

Department of Human Services  
Bureau of Human Service Licensing

September 28, 2021

[REDACTED], ADMINISTRATOR  
[REDACTED]  
[REDACTED]  
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/15/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]  
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: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *MINELLIS KOZY COMFORT LIVING INC*  
[REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *01/28/1998* Issued By: *City of Scranton*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *24* Waking Staff: *18*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *06/15/2021*

**Inspection Dates and Department Representative**

*06/15/2021 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *27* Residents Served: *24*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *1*

**Number of Residents Who:**

Receive Supplemental Security Income: *24* Are 60 Years of Age or Older: *13*  
Diagnosed with Mental Illness: *24* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *0* Have Physical Disability: *0*

## Inspections / Reviews

06/15/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/24/2021*

8/10/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *08/17/2021*

9/28/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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

On 5/30/2021, from 3-11pm Staff member A was alone in the home. [REDACTED] CPR certification card is from 6/13/2021. The home was unable to find [REDACTED] previous CPR card to verify that there was a CPR certified staff member in the home.

Plan of Correction

Accept

home could not find previous card for cpr, home had worker retake cpr on 6/13/21 to receive a new card. The homes admin and Manager will make sure everyone has cpr and it stays on file at all times. All other staff was shown to inspector and everyone else was on file. attached

Completion Date: 07/22/2021

Document Submission

Implemented

1

Update - 09/28/2021

Verified - On site visit by [REDACTED] on 9-16-2021 -- 9-28-2021 - [REDACTED]

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

The trash can in the 1st floor bathroom did not have a working lid and was uncovered.

Plan of Correction

Accept

The trash can was removed from first floor bathroom. A new one was bought to replace it and has been place in bathroom. Manager will look periodically through out week to make sure no one takes lid and lid stays on.

attached

Completion Date: 07/22/2021

Document Submission

Implemented

1

Update - 09/28/2021

Verified - On site visit by [REDACTED] on 9-16-2021 -- 9-28-2021 - [REDACTED]

88a - Surfaces

1. Requirements

2600.

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

88a - Surfaces (continued)

Description of Repeat Violation

On the wall in the living room there was a hole approximately 24 inches long by 2 inches wide that exposed electrical wiring.

The 2nd floor bathroom vanity had a door that was broken off and laying inside the vanity.

The storm door leading to the back porch had a handle that was broken off.

Plan of Correction

Accept

The maintenance guy we used showed up at time of inspection and all these were fixed right after inspection. The manager and Admin will check home periodically for repairs and get them done in a timely manor.

Pic attached

Completion Date: 07/22/2021

Document Submission

Implemented

1

Update - 09/28/2021

Verified - On site visit by [redacted] on 9-16-2021 -- 9-28-2021 - [redacted]

92 - Windows

1. Requirements

2600.

- 92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

The satellite window on the front door was broken.

Plan of Correction

Accept

Window was stained glasses piece was missing, so window piece was hanging. maintenance fixed window and put in a plexy glass window and removed old window.

pic attached

Completion Date: 07/22/2021

Document Submission

Implemented

1

Update - 09/28/2021

Verified - On site visit by [redacted] on 9-16-2021 -- 9-28-2021 - [redacted]

95 - Furniture and Equipment

1. Requirements

2600.

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

Description of Repeat Violation

There was a plastic chair in the dining room that had approximately an 8-inch crack on the seat that could potentially cause injury.

95 - Furniture and Equipment (continued)

Plan of Correction

Accept

The chair in dinning room was removed and thrown out, new chair was placed in replace of that chair. Admin told workers if they see a chair broke to replace it the homes has extra chairs in storage. Admin and manager will check them periodically to check for repairs. pic attached

Completion Date: 07/22/2021

Document Submission

Implemented

1

Update - 09/28/2021

Verified - On site visit by [redacted] on 9-16-2021 -- 9-28-2021 - [redacted]

100a - Exterior - Free of Hazards

1. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

There were several decorative stones lying on the front porch that had fallen off the exterior wall and were a potential tripping hazard.

Plan of Correction

Accept

There was stones stacked on front porch because they fell from facial of the building. Home is trying to find someone to fix the mortar to see if the can go back on. The removed them from the front porch for now until someone is found. Pic attached

Completion Date: 07/22/2021

Update - 08/10/2021

Please submit a start and completion date for repairs. 8-10-2021 - [redacted]

Document Submission

Implemented

it is only decoration stones on the front of the home. As soon as the home has enough money repairs will be done. Also been hard time finding contractors to work in homes w covid going on.

Update - 09/28/2021

Verified - On site visit by [redacted] on 9-16-2021 -- 9-28-2021 - [redacted]

101j7 - Lighting/Operable Lamp

1. Requirements

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 Repeat Violation

Resident 1's bedroom did not have an operating lamp that was accessible from bedside

101j7 - Lighting/Operable Lamp (continued)

Plan of Correction

Accept

Resident had a lamp he just moved it to his other stand. Workers and Admin had talked with resident. Resident agreed to leave it at the side of his bed. Workers will check periodically to make sure resident don't move it back across to other stand.

Completion Date: 07/22/2021

Document Submission

Implemented

1

Update - 09/28/2021

Verified - On site visit by [redacted] on 9-16-2021 -- 9-28-2021 - [redacted]

124 - Notice to Fire Department

1. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The notification letter to the local fire department incorrectly lists the home's capacity as 25 instead of 27 residents.

Plan of Correction

Accept

The home did new letter couple years ago and had 25 on it cause at time there was only 25 residents. the homes admin made a new one with 27 residents on it and sent it in mail. pic attached

Completion Date: 07/22/2021

Document Submission

Implemented

1

Update - 09/28/2021

Verified - On site visit by [redacted] on 9-16-2021 -- 9-28-2021 - [redacted]

131f - Fire Extinguisher Inspection

1. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher in the 1st floor hallway had a tag that lists the last inspection as 4/2020. Fire extinguishers are required to be inspected annually.

Plan of Correction

Accept

Cintas was out to inspection all fire extinguishers in april they only re tagged 2 of them. The homes admin called cintas and had them come back out and retag and check all extinguishers. The homes manager will check yearly when they are do the cintas changes all them. pic attached

Completion Date: 07/22/2021

131f - Fire Extinguisher Inspection (*continued*)**Document Submission****Implemented**

1

**Update - 09/28/2021***Verified - On site visit by [REDACTED] on 9-16-2021 -- 9-28-2021 - [REDACTED]*

## 141a 1-10 Medical Evaluation Information

**1. Requirements**

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department's request.

**Description of Violation**

*The DME dated [REDACTED] for Resident 2 did not list the ability to self-administer medications. This section of the DME was left blank.*

**Plan of Correction****Accept**

*The doctor left the dme part blank was sent back to doctor to mark and sign. The admin and manager will make sure all dme s are check and everything is filled out correctly.*

*Pic is hard to see but is attached. The home is sending a new dme back to doctor so everything is clear to see*

**Completion Date: 07/22/2021**

**Document Submission****Implemented**

1

**Update - 09/28/2021***Verified - On site visit by [REDACTED] on 9-16-2021 -- 9-28-2021 - [REDACTED]*

## 191 - Resident Right to Refuse

**1. Requirements**

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

**Description of Violation**

*There was no documentation to show that Resident 2 was educated regarding their right to refuse medications.*

191 - Resident Right to Refuse (continued)

Plan of Correction

Accept

Z was missing on residents rights in residents file. must of had an old residents rights put in file cause residents was there for a long time. Z was added and resident signed and placed back into file. Pic is attached

Completion Date: 07/22/2021

Update - 08/10/2021

Document Submission

Implemented

1

Update - 09/28/2021

Verified - On site visit by [redacted] on 9-16-2021 -- 9-28-2021 - [redacted]

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident 2's RASP dated [redacted] was not signed by the resident and the box was left blank that indicates if the resident refused or was unable to participate.

Plan of Correction

Accept

Resident didnt sign rasp, the homes admin sat with resident and had him sign the last page of rasp. was just forgotten to have the resident sign. Manager will be more careful and make sure all rasp are signed or marked refused by residents. Pic attached

Completion Date: 07/22/2021

Document Submission

Implemented

1

Update - 09/28/2021

Verified - On site visit by [redacted] on 9-16-2021 -- 9-28-2021 - [redacted]