pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: March 6, 2015

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 Human Services' licensing inspection on January 22, 2015 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,

Michele Moskalczyk

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: MINELLI S KOZY COMFORT LIVING	**License Number:** 20100
Address: 1640 NORTH MAIN AVENUE, SCRANTON, PA 18508	**County:** Lackawanna
Administrator: Michelle Burke	**Region:** NORTHEAST

Legal Entity Name: MINELLIS KOZY COMFORT LIVING INC

Legal Entity Address: 1640 NORTH MAIN AVENUE, SCRANTON, PA 18508

Certificate(s) of Occupancy

Other
04/11/2014
City of Scranton

Staffing Hours

Resident Support: 0 **Total Daily Staff:** 25 **Waking Staff:** 19

Type of Inspection: Partial **BHA Docket Number:** **Notice:** Unannounced

Reason(s) for Inspection(s)

Complaint

On-Site Inspections Dates and Department Representatives On-Site

01/22/2015: Yellenic, Cindy; OHaire, Anne

Off-Site Inspection Dates and Inspectors, if Applicable

Other Details

Partial or Full Triggers: **Random Indicators:**

Resident Demographic Data as of Inspection Dates

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

Number of Residents who:

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 - 01/22/2015 - Yellenic, Cindy
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
Resident #1 has a prescription to have a blood glucose test completed two times a day. On the following dates and times, Resident #1's blood glucose was not recorded in the Medication Administration Record: 1/3/15 @ 4:00pm, 1/14/15 @ 4:00pm, and 1/15/15 @ 4:00pm.
The home is not maintaining the MAR's properly.

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 received training regarding documenting properly in MAR's. The supervisor will be checking every 3 days to ensure the documentation is correct. In the future, the administrator will also double check the supervisor weekly to ensure done.

. The administrator shall monitor and assure ongoing compliance

2/25/15

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/23/2014		

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

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

Date 2/25/15

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 2/25/15 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 3/5/15 (Date)

- [ ] Fully Implemented
- [ ] Partially Implemented - Adequate Progress
- [x] Partially Implemented - Inadequate Progress CY 2.25.15
- [ ] Not Implemented