



SEP 27 2017

Mr. Frank Minelli,
Administrator/Owner
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' annual licensing inspection on April 14, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe", is written over a faint, larger version of the signature.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 20100 - 04/14/2017 - Rushin, Jullenne
 PCH Name: MINELLI S KOZY COMFORT LIVING

1. REGULATION 55 Pa.Code §2600
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION
 The privacy coding document was attached to the licensing inspection summary dated 4/14/16 posted on the bulletin board near the entrance of the home. The privacy coding document exposes the resident's confidential information.

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 coding document was left with licensing Summary with residents name on it. When hanging them up must of over looked that page of Summary. It was taken down at time of inspection. When hanging Summary and violations up I the admin will be more Careful and check no resident names are hung up with Summary from now on.

- The administrator shall monitor and assure ongoing compliance. m 5/31/17

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 *5/18/17*

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

The above plan of correction is approved as of 5/31/17 (Date)

The above plan of correction was approved by m (Initials)

Plan of correction implementation status as of 5/31/17 (Date)

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

Violation Report: 20100 - 04/14/2017 - Rushin, Julienne
 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 has a gas fired boiler and a gas fired hot water heater located in the basement. There is no carbon monoxide detector at least 15 feet from the fossil fuel burning device as required by the Care Facility Carbon Monoxide Alarms Standards Act. The home had a new furnace installed in March 2016, it was inspected and failed. The Inspector did not note any imminent danger at the time of the inspection. All repairs and payments must be made prior to Labor and Industry re-inspecting and issuing an operating certificate.

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.

There are 3 carbon monoxide detectors in facility that are more than 15 ft away from furnace. But the home will install one outside furnace room.

Furnace Failed in march 2016, the home has hired another company to come out and make all changes needed to comply with labor & Industry. All changes and inspection will be done by end of June if not sooner. will send copy of certificate over soon as we have it.

The administrator shall monitor and assure ongoing compliance. M 5/31/17

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/04/2016

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 5/18/17.
 Buddy Minelli.

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

The above plan of correction is approved as of <u>5/31/17</u> (Date) The above plan of correction was approved by <u>M</u> (Initials)	Plan of correction implementation status as of <u>8/3/17</u> (Date) <u>B.B.</u> <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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Violation Report: 20100 - 04/14/2017 - Rushin, Julienne
 PCH Name: MINELLI S KOZY COMFORT LIVING

1. REGULATION 55 Pa.Code §2600
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
 The telephone located in the homes TV room on the 1st floor did not have the required emergency numbers on or near the phone.

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 Numbers were removed from phone by someone. It is replaced and put back on phone cord. Staff will check to make sure, emergency numbers are always on both phones.

The administrator shall monitor and assure ongoing compliance.

M
 5/31/17

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 5/15/17

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

The above plan of correction is approved as of

5/31/17
 (Date)

Plan of correction implementation status as of

5/31/17
 (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 - 04/14/2017 - Rushin, Julienne
 PCH Name: MINELLI S KOZY COMFORT LIVING

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
 The beds used by residents #4 and #5 do not have a source of light that can be turned on/off from bedside.

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.

Residents #4 and #5 have lamps but are too far away from the beds. The home has put switches next to and on bed headboard that allows resident to turn lamps on from their bed. Staff will check building daily to make sure all lamps are near bed.

The administrator shall monitor and assure ongoing compliance.

M
5/31/17

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

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

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

The above plan of correction is approved as of 5/31/17
 (Date) Plan of correction implementation status as of 5/31/17
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress

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

Violation Report: 20100 - 04/14/2017 - Rushin, Julianne
 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 Frigidaire freezer/refrigerator did not contain a thermometer in the freezer portion.

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.

Thermometer was missing from one freezer on 1st Floor. I, the Admin replaced it at time of inspection. Manager will check throughout the week to make sure all thermometers are working and in all refrigerators and freezers.

The administrator shall monitor and assure ongoing compliance.

M
 5/31/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

Daddy Minelli

Date 5/18/17.

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

The above plan of correction is approved as of 5/31/17
 (Date)

Plan of correction implementation status as of 5/31/17
 (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 - 04/14/2017 - Rushin, Julienne
 PCH Name: MINELLI S KOZY COMFORT LIVING

1. REGULATION 55 Pa.Code §2600
 2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

The home currently serves 24 residents and only has 14 gallons of emergency water available. The home has a water letter but the letter does not state the water will be delivered immediately. The home needs to have 24 gallons available at a minimum.

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 home was short on water supply because was a water main break 2 days before inspection. The workers had to use the water for the residents so they had drinking water. So home only had 14 gallons, the home replaced water at time of inspection. The home has 33.8 gallons of water on hand.

The administrator shall monitor and assure ongoing compliance.

m
5/31/17

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/04/2017

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 *5/18/17*

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

The above plan of correction is approved as of 5/31/17 (Date)

Plan of correction implementation status as of 6/28/17 (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 - 04/14/2017 - Rushin, Jullenne
 PCH Name: MINELLI S KOZY COMFORT LIVING

1. REGULATION 55 Pa.Code §2600
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 While conducting the renewal inspection on 4/14/17, the home was unable to produce documentation indicating that an inspection was conducted by the Scranton Fire Department on 4/12/17.

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 Document was emailed to inspector later that day, the home just didn't have copy on file.

will make sure a copy of this letter is in the home at all times -

The administrator shall monitor and assume ongoing compliance.

m
5/31/17

Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	<i>Buddy Minelli</i>
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date <i>5/18/17</i>

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

The above plan of correction is approved as of <u>5/31/17</u> (Date)	Plan of correction implementation status as of <u>5/31/17</u> (Date)
The above plan of correction was approved by <u>m</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>letter</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20100 - 04/14/2017 - Rushin, Julienne
 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
 Resident #1's DME dated 3/10/17 was incomplete as there is nothing noted for body positioning.
 Resident #2's DME dated 12/13/16 is incomplete as there is nothing noted for health status.

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.

On DME's for Residents #1 & #2 their was a boxed not checked by doctor. For Resident #2 we sent it back to doctors office and they corrected it. For Resident #1 is with the VA and I the admin am working on getting them ^{to} fix it. which should have it back by June 1 2017. From now on I will check to make sure everything is filled out on DME when resident is at doctors. I will also check all other DME's.

Update: Resident #1 sent DME to Va with worker Va said doctor was out for week will mail me new copy when he comes back.

The administrator shall be responsible for ongoing

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


Signature of Legal Entity Representative (Required on EVERY Page)  5/31/17

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Susan Minelli Admin Date 5/24/17

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

The above plan of correction is approved as of 5/31/17 (Date) Plan of correction implementation status as of 5/31/17 (Date)

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

The above plan of correction was approved by  (Initials)

Violation Report: 20100 - 04/14/2017 - Rushin, Julianne
 PCH Name: MINELLI S KOZY COMFORT LIVING

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #3's Lidocaine ointment 5% did not have a pharmacy label attached.

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 label for Lidocaine ointment was worn off. Med techs will check regularly to make sure everything has a label. At time of inspection it was thrown away, and a new one was opened with label on it.

The administrator shall monitor and assure ongoing compliance. *m* 5/31/17

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 5/18/17

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5/31/17
 (Date)

Plan of correction implementation status as of

5/31/17
 (Date)

The above plan of correction was approved by

m
 (Initials)

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

Violation Report: 20100 - 04/14/2017 - Rushin, Julienne
 PCH Name: MINELLI S KOZY COMFORT LIVING

1. REGULATION 55 Pa.Code §2600
 2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION
 Resident #2 was admitted to the home on [redacted] 16, the support plan portion of the RASP was completed on 1/19/17.

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 Support Plan was done [redacted] days after 30 day period. The Administrator will check all files and make a list to ensure this does not happen again. The Administrator will make sure RASP is done with in the 30 day period.

Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	
Date	

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The above plan of correction is approved as of <u>5/31/17</u> (Date)	Plan of correction implementation status as of <u>5/31/17</u> (Date)
The above plan of correction was approved by <u>m</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