

Department of Human Services
Bureau of Human Service Licensing

March 2, 2021

██████████ OWNER
MINELLIS KOZY COMFORT LIVING INC
1640 NORTH MAIN AVENUE
SCRANTON, PA 18508

RE: MINELLI'S KOZY COMFORT LIVING
1640 NORTH MAIN AVENUE
SCRANTON, PA, 18508
LICENSE/COC#: 20100

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/07/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY

Facility Information

Name: MINELLI'S KOZY COMFORT LIVING License #: 20100 License Expiration Date: 07/06/2021
Address : 1640 NORTH MAIN AVENUE, SCRANTON, PA 18508
County: LACKAWANNA Region: NORTHEAST

Administrator

Name: [REDACTED] Phone: 5703425499 Email: [REDACTED]

Legal Entity

Name: MINELLIS KOZY COMFORT LIVING INC
Address: 1640 NORTH MAIN AVENUE, SCRANTON, PA, 18508
Phone: 5703425499 Email: [REDACTED]

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 Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 07/06/2020

Inspection Dates and Department Representative

10/07/2020 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 27 Residents Served: 26

Secured Dementia Care Unit

In Home:	Area:	Capacity:	Residents Served:
No			

Hospice

Current Resident : 1

Number of Residents Who:

Receive Supplemental Security Income: 25	Are 60 Years of Age or Older: 13
Diagnosed with Mental Illness: 26	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0	Have Physical Disability: 0

Inspections / Reviews

10/07/2020 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *01/22/2021*

1/28/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *02/08/2021*

3/2/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

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.

Description of Violation

The home had the License Inspection Summary (LIS) report dated 4/29/19 posted with the resident privacy coding sheet attached and copies of resident medical evaluations as well. This exposes confidential resident information to the public.

Plan of Correction

Accept

The admin had placed privacy sheet in with last inspection and posted it showing the residents and staff name. The admin will ensure that the privacy sheets are not posted with the summary so residents and staff names are not shown to public. The admin and manager fix this at time of inspection and will pay more attention to it next summary posted.

Completion Date: 01/22/2021

Document Submission

Implemented

The Admin double checked that there is no information posted about resident or worker

Update 03/02/2021

On-site verification 2/10, 2/19, 2/26/21.

18 - Compliance With Laws

1. Requirements

2600.

- 18. Applicable Health and Safety Laws A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home's boiler certificate indicates the inspection of the boiler expired 1/9/20.

Plan of Correction

Accept

The inspectors for boiler wasn't called out cause of covid-19 by the admin. By the time it was due, but inspector did come out and inspect the boiler and copy is attached. The admin will make sure inspectors are called ahead of time for inspections.

Completion Date: 01/22/2021

Update - 01/28/2021

Please send/Attach proof of current boiler inspection.

Document Submission

Implemented

attached

Update - 03/02/2021

On-site verification 2/10, 2/19, 2/26/21.

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

Staff person A, who works alone on the 3rd shift did not have current certification in First Aid and CPR training. On the following dates, from 11pm to 7am the home did not have a staff person working in the home who had current certified training in First Aid and CPR: 9/20/20, 9/25/20, 9/27/20, and 10/2/20.

Plan of Correction

Accept

The staff person A did have CPR, put the admins profile on Redcross was deleted due to changing of their website during covid-19. Me as admin couldnt keep up with everything going on, i had staff person A take cpr/first aid and it s attached.

Completion Date: 01/22/2021

Update - 01/28/2021

Please send/Attach proof of CPR/First Aid for staff person A.

Document Submission

Implemented

attached

Update - 03/02/2021

On-site verification 2/10, 2/19, 2/26/21.

64c - Annual Training

1. Requirements

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

The home's administrator completed only 20.5 of the required 24 hours of annual administrator training for 2019. Repeat violations: 4/29/19 and 4/27/18

Plan of Correction

Accept

The homes admin is trying to make up the couple hours he needed doing online training, it will be attached. The DPW had classes and help me set them up but with covid they where all cancelled so I did all the webinars from tomorrows health care plus advocacys training as well. It will be attached.

Completion Date: 01/22/2021

Update - 01/28/2021

Within 10 days of receipt of this plan of correction:

The administrator shall separate out 24 hours for each training year for 2018, 2019 and 2020 and thereafter.

The administrator will keep these hours for each year on-site at the home and will be made available for review by the department upon request.

Document Submission

Implemented

the admin has made sure their is a file on site for admin training

64c - Annual Training (continued)

Update - 03/02/2021

On-site verification 2/10, 2/19, 2/26/21.

Binder to be kept on-site with administrators training.

2018 and 2019 completed - training ongoing for completion of 2020, 2021 hours.

65f - Training Topics

1. Requirements

2600.

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

- 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Description of Violation

Direct care staff person B did not have training in the required annual training topic Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan for 2019.

Repeat violations: 4/29/19 and 4/27/18.

Plan of Correction

Accept

Staff person B did not receive the one training for the year and is out on medical leave. The admin will make sure when worker comes back if they come back that the training is made up. The admin will make sure all staff have the 12 trainings for the year on time.

Completion Date: 01/22/2021

Document Submission

Implemented

Staff person b has returned to work and i had [redacted] do traing today that [redacted] missed.

Update - 03/02/2021

On-site verification 2/10, 2/19. 2/26/21.

93b - Railings

1. Requirements

2600.

93.b. Each porch must have a well-secured railing.

Description of Violation

The black metal handrail on the left side of the porch leading to the entry of the home was loose and not properly secured to the concrete, causing a safety hazard.

Plan of Correction

Accept

The railing is lose on front porch due to a resident pulling and leaning on it. The resident was talked to about it and fixed couple months ago. The homes admin and owner have called another contractor out to fix or replace railing what ever needs done. The home is just waiting our turn for the contractor to come out and fix it. It will be fixed by march 1 2021

Completion Date: 03/01/2021

Update - 01/28/2021

Proof of repairs shall be sent to the department when the repair is completed.

93b - Railings (continued)

Document Submission

Implemented

Proof will be sent as soon as rail as fixed due to cold weather he couldnt fix it yet, contractor said this week with weather getting warm he should be able to fix it.

132b - Safety Inspection/Fire Drill

1. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert sha l be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home's annual fire safety inspection and supervised fire drill conducted by a fire safety expert was completed on 10/11/2019. The previous inspection and supervised fire drill was conducted on 7/10/2018, more than 12 months prior.

Plan of Correction

Accept

The city was behide with their insoections and wasnt out in time for annual inspections. [redacted] was called out after to do inspection. From here on out [redacted] does all the fire inspections for us, and they will be done on time

Completion Date: 01/22/2021

Update - 01/28/2021

Please send/Attach proof of the current fire safety inspection and fire drill.

Document Submission

Implemented

attached

Update 03/02/2021

On-site verification 2/10, 2/19, 2/26/21.