

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

June 10, 2025

[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 04/07/2025, 04/08/2025 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: 07/06/2025  
 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**

Type: I-1 Date: 01/28/1998 Issued By: City of Scranton

**Staffing Hours**

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

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Incident Exit Conference Date: 04/07/2025

**Inspection Dates and Department Representative**

04/07/2025 - On-Site: [REDACTED]  
 04/08/2025 - Off-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: 0  
 Number of Residents Who:  
 Receive Supplemental Security Income: 22 Are 60 Years of Age or Older: 16  
 Diagnosed with Mental Illness: 24 Diagnosed with Intellectual Disability: 2  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

04/07/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/08/2025  
 05/27/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 06/03/2025  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 05/29/2025

Inspections / Reviews *(continued)*

06/10/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/03/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident [redacted] was admitted to the home on [redacted]. The resident's preadmission screening form was completed on [redacted]

Plan of Correction

Accept [redacted] - 05/27/2025)

The asst admin had a documentation error and wrote the wrong date on prescreening. The prescreening was completed on 1-29-25 but the wrong date was wrote in. The admin had the asst admin re write the prescreening and date it correctly. The admin hadf a meeting with the asst admin to make sure all paper work is dated correctly 5-1-25 and explained the importance of dating forms on the correct date. The admin will review files to ensure that files have the correct in date in the future periodically through the months when files are due.

Licensee's Proposed Overall Completion Date: 05/11/2025

Implemented [redacted] - 06/10/2025)