



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAILING DATE: July 12, 2016

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 May 25, 2016 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: 20100 - 05/25/2016 - Yellenic, Cindy
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 home's designated smoking area is located off the back porch. The smoking area and surrounding area was littered with cigarette butts on the ground and in the grass.

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 responsible for hourly checks and sign that it is completed. They will clear the area of litter and cigarette butts. The supervisor/administrator will double check to make sure staff is in compliance.

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/14/2016 05/12/2015

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 *7/06/16*

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

The above plan of correction is approved as of *7/8/16*
(Date)

Plan of correction implementation status as of *7/8/16*
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

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