

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)

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 **December 17, 2014** until **June 17, 2015**,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **201001**

*Robert E. Robinson*  
ISSUING OFFICER

*Matthew 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 HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: DEC 17 2014**

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

RE: Minelli's Kozy Comfort Living  
License #: 201001

Dear Mr. Minelli:

As a result of the Department of Human Services' (Department) licensing inspection on September 23, 2014 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #201000 dated November 20, 2014 to November 20, 2015 is REVOKED. A FIRST PROVISIONAL license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated November 20, 2014 to November 20, 2015 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

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

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
103f	II	25	\$5	\$125	5 calendar days from mailing date of this letter
107c	II	25	\$5	\$125	5 calendar days from mailing date of this letter
144c	II	25	\$5	\$125	5 calendar days from mailing date of this letter
187a	III	25	\$3	\$75	15 calendar days from mailing date of this letter
252	III	25	\$3	\$75	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

Mr. Frank Minelli

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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 Human Services 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 Human Services  
Room 631 Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120

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,



Matthew J. Jones  
Director

Enclosures  
License  
Licensing Inspection Summary

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

PCH Name: MINELLI S KOZY COMFORT LIVING		License Number: 201000
Address: 1640 NORTH MAIN AVENUE, SCRANTON, PA 18508		County: Lackawanna
Administrator: Buddy minelli		Region: NORTHEAST
Legal Entity Name: MINELLIS KOZY COMFORT LIVING INC		
Legal Entity Address: 1640 NORTH MAIN AVENUE, SCRANTON, PA 18508		
<b>Certificate(s) of Occupancy</b> Other 04/11/2014 City of Scranton		
<b>Staffing Hours</b> Resident Support: NA                                      Total Daily Staff: 25                                      Waking Staff: 19		
Type of Inspection: Full                                      BHA Docket Number:                                      Notice: Unannounced		
<b>Reason(s) for Inspection(s)</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 09/23/2014: Patton, Leslie; OHaire, Anne		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b> Partial or Full Triggers:                                      Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 27 Number of Residents Served: 25 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	<b>Number of Residents who:</b> Receive Supplemental Security Income: 23 Are 60 Years of Age or Older: 17 Have Mental Illness: 15 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 20100 - 09/23/2014 - Patton, Leslie  
 PCH Name: MINELLI S KOZY COMFORT LIVING

**1. REGULATION 55 Pa.Code §2600**

2600.25(c)(8) - The contract shall specify the home's rules related to home services, including whether the home permits smoking

**2a. DESCRIPTION OF VIOLATION**

The contract for resident #1 (dated 8/14/14) and the contract for resident #2 (dated 8/14/14) did not include a complete list of the home's rules.

**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 resident need to know the rules of the facility they are currently in. The regulation was violated because the error of contract name and rule. The error occurred because did not read the facility name when starting contract. The violation is fixed by reviewing and signing a new contract stating "minelli's Cozy Comfort" and the rules of the facility. In the future, the administrator will double check the contract to ensure it is the appropriate one for facility and all rules are stated in that contract.


Attached are copies of rules signed and reviewed with residents for smoking policy

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Burke POHA</i>	Date <i>10/17/14</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>10/24/14</u> (Date)  The above plan of correction was approved by <u></u> (Initials)	Plan of correction implementation status as of <u>11/6/14</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
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Violation Report: 20100 - 09/23/2014 - Patton, Leslie  
 PCH Name: MINELLI S KOZY COMFORT LIVING

**1. REGULATION 55 Pa.Code §2600**  
 2600.25(c)(11) - The contract shall include a list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.

**2a. DESCRIPTION OF VIOLATION**  
 The contract for resident #1 (dated 8/14/14) and the contract for resident #2 (dated 8/14/14) includes a list of services provide by the home as well as a list of services provided for personal care home Angel Family Manor which is owned by the same company as Minelli's Kozy Comfort Living.

**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 was violated due to Angel Manor paperwork being present in chart. The paperwork was removed from chart. The personal care services are stated in Minelli's Kozy Comfort Contract. In the future, the Administrator will have appropriate home paperwork in chart and double check if designee does chart for proper completion

. The administrator shall monitor and assure ongoing compliance.

*M*  
10/24/14

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 PCHA*      Date *10/17/14*

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Violation Report: 20100 - 09/23/2014 - Patton, Leslie  
 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

The home's bathroom located on the first floor had a shower seat that was observed to have brown colored fecal matter smeared on the seat, observed at approximately 1:15pm on the date of inspection.  
 The pink colored 2nd floor bathroom commode was heavily stained with a brown colored substance at approximately 2:20 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 occurred because of stained material on seats of toilet & shower seats. The staff will check bathrooms every hour to ensure proper sanitary conditions are maintained and proper cleaning products are used to disinfect and properly clean areas. The incontinent residents will be checked every 2 hours to ensure proper disposal and cleaning is done encase resident has an accident. The administrator will check documentation daily and inspect bathrooms to ensure staff is in compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 PCNA	Date 10/17/14
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Violation Report: 20100 - 09/23/2014 - Patton, Leslie  
 PCH Name: MINELLI S KOZY COMFORT LIVING

**1. REGULATION 55 Pa.Code §2600**

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

**2a. DESCRIPTION OF VIOLATION**

The trash containers located in the 2nd floor pink bathroom and the 3rd floor bathroom did not have lids.

**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 occurred because there were not lids on trash cans in bathroom. The trash cans have been replaced and will be checked daily to ensure they are in good repair by cleaner and notify administrator if they need to be replaced. The administrator will check weekly to make sure this being done.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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, PCHA Date 10/17/14

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Violation Report: 20100 - 09/23/2014 - Patton, Leslie  
 PCH Name: MINELLI S KOZY COMFORT LIVING

**1. REGULATION 55 Pa.Code §2600**  
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

**2a. DESCRIPTION OF VIOLATION**  
 The Personal Care Home Hotline number was incorrectly listed next to the phone in the kitchen and the phone in the living room which are both utilized by residents.

**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 occurred because the hotline for Personal Care home was incorrect, The signs were corrected with new sign up and new phone number in place. The administrator will check quarterly to make all numbers are correct and none have changed.

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 PCWA*      Date *10/17/14*

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Violation Report: 20100 - 09/23/2014 - Patton, Leslie  
 PCH Name: MINELLI S KOZY COMFORT LIVING

**1. REGULATION 55 Pa.Code §2600**  
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

**2a. DESCRIPTION OF VIOLATION**  
 Resident bedroom #8 shared by 3 male residents had only 1 bedside lamp.

**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 occurred because there was not enough lamps in room for residents. Lamps were placed in room and were operable day of inspection. The maintenance person will check daily to ensure correct materials are in rooms and that they are operable. The administrator will do weekly check to ensure staff is in compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Burke PCHA</i>	Date <i>10/17/14</i>
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**Violation Report:** 20100 - 09/23/2014 - Patton, Leslie  
**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**

There was no thermometer in the freezer section of the "GE" brand refrigerator located in the home's kitchen. At approximately 10:00am, the "Sears" brand Cold Spot freezer located in the home's basement had a temperature reading of 12 degrees Fahrenheit. At 2:15pm the temperature reading was 10 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.*

The violation occurred because there was not a thermometer in the GE refrigerator in freezer section. One was put in place a time of inspection. The administrator will check to make sure temp. is appropriate and if not fix accordingly.

The "Sears" brand Cold freezer in basement temperature control was lowered further to maintain the temperature needed to be at 0°. The maintenance person will check daily to ensure that it is correct or to call and have serviced as needed.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/24/2013	
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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, PCHA* Date *10/17/14*

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Violation Report: 20100 - 09/23/2014 - Patton, Leslie  
 PCH Name: MINELLI S KOZY COMFORT LIVING

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

2a. DESCRIPTION OF VIOLATION

The following items stored in the "GE" brand refrigerator located in the home's kitchen were either not labeled and/or dated or were spoiled:

- Liver in a plastic container was not dated
- A plastic bag of iceberg lettuce was spoiled and had begun to liquefy
- 4 limes in a plastic bag which were brown and growing mold
- Rib giblets wrapped in tinfoil were not labeled or dated
- 2 packages of "Jenni- O" brand turkey hotdogs with a label that stated, "use by 9/12/14"
- 2 hotdogs in saran wrap not labeled or dated

Two bags of breaded chicken breasts not labeled or dated were located in the "Sears" brand Cold Spot freezer in the home's basement.

One bag of broccoli and 3 bags of hamburger buns not labeled or dated were located in the "Gibson" brand freezer in the home's basement.

The "Frigidaire" brand refrigerator located nearest to the stove was found to have spoiled food. 1 bag of 3 cucumbers was found to be mushy and watery. One steak sandwich wrapped in foil was found to be moldy and discolored.

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 occurred because the staff did not clean out or label food appropriately. The staff members will check refrigerators and freezers daily for dates & labels and dispose of food that is not. The administrator will spot check to make sure this was completed and staff in compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle BURKE PCHA</i>	Date <i>10/17/14</i>
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Violation Report: 20100 - 09/23/2014 - Patton, Leslie  
 PCH Name: MINELLI S KOZY COMFORT LIVING

**1. REGULATION 55 Pa.Code §2600**  
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

**2a. DESCRIPTION OF VIOLATION**  
 A large accumulation of lint was observed in the lint trap of the dryer located in the home's basement.

**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 occurred because the lint trap was not cleaned after use. The staff will be reminded to clean the lint trap after each use. The administrator will spot check dry to make sure staff in compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Michelle Burke PCHA</u>	Date <u>10/17/14</u>
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Violation Report: 20100 - 09/23/2014 - Patton, Leslie  
 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

The home's letter from Culligan water supply company (dated 3/16/13) states the company will deliver up to 150 gallons of water within 24 hours of the request being made. The home does not have any water currently on-hand for the 25 residents being served at the time of the inspection.

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 occurred did not have emergency water on site. The home will maintain the 1st 24hrs of water supply until the delivery is made by Culligan's. The administrator will check to ensure this is maintained monthly and if any needs to be replaced due expiration.*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/24/2013
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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* Date *10/17/14*

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Violation Report: 20100 - 09/23/2014 - Patton, Leslie  
 PCH Name: MINELLI S KOZY COMFORT LIVING

**1. REGULATION 55 Pa.Code §2600**

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

**2a. DESCRIPTION OF VIOLATION**

The home's emergency preparedness plan was not posted in a public and conspicuous location and was located in the administrator's office.

**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 emergency plan was not in a location easily viewed by residents. The emergency plan was placed in dining on bulletin board where the residents are readily able to view. In the future, administrators will check monthly that the paperwork is there.*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Burke PCH A</i>	Date <i>10/17/14</i>
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Violation Report: 20100 - 09/23/2014 - Patton, Leslie  
 PCH Name: MINELLI S KOZY COMFORT LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION  
 A large accumulation of lint was located behind the dryer on the floor and the wall as well as on the electrical socket.

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 occurred due to not proper cleaning of dryer vent. The cleaner will check vent weekly for lint accumulation in hose to outside and clean around dryer daily. The administrator will check weekly to ensure compliance by staff is occurring.*

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Michelle Burlo PCHA*      Date *10/17/14*

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

The above plan of correction is approved as of <u>10/24/14</u> (Date)  The above plan of correction was approved by <u><i>M</i></u> (Initials)	Plan of correction implementation status as of <u>11/6/14</u> (Date)  <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented
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Violation Report: 20100 - 09/23/2014 - Patton, Leslie  
 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  
 An annual medical evaluation was not completed for resident #3. The most recent medical evaluation was completed on 12/12/12.

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 violation occurred to the medical eval not being completed. The resident recently lost insurance and unable to see the doctor. The disability has seen & reviewed [redacted] since inspected. In the future, the administrator will follow the medical evaluations and will make DPW aware if any complications arise to see the department can show guidance of next steps in what to do.

- The administrator shall monitor and assure ongoing compliance.

*M*  
10/24/14

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Michelle Buelle PCHA*      Date *10/17/14*

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

The above plan of correction is approved as of 10/24/14  
 (Date)

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

Plan of correction implementation status as of 11/6/14  
 (Date)

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

Violation Report: 20100 - 09/23/2014 - Patton, Leslie  
 PCH Name: MINELLI S KOZY COMFORT LIVING

**1. REGULATION 55 Pa.Code §2600**  
 2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

**2a. DESCRIPTION OF VIOLATION**  
 Numerous discarded cigarettes butts were observed in areas outside the designated smoking area. 22 extinguished cigarettes were observed in the rear driveway to the left of the facility rear porch and 10 discarded cigarettes were observed along the front walkway from the porch to the public sidewalk.

**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 occurred because residents were throwing cigarette butts not in the indicated areas; will remind residents of designated areas to smoke. Administrators will randomly pick hours to monitor residents in the area to make sure they are in appropriate areas.*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/24/2013
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Michelle Buelke*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Buelke PCHA</i>	Date <i>10/17/14</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

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Violation Report: 20100 - 09/23/2014 - Patton, Leslie  
 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**

At approximately 9:45 am the following medications were found unlocked and stored with food in the "Frigidaire" brand refrigerator. Resident #4's 3 vials of Cyanocobalamin Inj. medication for monthly Vitamin B 12 injections, and resident #5's Novolog 70 /30 insulin medication.

**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 medication was immediately removed from food area and put in lock box in refrigerator away from food. Review with staff where <sup>errors</sup> refrigerator things need to be.

The administrator shall monitor and assure ongoing compliance.

*M*  
10/24/14

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 PCAA* Date *10/17/14*

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

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 (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 - 09/23/2014 - Patton, Leslie  
 PCH Name: MINELLI S KOZY COMFORT LIVING

**1. REGULATION 55 Pa.Code §2600**

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.

**2a. DESCRIPTION OF VIOLATION**

It is the home's policy that all insulin be dated when opened. The home did not indicate the date Lantus Solostar insulin pen prescribed to resident #1 was opened for use.

It is the home's policy that staff members document the number of narcotics remaining after each administration. Resident #2 is prescribed Xanax 2mg to be administered each evening. The Controlled Medication Record indicates staff last documented the current amount on 9/3/14 indicating 20 tablets were remaining. However, 24 pills were remaining at the time of inspection on 9/23/14.

**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 staff was inserviced on the need for proper documentation of narcotics and the need to document each time the medication given. They were inserviced that the insulin pen can be individually labelled on pen then document on sticker date opened. In the future; each shift will check to make sure the insulin is labelled and dated and will count with opening shift.

The administrator shall monitor and assure ongoing compliance. M 10/24/14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Burke PCNA</i>	Date <i>10/17/14</i>
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Violation Report: 20100 - 09/23/2014 - Patton, Leslie  
 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.

*Kozy #906*

**2a. DESCRIPTION OF VIOLATION**

The Medication Administration Record (MAR) for resident #6 did not indicate a diagnosis or purpose for Primidone 50mg. The MAR for resident #7 did not indicate a diagnosis or purpose for Metoprolol 25mg.

**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 occurred because diagnosis was not put with medication. The new system is to write new med in med book add diagnosis and then highlight the diagnosis. The administrator will check med book monthly to ensure being done*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/24/2013	
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Michelle Burko*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Michelle Burko PCHA* Date *10/17/14*

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 (Date)

Plan of correction implementation status as of 11/6/14  
 (Date)

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 (Initials)

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

Violation Report: 20100 - 09/23/2014 - Patton, Leslie  
 PCH Name: MINELLI S KOZY COMFORT LIVING

**1. REGULATION 55 Pa.Code §2600**

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**2a. DESCRIPTION OF VIOLATION**

The Preadmission Screening in the record of resident #1 (dated 8/14/14) did not indicate if the home if able to meet to the resident's 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.

The pre admission screening was not completed upon admission due to missing area when filling it out. The paperwork was rechecked and filled out in its entirety. The paperwork for chart will be rechecked before putting chart for completion.

The administrator shall monitor and assure ongoing compliance.

*M*  
10/24/14

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 PCHA

Date

10/12/14

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The above plan of correction is approved as of

10/24/14  
 (Date)

Plan of correction implementation status as of

11/6/14  
 (Date)

The above plan of correction was approved by

*M*  
 (Initials)

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

Violation Report: 20100 - 09/23/2014 - Patton, Leslie  
 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 current RASP in the record of resident #1 (dated 8/28/14) did not indicate the resident's medical diagnoses and the home's plan to meet the resident's medical 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.

*The rasp was not finished in its entirety. The understanding that had to be completed within 30 days the entire RASP, will fill out the medical diagnoses + home plan within the 1st 15 days*

*The administrator shall monitor and assure ongoing compliance*

*M*  
 10/24/14

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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* Date *10/27/14*

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

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Violation Report: 20100 - 09/23/2014 - Patton, Leslie  
 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**

The record of residents #1, #2, #8, and #9 did not contain a photo of the resident.  
 The photo in the record of resident #3 was taken 8/2/11, more than two years ago  
 The photo in the record of resident #10 was taken 1/2012, more than two years ago.

**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 violations occurred because photos were not all updated. The staff will take pictures upon arrival and renew every 2 yrs or if major change to person they will change picture before that. The immediate fix was all residents pictures were taken and put in the med book and will be updated in 2 yrs.

The administrator shall monitor and assure ongoing compliance. *m*  
 10/24/14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/24/2013	
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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 RCHA* Date *10/17/14*

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

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The above plan of correction was approved by <u><i>m</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