



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 09 2018

Ms. Amanda Maxwell
Assistant Administrator
Minelli's Kozy Comfort Living Inc.
1640 North Main Avenue
Scranton, Pennsylvania 18508

RE: Minelli's Kozy Comfort Living
License #: 201000

Dear Ms. Maxwell:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 27, 2018 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".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 20100 - 04/27/2018 - Deluca, Amy
 PCH Name: MINELLI S KOZY COMFORT LIVING

1. REGULATION 55 Pa.Code §2600
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
 The home did not have a copy of their current License issued by the Department for 7/06/2017 to 7/06/2018 posted in the facility.

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 current license was not received yet at time of inspection waiting for it in the mail. The compliance paper resent overnight to Harrisburg and received new license and posted, in future when receiving the Demographics letter along with papers for license will be sent to receive in timely fashion.

The administrator shall monitor and be responsible for ongoing compliance.

7/2/18

See attached copy.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Burke Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Burke Administrator</i>	Date <i>6/14/18</i>
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The above plan of correction is approved as of <u>7/2/18</u> (Date)	Plan of correction implementation status as of <u>7/2/18</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

Violation Report: 20100 - 04/27/2018 - Deluca, Amy
 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
 Department Representatives observed an open box located on a chair next to the office area containing records for current residents #1, #2, and #3, causing confidential information to be accessible to persons other than the residents and the staff.

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 office will checked daily and filed appropriately and the confidential paper work to be stored will go in its appropriate place in basement where it belongs; in the future administrator will check daily to make sure there is not an confidential papers where others can have access to them.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/14/2017
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Burke Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Buell Administrator</i>	Date <i>6/14/18</i>
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Violation Report: 20100 - 04/27/2018 - Deluca, Amy
 PCH Name: MINELLI S KOZY COMFORT LIVING

1. REGULATION 55 Pa.Code §2600
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
 Staff person A, who was hired on 4/3/2016 did not have a criminal background check completed until 7/24/2017.

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.

Staff A was rehired on 7/10/17 and current hire paperwork was not present home. It was filed at main home. The papers are in packet and at facility. In the future administrators will be checking each time staff from one of other facilities paperwork is complete and in appropriate binder.

The administrator shall monitor and be responsible for ongoing compliance.

M 7/2/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Burke administrator*

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Violation Report: 20100 - 04/27/2018 - Deluca, Amy
 PCH Name: MINELLI S KOZY COMFORT LIVING

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

The home did not have documentation that staff person B has a high school diploma or GED. Staff person B provides direct care services to residents.

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 member currently working on receiving her diploma from school of attendance; will have the diploma within 2 weeks. In the future, chart will be reviewed to make sure that all papers are still in the folder due to being there at day of hire. Monthly checks needs to be obtained from school again.

- The administrator shall develop and implement a system that ensures that all newly-hired direct care staff persons produce evidence of high school diploma or GED on or before the first work day.

- The administrator shall monitor and be responsible for ongoing compliance. m 7/2/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Brucke Hood*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Brucke Hood</i>	Date <i>6/14/18</i>
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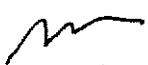
Violation Report: 20100 - 04/27/2018 - Deluca, Amy
 PCH Name: MINELLI S KOZY COMFORT LIVING

1. REGULATION 55 Pa.Code §2600
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION
 The home's administrator completed only 18 of the required 24 hours of administrator training for the 2017 calendar training year.

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.

Administrator left for 9 months and returned kept up training except ~~18~~ 16 hours and it was over the time from June to June calendar. Administrator will hand in all over hours for new year + also required 24 hrs for June to June calendar year. In the future, administrator will show head administrator all paperwork complete.


The administrator shall monitor and be responsible for ongoing compliance.

 7/2/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative -
 (Required on EVERY Page) *Michelle Burke Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Burke Administrator</i>	Date <i>6/14/18</i>
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Violation Report: 20100 - 04/27/2018 - Deluca, Amy
 PCH Name: MINELLI S KOZY COMFORT LIVING

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Staff person A did not have training in the following required topic for the 2017 training year: Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 Staff person C did not have training in the following required topics for 2017: Care for residents with Dementia and Infection control.

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 following members will be trained in RASP and assessment tools and also staff C will have training for Dementia and Infection Control. Administrator will make sure proper training complete along w/ added training received throughout year. Staff members will be trained within 2 weeks.

Staff member A trained at Angel's Manor on 11/29/17 attached, for RASP - Staff trained on 5/30/18 for RASP

In the future, the administrator will monitor for training each month for each staff member currently in this building and transfer to others for other staff.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Buicko Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michelle Buicko Administrator* Date *6/14/18*

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 (Initials)

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Violation Report: 20100 - 04/27/2018 - Deluca, Amy
 PCH Name: MINELLI S KOZY COMFORT LIVING

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff person A, B, and C did not have training in fire safety from a fire safety expert or by a staff person trained by a fire safety expert in 2017.

Staff person C did not have training in the Older Adult Protective Services act in 2017.

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.

Staff members A & B will be trained in fire safety from fire staff expert or staff person trained by an expert when fire expert available in next 21 days. Staff member C will be trained in the Older Adult Protective Services act within the next 2 weeks.

Staff member C did receive training for fire safety 9/06/17
 Please attached see; in the future training will be monitored and maintained in same fashion by administrator on pg. 7 Violation

The administrator shall monitor and be responsible for ongoing compliance. *m* 7/2/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Buelke Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Buelke Administrator</i>	Date <i>6/14/18</i>
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Violation Report: 20100 - 04/27/2018 - Deluca, Amy
 PCH Name: MINELLI S KOZY COMFORT LIVING

1. REGULATION 55 Pa.Code §2600
 2600.66(a) - A staff training plan shall be developed annually.

2a. DESCRIPTION OF VIOLATION
 The home did not have a training plan developed for the 2018 training year at the time of the inspection.

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 training plan was developed and found in office at end of day for inspection; will file new training plan with training papers for staff in the beginning of every December after ~~quarterly~~ ^{quarterly meeting 6/14/18} and yearly meetings for future. Please see attached.

The administrator shall monitor and be responsible for ongoing compliance.

m
 7/2/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Burke (and) Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle BURKE, Administrator</i>	Date <i>6/14/18</i>
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Violation Report: 20100 - 04/27/2018 - Deluca, Amy
PCH Name: MINELLI S KOZY COMFORT LIVING

1. REGULATION 55 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The third floor rear exit door to a fire escape has a loose door hinge and the door does not close properly because it is out of alignment. This is a hazard due to the fact this door may be used as means of evacuation by residents in case of an emergency.

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 door fixed by maintenance will check all elements of building frequently and staff will report promptly to administrator/owner of items to be repaired.

Pictures will be sent by email.

- The administrator shall monitor and be responsible for ongoing compliance
- m* 7/2/18

See Video sent to Michelle Maskelesky

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	Michelle Buell Administrator
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Michelle Buell Administrator	6/14/18

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(Initials)

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Violation Report: 20100 - 04/27/2018 - Deluca, Amy
 PCH Name: MINELLI S KOZY COMFORT LIVING

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 The hot water temperature checked at the sink in the second floor blue/green bathroom had a temperature of 122.4 degrees Fahrenheit. The temperature needs to be lowered for resident safety.

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 water adjusted and temp. recheck 116°F will continue to check water temps for water fluctuation biweekly throughout building. In future, will increase time frame to monthly with stabilized temps.


The administrator shall monitor and be responsible for ongoing compliance.

 7/2/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Michelle Burke Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle Bueke Administrator* Date *6/14/18*

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Violation Report: 20100 - 04/27/2018 - Deluca, Amy
 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 card with the required emergency phone numbers attached to the phone located in the home's living area did not have the current, updated phone number for the personal care home complaint line listed on it.

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 phone number corrected in living room. Picture taken. Will check in future quarterly and as needed for number changes.

The administrator shall monitor and be responsible for ongoing compliance.

[Signature]
7/2/18

Picture emailed attached

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/14/2017
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Buelo Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michelle Buelo Administrator* Date *7/2/18*

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Violation Report: 20100 - 04/27/2018 - Deluca, Amy
 PCH Name: MINELLI S KOZY COMFORT LIVING

1. REGULATION 55 Pa.Code §2600
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The lime stone steps/stair leading from the rear porch down to grade had several steps that had cracked and loose pieces of lime stone on the steps that can be hazardous to residents ascending and descending the stairs.

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 pieces removed from steps so residents do not slip the contractor will be out within next 2 weeks to get fixed. In the future, administrator will look for wear & tear on building make owners aware promptly.

The administrator shall monitor and be responsible for ongoing compliance.
 m
 7/2/18

Picture attached
 rechecked and cracks to be fixed can you help with explanation of what to do.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Burke Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Burke Administrator</i>	Date <i>6/14/18</i>
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Violation Report: 20100 - 04/27/2018 - Deluca, Amy
 PCH Name: MINELLI S KOZY COMFORT LIVING

1. REGULATION 55 Pa.Code §2600

2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.

2a. DESCRIPTION OF VIOLATION

There was no bedroom chair available to resident #4 in bedroom #1 located on the first floor.

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 chair placed in room for Resident #4 bedroom #1 for appropriate sitting able to get to folding chair placed by dresser. In future, designated cleaners will report any missing chairs to the administrator and the administrator will obtain appropriate chair for room. Administrator will do room checks weekly to ensure the rooms have all they need.

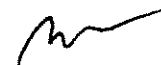
Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Burke SPO/Administrator*

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Violation Report: 20100 - 04/27/2018 - Deluca, Amy
 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
 There was no bedside lamp available to resident #4 in bedroom #1 located on the first floor.
 There was no bedside lamp located near resident #5's bed located in a bedroom on the second floor across from bedroom #3.

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 lamps were replaced and placed in resident # 4 bedroom #1 and resident # 5 on second floor bed #1. In future; designated cleaners will report any missing lamps or broken lamps to the administrator for work. Administrator will do weekly room checks to ensure the rooms have all they need.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/14/2017
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Burke Administrator*

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The above plan of correction is approved as of <u>7/2/18</u> (Date)	Plan of correction implementation status as of <u>7/2/18</u> (Date)
The above plan of correction was approved by <u><i>M</i></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 - 04/27/2018 - Deluca, Amy
 PCH Name: MINELLI S KOZY COMFORT LIVING

1. REGULATION 55 Pa.Code §2600

2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION

There was no bathroom soap available to residents found in the Blue bathroom located on the third floor.

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 soap was replaced the day of inspection. The designated cleaners will check bathroom throughout the day to make sure being done. Supervisors will report if not being done and discipline as necessary per administrator.

* The administrator shall monitor and be responsible for ongoing compliance.

[Signature]
 7/2/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Burke Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michelle Burke Administrator* Date *6/14/18*

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

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The above plan of correction was approved by <u><i>[Signature]</i></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 - 04/27/2018 - Deluca, Amy
 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

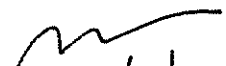
The refrigerator section of the GE white refrigerator located in the kitchen had a temperature reading of 48° F.

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 refrigerator ~~is~~^{was} turned ~~down~~^{erroneous} up at time of inspection to keep consistency with temps and frig & freezer will be checked weekly by 3-11 staff to make sure temp appropriate and administrator will follow-up monthly and as needed to ensure proper temp and notify owners if not working right.

The administrator shall monitor and be responsible for ongoing compliance.


7/2/18

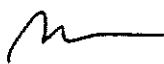
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Buels Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michelle Buels Administrator* Date *6/14/18*

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

The above plan of correction is approved as of 7/2/18
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 7/2/18
 (Date)

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

Violation Report: 20100 - 04/27/2018 - Deluca, Amy
 PCH Name: MINELLI S KOZY COMFORT LIVING

1. REGULATION 55 Pa.Code §2600
 2600.107(a) - The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

2a. DESCRIPTION OF VIOLATION
 The home did not have documentation that the emergency procedures were reviewed and submitted to the local emergency management agency in 2017.

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.

Documentation found and placed in appropriate work; in future, will check paperwork monthly and filing system in place to ensure all paperwork in appropriate are at all time. The paper attached.

The administrator shall monitor and be responsible for ongoing compliance.

[Signature]
 7/2/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Burke Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Burke Administrator</i>	Date <i>6/14/18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7/2/18</u> (Date)	Plan of correction implementation status as of <u>7/2/18</u> (Date)
The above plan of correction was approved by <u><i>m</i></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 - 04/27/2018 - Deluca, Amy
 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
 The home did not have documentation that a supervised fire drill was conducted in 2017 by a fire safety expert.

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 fire drill completed out Angel Manor which is attached within the next 3 weeks fire inspector expert of Scranton will be out to do Minelli's Kozy Comfort drill. In the future, the drill and inspection expert will be for each house.

The administrator will ensure that a fire safety inspection and fire drill are conducted by a fire safety expert. Documentation of the inspection and drill will be kept.

The administrator shall be responsible for ongoing compliance. M 8/2/18

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/14/2017

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle Burke Administrator* Date *6/14/18*

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

The above plan of correction is approved as of 8/2/18 (Date) Plan of correction implementation status as of 8/2/18 (Date)

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

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

Violation Report: 20100 - 04/27/2018 - Deluca, Amy
 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 Medical Evaluation dated 4/05/2018 for resident # 6 was incomplete because the temperature of the resident was not filled in. The Medical Evaluation for resident #7 is incomplete. The physician failed to complete the date resident # 7 was evaluated as well as the height, weight, pulse rate and temperature.

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 medical evaluation was sent back to me for proper documentation and faxed back to facility, in the future Administrator and Supervisor on duty will ensure all areas of evaluations are complete.

The administrator shall monitor and be responsible for ongoing compliance.

m
 7/2/18

Repeat Violation: Yes Date(s) of Previous Violation(s) 04/14/2017

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michelle Burke Administrator* Date *6/14/18*

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

The above plan of correction is approved as of 7/2/18
 (Date)

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

Plan of correction implementation status as of 7/2/18
 (Date)

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

Violation Report: 20100 - 04/27/2018 - Deluca, Amy
 PCH Name: MINELLI S KOZY COMFORT LIVING

1. REGULATION 55 Pa.Code §2600

2600.143(b) - The following current emergency medical and health information shall be available at all times for each resident and shall accompany the resident when the resident needs emergency medical attention:

- (1) The resident's name and birth date.
- (2) The resident's Social Security number.
- (3) The resident's medical diagnosis.
- (4) The resident's physician's name and telephone number.
- (5) Current medications, including the dosage and frequency.
- (6) A list of allergies.
- (7) Other relevant medical conditions.
- (8) Insurance or third party payer and identification number.
- (9) The power of attorney for health care or health care proxy, if applicable.
- (10) The resident's designated person with current address and telephone number.
- (11) Personal information and related instructions regarding advance directives, do not resuscitate orders or organ donation, if applicable.

2a. DESCRIPTION OF VIOLATION

Resident # 6's emergency transfer sheet lists resident #3 incorrectly as a female.

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.

Resident # 6 Emergency sheet corrected day of inspection in the future. Supervisors on duty will take their time filling them out and Administrator will check that is correct.

The administrator shall monitor and be responsible for ongoing compliance.

[Signature]
7/2/18

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Burke Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michelle Burke Administrator* Date *6/14/18*

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The above plan of correction is approved as of 7/2/18
 (Date)

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

Plan of correction implementation status as of 7/2/18
 (Date)

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

Violation Report: 20100 - 04/27/2018 - Deluca, Amy
 PCH Name: MINELLI S KOZY COMFORT LIVING

1. REGULATION 55 Pa.Code §2600
 2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
 Upon arrival in the home it was observed that only the current week's menu for 4/22/2018 to 4/28/2018 was posted in the kitchen which is the only location for the posted menus. There was no advanced one week menu posted for 4/29/2018 to 5/05/2018.

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 new menu received from main building. In the future the supervisor will ensure both menus are received and both will be posted in dining room also.

The administrator shall monitor and be responsible for ongoing compliance.

[Signature]
 7/2/18

See Attached menus

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Buell Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michelle Buell Administrator* Date *2/14/18*

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The above plan of correction is approved as of <u>7/2/18</u> (Date)	Plan of correction implementation status as of <u>7/2/18</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 - 04/27/2018 - Deluca, Amy
 PCH Name: MINELLI S KOZY COMFORT LIVING

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

The annual practicum for staff person D is incomplete because the form was not signed by the trainer and the date that recertification occurred is not documented.

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 documentation completed by trained, in future the trainer will document fully and another med trainer will routinely check.

The administrator shall monitor and be responsible for ongoing compliance.

[Signature]
7/2/18

See Attached Document

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Bueke Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michelle Bueke Administrator* Date *6/14/18*

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The above plan of correction is approved as of 7/2/18
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Plan of correction implementation status as of 7/2/18
 (Date)

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

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

Violation Report: 20100 - 04/27/2018 - Deluca, Amy
 PCH Name: MINELLI S KOZY COMFORT LIVING

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 The glucometer belonging to resident #7 was not calibrated to the correct time.

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 accucheck machines are all calibrated to correct time, in future; medtech will check daily with routine accucheck machine checks. Medtech instructors will check directly to ensure proper usage plus calibration of machines.

The administrator shall monitor and be responsible for ongoing compliance.

m
7/2/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Burke Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Burke Administrator</i>	Date <i>6-25-18</i>
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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

Violation Report: 20100 - 04/27/2018 - Deluca, Amy

PCH Name: MINELLI S KOZY COMFORT LIVING

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident #6's Pre-Admission Screening was completed on 4/05/2018 after the resident had been admitted to the home. Resident # 6's contract and Resident Assessment and Support Plan documents indicate resident # 6 was admitted to the home on 4/02/2018. Resident # 6 Pre-Admission Screening was not completed prior to admission.

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.

Resident chart reviewed for accuracy and acceptable resident facility; in future all pre-admission screenings will be done. In future pre-admission will also be done by referral supervisor or supervisor of building.

The administrator shall monitor and be responsible for ongoing compliance.

M
7/2/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Michelle Burke Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle Burke Administrator* Date *6-25-18*

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The above plan of correction is approved as of 7/2/18 (Date)

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

Plan of correction implementation status as of 7/2/18 (Date)

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

Violation Report: 20100 - 04/27/2018 - Deluca, Amy
 PCH Name: MINELLI S KOZY COMFORT LIVING

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
 Resident #8's record does not contain the specific date of the resident's discharge from the home, the reason for discharge, and information on how the home arrived at a \$ 0.00 refund.

 The eye color in resident #6's record is blank.

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 is an attached document of the way documentation for resident moving to nursing home and date on copy of chart where it is documented in our charts. In future will see by administrator new rules for documentation for resident's leaving facility.

The administrator shall monitor and be responsible for ongoing compliance.

[Signature]
 7/2/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Burke Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Burke Administrator</i>	Date <i>6.25.18</i>
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