



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via Fax to: [REDACTED]
MAILING DATE: December 1, 2014

Mr. Frank Minelli, Administrator
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 November 6, 2014 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.

Sincerely,

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

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 20100 - 11/06/2014 - 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

At 9:10am, fecal matter was observed on the lid of the trashcan in the bathroom adjacent to the dining room.

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 will do hourly checks and document; periodic checks will be done by administrators. In the future; the administrator will have meetings to ensure that all staff know they must check.

The administrator shall be responsible for ongoing compliance.

M
12/1/14

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 administrator

Date

11/26/14

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

The above plan of correction is approved as of

12/1/14
(Date)

Plan of correction implementation status as of

12/1/14
(Date)

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

The above plan of correction was approved by

M
(Initials)

Violation Report: 20100 - 11/06/2014 - Patton, Leslie

PCH Name: MINELLI S KOZY COMFORT LIVING

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

At 11:15am, the home's medication cart which is stored in the home's kitchen, was found to be unlocked resulting in residents and other individuals having access to various 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 med tech will double check the cart is locked before walking away. The house manager will check frequently that med-tech is in compliance.

The administrator shall be responsible for ongoing compliance.

M
12/1/14

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 Administrator

Date 11/26/14

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