

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

January 30, 2026

[REDACTED]
MINELLIS KOZY COMFORT LIVING INC
[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 09/30/2025 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: Other Date: 02/24/2023 Issued By: City of Scranton

Staffing Hours

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

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 09/30/2025

Inspection Dates and Department Representative

09/30/2025 - 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: 0

Number of Residents Who:
 Receive Supplemental Security Income: 23 Are 60 Years of Age or Older: 18
 Diagnosed with Mental Illness: 24 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

09/30/2025 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/01/2025

11/24/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 11/21/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/29/2025

Inspections / Reviews *(continued)*

12/08/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/01/2025

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

01/30/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/08/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

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

At 12.32 p.m. the Carbon Monoxide detector located in the entrance hallway was not labeled showing the last time the batteries were replaced. The Care Facility Carbon Monoxide Alarms Standard Act requires that the batteries be changed annually.

The home did not have an Influenza awareness poster posted as required by the Influenza Awareness Act (NH 1785).

Plan of Correction

Accept [redacted] - 11/24/2025)

The home did not have the batteries labeled in the carbon monoxide detector. The home had all the batteries changed 10/20/25. All batteries are label in all the carbon monoxide detectors, The homes admin will make sure to document the date they were changed. The home admin will document and have reminder that the beginning of October is when they need changed again. Periodically through the year manager will check to ensure they work.

Licensee's Proposed Overall Completion Date: 11/19/2025

Implemented [redacted] - 01/12/2026)

85a Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At 9:30 A.M., bathroom [redacted] on the second floor had multiple small flies, flying around the bottom of the toilet.

At 9:30 A.M., bathroom [redacted] on the second floor had dark substance on the grouted area of the bathtub.

Plan of Correction

Accept [redacted] 12/02/2025)

there was drain flies around drains in the bathroom. Orkin was out and said they just drain flies and is gonna schedule an appointment to treat the drains on 11/20/25. They are working on a day to treat all the drains, Pat from Orkin when [redacted] schedules it will email me to let me know what day. The home manager and cleaning staff will check the bathroom periodically through the day and when they see this issue will call Orkin right away. completion date11/26/25. Orkin was out and treated all drains in facility on all floors.

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented [redacted] - 01/12/2026)

85d Trash Receptacles

3. 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

At 10:45 a.m. there was a full, uncovered, unattended trash can in the kitchen.

85d - Trash Receptacles (continued)

Plan of Correction

Accept [redacted] - 12/08/2025)

The trash can was full in the kitchen staff took lid off to take out. The staff was distracted and lift the lid on the floor. All staff will be reminded that the garbage can lid has to stay on the garbage can unless taking it to the dumpster. The homes admin and manager will ensure the lid stays on and check periodically through the day everyday that other staff have the lid on the garbage can. The homes manager will check on other staff and make sure lids on garbage can stay on and workers or residents dont leave them off. Completion date 11/20/25

Licensee's Proposed Overall Completion Date: 11/24/2025

Implemented [redacted] - 01/12/2026)

85e - Trash Outside Home

4. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

At 9:15 a.m. there was an uncovered trash can that contained garbage on the back porch located off the dining room.

Plan of Correction

Accept [redacted] - 12/02/2025)

The garbage can on that back porch was uncovered residents had the lid off. The garbage can was removed from the back porch to avoid this from happening again on 10/20/25. The admin and manager will ensure all garbage cans have lids and in proper use. Staff will check periodically through out the day to ensure lids are on all cans. The garbage can was removed to fix the problem immediately and staff was told that there is no longer to be a garbage can in that area. completion 10/20/25

Licensee's Proposed Overall Completion Date: 11/24/2025

Implemented [redacted] - 01/12/2026)

88a - Surfaces

5. Requirements

2600.

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

Description of Violation

At 9:30 A.M., the floor of bathroom #1 on the second floor had a large gap that was not sealed between the floor and the bathtub.

Plan of Correction

Accept [redacted] - 12/08/2025)

There was hole on left side of the tub area. One of the residents must of kicked it. The hole was fixed and replaced with a new panel. The home admin and manager will check for repair periodically through out the week to ensure everything is in good repair. The home staff will check bathrooms twice a shift to make sure their is no damage and bathrooms are clean. The homes admin told workers if anything is broke to contact the homes admin or maintenance guy right away so repairs can be fixed asap. Completion date 11/21/25

Licensee's Proposed Overall Completion Date: 11/24/2025

Implemented [redacted] - 01/12/2026)

96a - First Aid Kit

6. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

At 12:30 p.m. the first aid kit located in the storage closet does not include a protective eye shield.

Plan of Correction

Accept (█ - 12/08/2025)

The first aid kit was missing protective eye wear. The staff took eye wear out and never put them back in first aid kit. The staff members were told everything must be put back into the first aid kits when they use them. The protective eye wear was put back in the first aid kit 9/30/25 at time of inspection. The homes admin and manager will check first aid kits periodically through out the week to ensure they have everything. If anything is missing the staff will call pharmacy and reorder anything that is needed for the homes first aid kits. completion date 9/30/25 fixed staff talk to on 10/20/25 completion date

Licensee's Proposed Overall Completion Date: 11/24/2025

Implemented (█ - 01/30/2026)

101j3 - Bed/Linens/Pillows/Blankets

7. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

At 11:51 a.m., resident █ fitted bed sheet had over 10 holes in it.

Plan of Correction

Accept (█ - 12/08/2025)

The home had sheet with holes in it on a residents bed, staff did not let manager know. Staff checked and went through all sheets in building removing all the bad sheets that had holes or were dirty. The homes admin bought 27 new sheets for each bed in facility on 10/01/25. The manager will check on cleaners and residents beds to ensure this doesnt happen again. The home will check sheets every month to make sure all sheets are clean and have no holes in them. The home purchased all new sheets for the building, and if any are damaged the home will buy more new sheets. Completion date 10/01/25 checked 11/01/25

Licensee's Proposed Overall Completion Date: 11/24/2025

Implemented (█ - 01/12/2026)

101j6 - Mirror

8. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

6. A mirror.

Description of Violation

At 11:55 a.m. resident █, resident █ and resident # █ did not have a mirror in their bedroom.

101j6 - Mirror (continued)

Plan of Correction

Accept [redacted] 12/08/2025)

The home didnt have mirrors hung up in resident [redacted] and [redacted] rooms. the homes doesnt know what happen to them but they were in rooms. The homes bought 3 new mirrors and hung them in the residents rooms on 10/30/25. Staff will check periodically through the week to ensure all mirrors stay hanging were they are suppose to be. The homes admin told residents they have to stay hanging up and explain to them that they are required. If any mirrors go missing the home admin will replace them. Staff will check on the mirrors in the room daily make sure they are hanging to ensure residents are not taking them down. Completion date 10/30/25

Licensee's Proposed Overall Completion Date: 11/25/2025

Implemented [redacted] - 01/12/2026)

101j7 - Lighting/Operable Lamp

9. 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 Violation

At 11:51 a.m., resident [redacted] did not have access to a light source available at bedside.

Plan of Correction

Accept [redacted] - 12/08/2025)

The home didnt have light source next to resident [redacted] bed. The home has switches that are battery operated to work the light from bed side and the batteries were dead. The home replaced them with new lights nest to bed to ensure that they are now working properly on 10/30/25. The manager and staff will check periodically through the week to make sure all switches and lamps are working properly. The new lights that were installed will be replace if broke or light burns out. The home will check on all lights in building and if they are burnt out the home will replace with new lights that were bought.

Licensee's Proposed Overall Completion Date: 11/25/2025

Implemented [redacted] - 01/12/2026)

103g - Storing Food

10. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At 9:25 A.M., The basement freezer contained a 10Lb. bag of hamburger that was opened and unsealed.

Plan of Correction

Accept [redacted] - 12/08/2025)

The home had 10lb bag of hamburger in freezer not labeled. The hamburger was thrown out and all other freezer foods were double check to make sure that everything was labeled and stored properly on 10/01/25. The homes admin and manager will make sure they check all food orders before they go into freezer, to ensure they have date and bag or box is properly sealed. The home will make the delivery driver wait till all food is check when the home receives it. All food will be properly dated and stored after checked, the home will check daily to make sure all food is safe. Completion date 11/20/25

Licensee's Proposed Overall Completion Date: 11/25/2025

103g Storing Food (continued)

Implemented [REDACTED] - 01/30/2026)

132a Monthly Fire Drill

11. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

Staff member [REDACTED] and [REDACTED] reported that the overnight fire drills are run by the staff member worker who then informs of the time specifics of the drill.

Plan of Correction

Accept [REDACTED] - 12/08/2025)

The homes admin tells the staff when to pull the alarm that day it isn't a planned event. The staff member was being told so they can put alarm on fire drill mode. The staff will not be told anymore by home. The homes admin or manager will just pull the alarm without staff member knowing of the fire drill. Manager trained on 11-23-25. The homes admin will audit the situation and documentation of fire drill logs for the year. Fire drill was done on 11/24/25.

Licensee's Proposed Overall Completion Date: 11/25/2025

Implemented [REDACTED] - 01/12/2026)

132c Fire Drill Records

12. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on [REDACTED] and [REDACTED] does not include what specific exits were used in the drill.

The fire drill record for the drill conducted on [REDACTED], and [REDACTED] does not include the actual number of staff participating in the drill, which was two.

Plan of Correction

Accept [REDACTED] - 12/08/2025)

The home was not recording fire drills properly. The homes admin is gonna sit with manager and retrain them how to document the homes fire drill logs. The homes admin will ensure that the manager documents all fire drills correctly. The homes admin will check all documentation of fire drills for the next year to make sure they are documented correctly. Training done 11-23-25. The homes admin will audit and check all fire drills for the year to ensure proper fire drills. Fire drill done on 11/24/25 to ensure all went correctly.

Licensee's Proposed Overall Completion Date: 11/25/2025

Implemented [REDACTED] - 01/12/2026)

144c1 Smoking Area Guidelines

13. Requirements

144c1 - Smoking Area Guidelines (continued)

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

At 9:15 a.m., approximately 10 cigarette butts were in the grass area behind the building and in front of the Pepsi machine.

Plan of Correction

Accept [redacted] - 12/08/2025)

The home had cigarette butts from residents in smoking area. there are plenty of butt cans in smoking area and staff goes out to smoking area twice a shift to sweep up and clean them up. The staff will keep going out and cleaning smoking area and the staff will keep reminding residents to put their cigarette butts in the correct place and not throw them on ground. The staff will continue to check the smoking area twice a shift and so will the admin to make sure residents dispose of cigarette butts properly.

Licensee's Proposed Overall Completion Date: 11/25/2025

Implemented [redacted] 01/30/2026)

182a - Appropriate Assessment Agency

14. Requirements

2600.

182.a. A home may provide medication administration services for a resident who is assessed to need medication administration services in accordance with § 2600.181 (relating to self-administration) and for a resident who chooses not to self-administer medications. If a home does not provide medication administration services, the resident shall be referred to an appropriate assessment agency.

Description of Violation

At 10:42 a.m., in the top left kitchen cabinet by the exit door, there was an unlabeled medication bottle filled with white pills marked GC101, identified by staff as Acetaminophen pills.

Plan of Correction

Accept [redacted] - 12/08/2025)

The home had pill bottle of acetaminophen pills in the staff cabinet. The staff member brought them in to work and left them in cabinet. The bottle was disposed of on 10/01/25, and the staff member was told they can not bring any meds into facility not marked or locked up. The staff member was given a warning for first offense of this. The homes admin and manager will check and make sure no staff member is bringing medication in the home and leaving it unlocked in cabinet on daily base.

Licensee's Proposed Overall Completion Date: 11/25/2025

Implemented [redacted] - 01/12/2026)

183b - Meds and Syringes Locked

15. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

183b Meds and Syringes Locked (continued)

Description of Violation

At 10:42 a.m., unlabeled bottles of over the counter [redacted] and [redacted] tablets were found in the top left kitchen cabinet by exit.

Plan of Correction

Accept [redacted] - 12/08/2025)

The home had pill bottles of otc pills in the staff cabinet. The staff member brought them in to work and left them in cabinet. The bottles was disposed of on 10/01/25, and the staff member was told they can not bring any meds into facility not marked or locked up and no otc meds. The staff member was given a warning for first offense of this. The homes admin and manager will check and make sure no staff member is bringing medication in the home and leaving it unlocked in cabinet. The manger will check the cabinet daily to ensure no staff is bring otc or meds into building leaving them unattended.

Licensee's Proposed Overall Completion Date: 11/25/2025

Implemented [redacted] - 01/12/2026)

225c - Additional Assessment

16. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [redacted] Support Plan dated [redacted] was incomplete and did not include the degree code of assistance needed for drinking.

Plan of Correction

Accept [redacted] - 12/08/2025)

The resident support plan wasn't checked [redacted] could drink independently. The home admin went over with the manager to make sure all boxes are check in rasp and to go through at slow place when doing them. The homes admin will double check all paper work done by staff. 11 16 25 the homes admin and manager will do audit on all charts monthly for 6 months to ensure everything is documented correctly.

Licensee's Proposed Overall Completion Date: 12/01/2025

Implemented [redacted] 01/12/2026)