



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: minelli09@hotmail.com
Mailing Date: August 7, 2019

Mr. Frank 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 inspection on May 3, 2019 of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

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:** **Issued By:**

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *26* **Waking Staff:** *20*

Inspection

Type: *Partial* **BHA Docket #:** **Notice:** *Unannounced*
Reason: *Complaint*

Inspection Dates and Department Representative

05/03/2019 - On-Site: Vanessa Mendez

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: *21* **Diagnosed with Intellectual Disability:** *3*
Have Mobility Need: *0* **Have Physical Disability:** *0*

NELLI'S KOZY COMFORT LIVING

6c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 09/06/18, resident #1 reported to the administrator that resident #2 brushed up against her breasts with his arm and then reached down and grabbed her lower private area. The home did not submit a written report of this incident to the Department within 24 hours.

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.)

When this happened I called state but forgot to send incident report. I called Protective Services they were suppose to come out and look into it. I did report it to them and they have it on record. The Admin will make sure that all reports are sent over with in the 24 hr. window from now on.

Legal Entity Representative

[Handwritten Signature]

Signature

BASSY MINELLI Admin 7-30-19

Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

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

Plan of correction implementation status as of 7-30-19 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

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