



pennsylvania
DEPARTMENT OF HUMAN SERVICES

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**
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 **July 6, 2015** until **July 6, 2016**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **201000**

Robert E. Robinson
ISSUING OFFICER

Matthew J. [Signature]
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

JUL 06 2015

Mr. Frank Minelli, Administrator
Minelli's 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 May 12, 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.


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

Sincerely,


Matthew J. Jones
Director *MSH*

Enclosures
License
License 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: Buddy Minelli		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: 23	Waking Staff: 17
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Provisional		
On-Site Inspections Dates and Department Representatives On-Site 05/12/2015: Harvey, Jason; Rushin, Julienne		
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: 26 ²⁷ <i>error</i>  Number of Residents Served: 23 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: 1	Number of Residents who: Receive Supplemental Security Income: 23 Are 60 Years of Age or Older: 11 Have Mental Illness: 23 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 20100 - 05/12/2015 - Harvey, Jason
 PCH Name: MINELLI S KOZY COMFORT LIVING

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
 The home's Certificate of Boiler or Pressure Vessel Operation issued by the Department of Labor and Industry expired on 4/5/15.
 The home's Certificate of Occupancy issued by the city of Scranton expired on 3/31/2015.

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.

Will check boiler & City occupancy certificates and send them in early if possible. Boiler was inspected, was just waiting for it in mail. The city cashed checks in april and we had made several phone calls to city about them coming out. We still havn't received a phone call back.

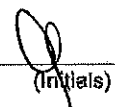
The Administrator will retain a copy of the cancelled check proving accepted payment of the license fee. The Adml Designee will also retain documentation related to the reports made to obtain the current ^{occupancy permit} ~~license~~. Upon receipt, the home will fax or scan their occupancy permit to the Northeast Regional office. CE. 6/24/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Buddy Minelli*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Buddy Minelli* Date *JUNE 12 2015*

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

The above plan of correction is approved as of <u>6/24/15</u> (Date)	Plan of correction implementation status as of <u>6/24/15</u> (Date)
The above plan of correction was approved by  (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 - 05/12/2015 - Harvey, Jason
 PCH Name: MINELLI S KOZY COMFORT LIVING

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The electric outlet located beneath the thermostat in the home's TV room did not have a cover.

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.

Outlet cover was off cause of fresh paint, was put back on. Will make sure painter puts covers back on when he is finished. Staff & Admin will check to make sure - that periodic walk throughs of the home will be conducted to ensure ongoing compliance. CP. 6/24/15

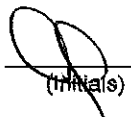
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Buddy Minelli*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **BUDDY MINELLI** Date **JUNE 12 2015**

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The above plan of correction is approved as of 6/24/15 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 6-24-15 (Date)

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

Violation Report: 20100 - 05/12/2015 - Harvey, Jason

PCH Name: MINELLI S KOZY COMFORT LIVING

1. REGULATION 55 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The home's first aid kit did not contain adhesive tape.

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.

Adhesive Tape was taken out of first aid kit and not put back. Will talk to staff, and make sure they put everything back in first aid kit after use. Admin and staff will check first aid kits Was corrected at time of inspection. → periodically to ensure ongoing compliance. @. 6/24/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Buddy Minelli

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

BUDDY MINELLI

Date JUNE 12 2015

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(Date)

The above plan of correction was approved by


(Initials)
Plan of correction implementation status as of 6/24/15
(Date)

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

Violation Report: 20100 - 05/12/2015 - Harvey, Jason
 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 Amana freezer in the basement of the home did not have 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 one Amana freezer didn't have a thermometer, was corrected on site at time of inspection. Manager and Admin will check and make sure thermometers are working in all freezers - to ensure ongoing compliance. J. 6/24/15

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/23/2014
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Buddy Minelli		JUNE 17 2015

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The above plan of correction is approved as of <u>6/24/15</u> (Date)	Plan of correction implementation status as of <u>6/24/15</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 - 05/12/2015 - Harvey, Jason
 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

Located in the home's basement pantry were two dented 6lbs cans of Spring Field Harvest oranges.

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.

Two dented cans in pantry, will make sure all dented cans are sent back to company. Will check all cans when they are delivered. Staff will check at time of food deliveries - or prior to the next one - to ensure ongoing compliance. *Q.*
 6/24/15

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/23/2014	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Buddy Minelli*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Buddy Minelli* Date *JUNE 12 2015*

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The above plan of correction is approved as of 6/24/15
 (Date)

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

Plan of correction implementation status as of 6/24/15
 (Date)

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

Violation Report: 20100 - 05/12/2015 - Harvey, Jason
 PCH Name: MINELLI S KOZY COMFORT LIVING

1. REGULATION 55 Pa.Code §2600

2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION

The home did not complete an annual review of the home's emergency procedures for 2014- 2015.

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.

Emergency procedures will be done at the end of each year. Owners and Admin will review them every December. They were reviewed for this year, and there was no changes. Admin will check and make sure this is done every year.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Buddy Minelli

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

Buddy Minelli

Date *June 12 2015*

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The above plan of correction is approved as of 6/24/15
 (Date)

Plan of correction implementation status as of 6/24/15
 (Date)

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

The above plan of correction was approved by

[Signature]
 (Initials)

Violation Report: 20100 - 05/12/2015 - Harvey, Jason
 PCH Name: MINELLI S KOZY COMFORT LIVING

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

The home's fire drill logs dated 6/26/14 to 4/9/15 indicate that the back door and fire escape are the only exits in the home used to evacuate residents. The front/main entrance is not being utilized as an exit route during fire drills.

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 front door in fire drills was not being used. Will make sure to use all exits by switching them every fire drill. The admin will be making sure this is done, by reviewing fire drill logs monthly in order to ensure ongoing compliance. Cp. 6-24-15


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 Supervisor</i>	Date <i>6/13/15</i>
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The above plan of correction is approved as of 6/24/15
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 6/24/15
 (Date)

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

Violation Report: 20100 - 05/12/2015 - Harvey, Jason
 PCH Name: MINELLI S KOZY COMFORT LIVING

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The annual medical evaluation for resident #1(dated 2/10/15) does not have the license number of the physician or medical professional that evaluated the resident.

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.

This violation was corrected on site. The Admin will check all MASI and DME's to make sure doctor fills license number out. in order to maintain ongoing compliance.

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 Supervisor

Date *6/13/15*

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The above plan of correction is approved as of *6-24-15*
 (Date)

Plan of correction implementation status as of *6/24/15*
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 20100 - 05/12/2015 - Harvey, Jason
 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

The large cans used for ashtrays located in the home's designated smoking area were filled with papers and empty cigarette packs causing a potential fire hazard.

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.

Had a meeting with residents and explained the fire hazard to them. Staff will check the cans for papers and garbage every hour or so. Garbage can is going to be put outside away from smoking area with a lid. Adm or Designee will perform frequent checks (at least once daily) to insure ongoing compliance. Cf. 6/24/15

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Buddy Minelli* Date *JUNE 10 2015*

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

The above plan of correction is approved as of <u>6/21/15</u> (Date) The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u>6/21/15</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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