



October 16, 2019

Mr. Dorothy Minelli  
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's Bureau of Human Services Licensing annual inspection on April 29, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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](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 "Kevin Hancock".

Kevin Hancock  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Violation Report

# Violation Report

## Facility Information

Name: MINELLI'S KOZY COMFORT LIVING

License Number: 201000

Address: 1640 NORTH MAIN AVENUE, SCRANTON, PA 18508

County: LACKAWANNA

Region: NORTHEAST

## Administrator

Name: Buddy Minelli

Phone: 5703425499

Email: minelli09@hotmail.com

## Legal Entity

Name: MINELLIS KOZY COMFORT LIVING INC

Address: 1640 NORTH MAIN AVENUE, PA, 18508

## Certificate(s) of Occupancy

Type: I-1

Date: 01/28/1998

Issued By: City of Scranton

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 26

Waking Staff: 20

## Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

## Inspection Dates and Department Representative

04/29/2019 - On-Site: Jason Harvey, Duane Valance

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 27

Residents Served: 26

### Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

### Hospice

Current Residents: 2

### Number of Residents Who:

Receive Supplemental Security Income: 26

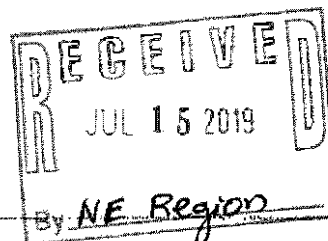
Are 60 Years of Age or Older: 13

Diagnosed with Mental Illness: 19

Diagnosed with Intellectual Disability: 3

Have Mobility Need: 0

Have Physical Disability: 0



25a - Written Contract and Review

Regulations

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident # 1 was admitted to the home on 7/6/2018. Resident #1's written contract was not completed and signed by resident #1 until 7/9/2018. Resident #1's contract was not completed prior to or within 24 hours after admission.

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 was from regency heights  
We took about 13 residents that day. So homes  
got behide a little bit with paper work. The home's  
admin will make sure all paper work is done in  
time period given from now on.

Legal Entity Representative

*[Handwritten Signature]*

Signature

Buddy Minelli Admin July 8<sup>th</sup> 2019

Printed Name and Title

Date

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The above plan of correction is approved as of 7-30-19  
(Date)

Plan of correction implementation status as of 8-23-19  
(Date)

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

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

52 - Hiring Staff

Regulations

2600.

52. Staff Hiring, Retention and Utilization - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

Description of Violation

The personnel file for direct care staff member A (DOH 9/5/18) did not contain a finalized PA background check that meets the requirements of the OAPSA. The staff member has been retained beyond the 30- day permissible time frame.

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 was the homes fault, we did have background check but file got ruined with water spill. The home sent in for a new one but took while to get back and home does have it on file now. Copy is being sent w/this.

Legal Entity Representative

*[Handwritten Signature]*

Signature

Bobby Minelli

Printed Name and Title

Admin July 8<sup>th</sup> 2019

Date

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54a - Direct Care Staff

Regulations

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A (DOH 9/15/18), does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Repeat Violation 4/27/18

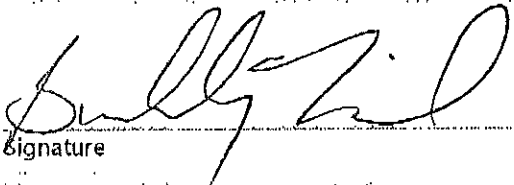
Plan of Correction (POC)

(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 is same as ~~background check~~  
~~resident~~ workers file got ruined w/water  
 damage the home did have it on file. The home  
 has the new one on file and copy will be  
 sent w/this page.

DIPLOMA-edit by AG, RLA after discussion w/adm. 8-19-19

Legal Entity Representative

  
 Signature

Bussyminelli Admin July 2019  
 Printed Name and Title Date

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64c - Annual Training

Regulations

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff persons B and C, who are the homes administrators, has not successfully completed the required 24 hours of DHS approved administrator training for the training year of 2018.

Repeat Violation 4/27/18

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 homes admin had 14 hours for 2018. The homes admin is trying to find training in the area. If not admin will pay someone to come out. by end of 2019 admin will have all training hours completed.

The Administrator will make sure that any training taken is approved by the Department prior to taking. The Administrator will also ensure that training taken to make up missing hours from 2018 is clearly marked as to tell the difference between the 2018 and 2019 training courses. By the end of 2019 the Administrator will need a total of 34 hours of approved training. 7-30-19

Legal Entity Representative

*[Handwritten Signature]*

Signature

Buddy Minelli Admin

Printed Name and Title

July 8 2019

Date

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65f. Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Direct care staff person D did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during training year 2018.

Repeat Violation 4/27/18

Plan of Correction (PQC)

(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 homes admin had trainings done at other facility. At time of inspection, did not have papers on hand. The training was done though. The homes admin will make copies and send them to other facility.

Legal Entity Representative

*[Handwritten Signature]*

Buddy Minelli <sup>ADMIN</sup> 7-15-19

Signature

Printed Name and Title

Date

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65g - Annual Training Content

Regulations

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Staff person D did not receive training in falls and accident prevention during training year 2018.

Repeat Violation 4/27/18

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.)

Training record was at the other facility, during inspection couldnt get it. The training was done, the homes admin will make sure all training is kept at facility they are working at.

Legal Entity Representative

*[Handwritten Signature]*

Signature

Buddy Minelli

Printed Name and Title

ADMIN

7-15-19

Date

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88a - Surfaces

Regulations

2600.

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

Description of Violation

The rear stairs leading from the second to the third floor had one step of blue carpeting where the nose of the step had carpeting that was torn and could result in injury to a resident if not repaired or replaced.

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 carpet going to 3rd floor on nose was ripped. The home put a metal carpet strip over it so it is not a tripping hazard. The homes Admin and manager will walk building periodically to check for repairs

Legal Entity Representative

*[Handwritten Signature]*  
Signature

Buddy Minelli Admin July 8 2019  
Printed Name and Title Date

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The above plan of correction was approved by \_\_\_\_\_

*ag*  
(Initials)

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- Not Implemented

95 - Furniture and Equipment

Regulations

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The front storm door is missing a handle to open or close the storm door to gain access to the home. The area missing the handle is sharp and could result in residents cutting themselves on the door attempting to gain access to the home.

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.)

At time of inspection, worker was here to remove door. The door was removed because it needed repairs.

Admin will check periodically for repairs, this one admin knew about and had worker doing it.

Legal Entity Representative

*[Handwritten Signature]*

Signature

Buddy Minelli ADMIN July 8 2019

Printed Name and Title

Date

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101j1 - Mattress Fire Retardant

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

- 1. A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. A legal entity with a personal care home license for the home as of October 24, 2005, shall be exempt from the requirement for a fire retardant mattress.

Description of Violation

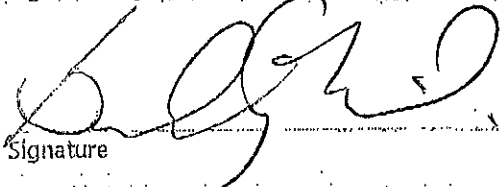
Resident #2 in bedroom 304 had a bed mattress which had a protruding mattress spring and could cause injury to the resident. The mattress also had an area which had a depression which did not provide solid support.

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 bed was ripped, the home did not notice it, and resident 1<sup>st</sup> mentioned it at time of inspection. 30 mins after he mentioned it I had a new one here for him. Admin will make sure workers check periodically while cleaning for repairs.

Legal Entity Representative



Signature

Bessy Minelli, Admin July 8 2019

Printed Name and Title

Date

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101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

There was no bedside operable lamp or light source located near resident #3's bed in bedroom 203.

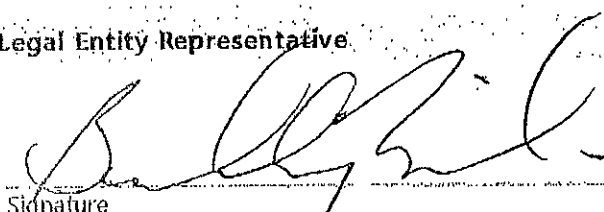
Repeat Violation 4/27/18

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 lamp had a switch connected to it to turn on from bedside. Resident broke it and then took it off wall. The home installed a new switch next to the bed that now works. The home admin & workers will check periodically to make sure all switches are working.

Legal Entity Representative



Signature

Buddy Minetti Admin

Printed Name and Title

July 8th 2019

Date

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Not Implemented

1021 - Soap Dispenser

Regulations

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.

Description of Violation

On 4/29/19 at 1:07pm there was an unlabeled used bar of Dial soap in the common bathroom next to the dining room.

Repeat Violation 4/27/18

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 tries to stop residents from leaving bars of soap in bathrooms. All bathrooms have soap in pump bottles. workers will keep checking and removing them as they see them.

Legal Entity Representative

*[Handwritten Signature]*

Signature

Buddy Minelli *ADMIN* July 8<sup>th</sup> 2019

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121a - Unobstructed Egress

Regulations

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 4/29/19 at 9:45am, the 3rd floor fire escape door does not open with ease when exiting the facility.

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 had 4 screws loose why door was opening hard. This was fixed new screws were put in and door opens and closes with ease now. The home will check for repairs periodically and make sure they are fixed

Legal Entity Representative

*[Handwritten Signature]*

Signature

Randy Minelli Admin

Printed Name and Title

July 8<sup>th</sup> 2019

Date

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132c - Fire Drill Records

Regulations

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 4/3/19 at 3:15pm did not include the correct number of resident's in the building at time of the fire drill.

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's manager made mistake residents in home was marked 26 but one resident, was in hospital and she thought meant how many live here. The # shud been 25. Talked to her and explained it to her, that it is how many home at time of drill.

The Administrator will review the home's fire drill logs monthly from now on to ensure ongoing compliance. 7-30-19

Legal Entity Representative

*[Handwritten Signature]*  
Signature

*Rosy Minelli*  
Printed Name and Title

*Admin*  
Date *July 2019*

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252 - Record Content

Regulations

2600.

252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

There was no information available in the records of resident #4 and resident #5 to indicate if these residents had any identifying marks on your bodies. The line for inserting information regarding identifying marks were left blank in both resident's record.

Repeat Violation 4/27/18

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.)

For residents # ~~4~~ 5 are old residents that has moved out. #4 is still a resident both had no ID marks and when asked they said they have none. The home will make sure we mark NONE in that spot any more.

Legal Entity Representative

*Buddy Minelli*

Signature

Buddy Minelli Admin

Printed Name and Title

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