move forward in the resident's best interest of physical and mental health.

It will be the responsibility of the Med. tech. on duty to call and inform the prescriber of the missed dose and to receive written instruction as to handle the situation. The written order will be placed in the Resident's MAR.

Kimberly Santora
7.17.13

Mr
7/29/13

Violation Report: 20100 - 05/23/2013 - Babiarz, Florence
PCH Name: MINELLI S KOZY COMFORT LIVING

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services. If the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

The most current RASP dated 10.10.2012 for resident #1 was not updated to address he/she elopement from the home on 4.6.2013. The home failed to address his/her Supervision Needs and Behavioral/Cognitive Needs.

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.

pages attached

* The administrator shall be responsible for ongoing compliance & monitoring.

jm
7/29/13

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Date(s) of Previous Violation(s):

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(Required on EVERY Page)

Kimberly Santora

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Regulation 2600.227(a)

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The home failed to immediately update the residents RASP indicating the elopement.

The RASP is the home's tool to insure the best care practices of each person.

On 4.8.13 the RASP was updated to include the incident on page 1 due to significant change. On page 5 her supervision of Independent was not changed but the incident was added. On page 9 under behavioral or Cognitive need judgment was changed from A (no problem) to B (minimal problem) because of her decision to leave without notifying staff.

[REDACTED] was reminded of the importance on telling staff when they plan on leaving especially if they will be missing medication time.

Staff will be responsible to occasionally remind [REDACTED] if they see her leaving the home.

3 pages of RASP included

Kimberly Santora

7.17.13

M
7/29/13