

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

May 14, 2024

[REDACTED]
MINELLIS KOZY COMFORT LIVING INC
[REDACTED]
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/26/2024, 03/27/2024, 03/28/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

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

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: MINELLI'S KOZY COMFORT LIVING License #: 20100 License Expiration: 07/06/2024
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: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Staffing Hours

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

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Incident Exit Conference Date: 03/26/2024

Inspection Dates and Department Representative

03/26/2024 - On-Site: [Redacted]
03/27/2024 - Off-Site: [Redacted]
03/28/2024 - Off-Site: [Redacted]

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: 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: 1		

Inspections / Reviews

03/26/2024 - Partial
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 04/26/2024

05/02/2024 - POC Submission
Submitted By: [Redacted] Date Submitted: 05/14/2024
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 05/09/2024

Inspections / Reviews *(continued)*

05/14/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/14/2024

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document Submission*

05/14/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/14/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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

Upon review of Resident [REDACTED] RASP, it was not signed by the resident upon completion by Staff on 11-27-23. There was no indication that the resident refused to sign.

Plan of Correction

Accept [REDACTED] - 05/14/2024)

the administrator didnt have resident sign rasp when it was completed. The resident was in and out of the hospital alot during the months and the home administrator didnt remember to have [REDACTED] sign it [REDACTED] didnt refuse. this was mistake on the administrators part of documentation. The homes admin will make sure all charts are signed with in the timed window allowed. The homes admin will ensure to check periodically through months to make sure all documentation that needs to be signed is done so. The home admin will review all charts to make sure this was the only chart with out the signature. Resident [REDACTED] has been placed in nursing home since beginning of april and is no longer a resident. audit was done from 4-30 til 5-3. will start new audit 6-1-24 to ensure all charts are up to date.

Licensee's Proposed Overall Completion Date: 05/13/2024

Implemented [REDACTED] - 05/14/2024)