

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

September 19, 2023

[REDACTED], ADMINISTRATOR  
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 [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 09/08/2023 of the above facility, no regulatory citations have been identified as a result of this inspection.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

**Name:** MINELLI'S KOZY COMFORT LIVING      **License #:** 20100      **License Expiration:** 07/06/2023  
**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  
**Address:** 1640 NORTH MAIN AVENUE, SCRANTON, PA, 18508  
**Phone:** [REDACTED]      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** Other      **Date:** 02/14/2023      **Issued By:** City of Scranton

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 25      **Waking Staff:** 19

**Inspection Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Incident      **Exit Conference Date:** 09/08/2023

**Inspection Dates and Department Representative**

09/08/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
**License Capacity:** 27      **Residents Served:** 25  
**Secured Dementia Care Unit**  
**In Home:** No      **Area:**      **Capacity:**      **Residents Served:**  
**Hospice**  
**Current Residents:** 0  
**Number of Residents Who:**  
**Receive Supplemental Security Income:** 22      **Are 60 Years of Age or Older:** 15  
**Diagnosed with Mental Illness:** 24      **Diagnosed with Intellectual Disability:** 1  
**Have Mobility Need:** 0      **Have Physical Disability:** 0

**Inspections / Reviews**

09/08/2023 Partial  
**Lead Inspector:** [REDACTED]      **Follow-Up Type:** Not Required

**NO DEFICIENCIES FOUND**