

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**  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 **November 20, 2013** until **November 20, 2014**,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **201000**

*Robert E. Robinson*  
ISSUING OFFICER

*Michael J. [Signature]*  
ACTING 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.



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JAN 16 2014

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

RE: Minelli's Kozy Comfort Living  
License #: 201000

Dear Mr. Minelli:

As a result of the Department of Public Welfare's licensing inspection on September 24, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long, sweeping horizontal line extending to the right.

Matthew J. Jones  
Acting Director

Enclosures  
License  
License Inspection Summary



Violation Report: 20100 - 09/24/2013 - Rushin, Julienne  
 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 issued by the City of Scranton. The last certificate of occupancy is dated 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 regulation is important because the need to have proper documentation of safety approval for the number of occupants in the building.  
 The violation was caused because the documentation was not updated in a timely manner.  
 The violation can be immediately fixed by calling city inspectors to come out to this was performed the beginning of October. The building had few corrections to make and the inspectors were back out to reinspect the week of the 21st of October. Awaiting formal document in mail. Projected date: 11/30/13 at the latest.  
 In the future to prevent from repeating will be to start process of filing for occupancy, two months prior to due date to ensure enough time to have correct permit. The administrator will be responsible to make owner aware of the need to have inspection done.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/11/2012		
-----------------------	-----------------------------------	------------	--	--

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Michelle Burke*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michelle Burke Administrator	Date 11/07/13
--	---------------

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

The above plan of correction is approved as of <u>12/18/13</u> (Date)	Plan of correction implementation status as of <u>12/18/13</u> (Date)
The above plan of correction was approved by <u>M</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>Letter</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

**Violation Report:** 20100 - 09/24/2013 - Rushin, Julienne  
**PCH Name:** MINELLI S KOZY COMFORT LIVING

**1. REGULATION 55 Pa.Code §2600**  
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

**2a. DESCRIPTION OF VIOLATION**  
 The home's G.E. refrigerator- freezer compartment, located in the kitchen, did not contain a thermometer.

**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 violation is important because the temperature needs to be checked daily to ensure the food in the appliances will not be spoiled.  
 The violation was caused because the thermometer was not in refrigerator and freezer to show correct temperature.  
 The violation was corrected immediately with thermometers purchased and put in the appliances.  
 In the future, all refrigerators will be checked daily to ensure they are all in place and functioning properly, this will be done by the med tech and administrator will randomly check to ensure it is being completed.

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

**Signature of Legal Entity Representative**  
 (Required on EVERY Page) *Michelle Burke*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michelle Burke Administrator	Date 11/07/13
--	---------------

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

The above plan of correction is approved as of <u>11/20/13</u> (Date)  The above plan of correction was approved by <u>M</u> (Initials)	Plan of correction implementation status as of <u>11/20/13</u> (Date)  <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
---	---

Violation Report: 20100 - 09/24/2013 - Rushin, Juliette  
 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**  
 Culligan-Northeast Water Services Inc. provided the home with a letter stating they agree to deliver water within a 24 hour period (not immediately) in the event of an emergency. On 9/24/13 the home did not have any emergency water on hand to accommodate the 24 residents currently living there.

**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 violation is important because encase of emergency there should be an immediate supply of water for the residents.  
 The letter stated within a 24 hour period and we do have immediate services with them for all the homes. The letter did not state such.  
 To fix the problem immediately, revision the letter needs to be sent from Culligans Water services. The 3 day supply needs to be in place in the building until letter received. The projected date is: 11/21/13 to be received from company. To prevent this violation in the future, the administrator is to make sure the letter is correct and to notify owners and company if it is not. If there is a change the building should have a supply for resident immediately.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/11/2012
-----------------------	-----------------------------------	------------

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Michelle Burke*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michelle Burke Administrator	Date 11/07/13
--	---------------

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

The above plan of correction is approved as of <u>12/18/13</u> (Date)	Plan of correction implementation status as of <u>12/18/13</u> (Date)
The above plan of correction was approved by <u>M</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>Letter</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20100 - 09/24/2013 - Rushin, Jullenne  
 PCH Name: MINELLI S KOZY COMFORT LIVING

**1. REGULATION 55 Pa.Code §2600**  
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

**2a. DESCRIPTION OF VIOLATION**  
 The home has not had a fire safety inspection and fire drill conducted by a fire safety expert since August 2012 until current.

**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 violation is important for the continued safety of the residents. The violation occurred because this was not completed in a timely manner.

The fire inspector is very difficult to get to come due to being the only one in the city and cancels frequently. It will be the responsibility of the administrator to call two months prior to the expected expiration date and to continue to if the facility is rescheduled.

There is currently an unexpected fire drill to be performed when the inspector calls back with another reschedule date and projected is to be no later than 11/30/13.

*The administrator shall be responsible for ongoing compliance.*

*Drill  
 inspection 11/13/13 letter  
 m  
 12/18/13*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Michelle Burke*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Michelle Burke administrator*      Date *11/07/13*

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

The above plan of correction is approved as of 12/18/13  
 (Date)

Plan of correction implementation status as of 12/18/13  
 (Date)

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

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

Violation Report: 20100 - 09/24/2013 - Rushin, Julianne  
 PCH Name: MINELLI S KOZY COMFORT LIVING

**1. REGULATION 55 Pa.Code §2600**  
 2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

**2a. DESCRIPTION OF VIOLATION**  
 Approximately 6 cigarette butts and used matches were noted on the sidewalk leading to the home's front porch. Department representative noted 2 residents lighting cigarettes while standing on the porch then proceed to walk off the property. The home's designated smoking area is located in the back of the building under a fire safe tent. Approximately 50 plus cigarette butts were scattered on the pavement and along the grassy area of the home's designated smoking area.

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

This violation is important because of the safety of the residents.  
 The cause of this violation was because the residents did not abide by the smoking policy stated in their contract. The area was not cleaned appropriately by staff.  
 The immediate fix to this problem was that the area was cleaned appropriately. Smoking residents were reminded of the rules of the house and policy in contract, they were warned that it result in a 30 day notice if found in violation of the contract due to the fire hazard and not following policy and rules in the contract. To prevent a repeat violation, the area of the house needs to be checked each shift to ensure smoking area and perimeter of the house is clean. This will be done by housekeeping and the administrator will make random inspections of area to ensure rules are being followed by both staff and residents.

\* The administrator shall be responsible for ongoing compliance.  
*Mm 11/20/13*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page)      *Michelle Burke*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)      Michelle Burke administrator      Date      11/07/13

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

The above plan of correction is approved as of <u>11/20/13</u> (Date)	Plan of correction implementation status as of <u>11/20/13</u> (Date)
The above plan of correction was approved by <u><i>Mm</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20100 - 09/24/2013 - Rushin, Julianne  
 PCH Name: MINELLI S KOZY COMFORT LIVING

- 1. REGULATION 55 Pa.Code §2600**  
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:
- (1) Resident's name.
  - (2) Drug allergies.
  - (3) Name of medication.
  - (4) Strength.
  - (5) Dosage form.
  - (6) Dose.
  - (7) Route of administration.
  - (8) Frequency of administration.
  - (9) Administration times.
  - (10) Duration of therapy, if applicable.
  - (11) Special precautions, if applicable.
  - (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
  - (13) Date and time of medication administration.
  - (14) Name and initials of the staff person administering the medication.

**2a. DESCRIPTION OF VIOLATION**  
 The Medication Administration Record for resident #1 does not indicate a diagnosis for Levaquin 500 mg.  
 The Medication Administration Record for resident #3 was not initialed by a staff person to indicate Navane 5mg was administered on 9/5/13 at 8:00 pm.

**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 violation is important because there needs to be a diagnosis for every medication. The violation was caused because the proper documentation was not done. The immediate fix to the problem is that the staff will receive inservice to be reminded that diagnosis belongs with every medication and the medication needs to be rechecked that all initials are present for each resident and that the medication is there with the initials.

In the future, there will be daily checks by the 11-7 med tech that there is no missing initials and that the diagnosis for each med present and random check will be made the administrator. \* The administrator is responsible for ongoing compliance.

Repeat Violation: No      Date(s) of Previous Violation(s): m  
11/20/13

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Michelle Burke*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) **Michelle Burke Administrator**      Date **11/07/13**

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

The above plan of correction is approved as of 11/20/13  
 (Date)

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

Plan of correction implementation status as of 11/20/13  
 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 20100 - 09/24/2013 - Rushin, Julienne  
 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's Activity Calendar had "Coloring and Word Find" scheduled for 9/24/13. Department Representative noted that the residents either sat and watched TV or went outside to smoke and no activity was offered.

**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 violation is important because activities stimulate residents to participate with each other and create calming atmosphere in facility.  
 The violation occurred because the activities were not performed that were scheduled and no alternate was provided.  
 The immediate fix to this problem is that the activities are done as scheduled and if need to be altered to change on board and offer enough time to let the residents know of change, also to review the rasp and see if there are other activities that may be more interesting for the residents if they do not want to participate in the ones currently provided.  
 There will be a sign in book to designate the activity done and the resident signature that they attended.\*The activities will be provided by the direct care staff.  
 The administrator will randomly check to make sure these are being followed through.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/11/2012	
-----------------------	-----------------------------------	------------	--

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Michelle Burke*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <b>Michelle Burke Administrator</b>	Date <b>11/07/13</b>
---	----------------------

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

The above plan of correction is approved as of <u>11/20/13</u> (Date)	Plan of correction implementation status as of <u>11/20/13</u> (Date)
The above plan of correction was approved by <u>M</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

**Violation Report:** 20100 - 09/24/2013 - Rushin, Julianna  
**PCH Name:** MINELLI S KOZY COMFORT LIVING

**1. REGULATION 55 Pa.Code §2600**  
 2600.252 - Each resident's record must include the following information: (1) through (26)

**2a. DESCRIPTION OF VIOLATION**  
 Photos contained in the records of the following residents were taken over 2 years ago: resident #1 (photo dated 3/9/2010) and resident #2 (photo dated 6/14/10).

**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 violation is important in case of emergency need to have updated pictures of residents to be able to identify them and also to identify during med pass.  
 The immediate fix to the problem is that new pictures were taken of residents.  
 In the future, the administrator will be responsible to check the med book to make sure all pictures are up to date, quarterly and at time of admission for new residents.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Michelle Burke*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michelle Burke Administrator	Date 11/07/13
--	---------------

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

The above plan of correction is approved as of <u>11/20/13</u> (Date)	Plan of correction implementation status as of <u>11/20/13</u> (Date)
The above plan of correction was approved by <u>m</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented