



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via fax to: [REDACTED]
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 February 25, 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
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 20100 - 02/25/2015 - 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

The medication administration record for Resident #1 does not include the staff initials the blood glucose monitoring was done on 2/16/15 at 8:00am.

The medication administration record for Resident #2 does not include the blood glucose number after the staff person finished the blood glucose monitoring on 2/23/15 at 4:00pm.

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 be receiving further education ^{errors} and of how to administer med w/ documentation appropriately. The ~~are~~ inservice will be within the next ^{week} of work by 3/19/15. In the future, the supervisor will check daily and the administrators will check bi-weekly randomly to ensure staff in compliance.

| | | | |
|-----------------------|-----------------------------------|------------|------------|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 09/23/2014 | 01/22/2015 |
|-----------------------|-----------------------------------|------------|------------|

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Michelle Burke PCNA Date 3/09/15

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

| | |
|---|---|
| The above plan of correction is approved as of <u>3/9/15</u> (Date) | Plan of correction implementation status as of <u>3/9/15</u> (Date) |
| The above plan of correction was approved by <u>[Signature]</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 - 02/25/2015 - Yellenic, Cindy

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

Resident #3 has a physician's order to have a blood glucose monitoring done once a week. Resident #3 did not have their scheduled blood glucose monitoring done on 2-23-15.

Resident #4 has a physician's order to have a blood glucose monitoring done twice a week on Monday and Friday. Resident #3 did not have their scheduled blood glucose monitoring done on 2-20-15 and 2-23-15.

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 collector was made aware of incident's and staff member was reprimanded by owner for incidents. The staff will be receiving inservices on following prescription orders and signing for documenting.

The administrator shall monitor for ongoing compliance.

M
3/9/15

| | | | |
|----------------------|-----------------------------------|--|--|
| 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) <i>Michelle Burke PCHA</i> | Date <i>3/09/15</i> |
|---|---------------------|

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

The above plan of correction is approved as of 3/9/15
(Date)

Plan of correction implementation status as of 3/9/15
(Date)

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

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