

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

September 11, 2026

[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 review on 07/15/2026 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: 07/06/2026

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: 7

Total Daily Staff: 31

Waking Staff: 23

Inspection Information

Type: Full

Notice: Announced

BHA Docket #:

Reason: Renewal

Exit Conference Date: 07/15/2026

Inspection Dates and Department Representative

07/15/2026 - 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: 2

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

07/15/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/13/2026

08/17/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/07/2026

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/24/2026

Inspections / Reviews (*continued*)

08/31/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/07/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/07/2026

09/11/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/07/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

At approximately 9:15 a.m., the home's License Inspection Summaries (LIS), dated 09/30/25, 12/05/25, and 12/17/25 were not posted in the home.

Plan of Correction

Accept () - 08/31/2026)

The home didn't have these dates for the license summary hanging with the other inspections summaries. The homes admin had the on the wall but someone removed them. The homes admin made new copies and posted them by the office. The homes admin and asst admin will check will check periodically through out the week, to ensure they are hanging at all times. They where hung back up on 8-1-26. The asst admin will check periodically through out the day and weeks ensure no one removes them.

Licensee's Proposed Overall Completion Date: 08/20/2026

Implemented () - 09/08/2026)

85a - Sanitary Conditions

2. Requirements

2600.

- 85.a. Sanitary conditions shall be maintained.

Description of Violation

At approximately 9:22 a.m. in the basement refrigerator's inner door shelf had spilled milk approximately 1/2-inch-deep.

At approximately 9:28 a.m. on the 2nd floor shared bathroom floor in front of the toilet was a brown smear that appeared to be feces.

Plan of Correction

Accept () - 08/17/2026)

The home had milk spilled inside the refrigerator on the door the was not cleaned up and feces in bathroom. The milk was spilled by worker that didn't clean the mess up. The home had the refrigerator fully cleaned and scrubbed down 8-1-26. The refrigerator is cleaned and milk was put back to store. The feces was on toilet by resident spreading it , The home cleaner didn't get to that bathroom yet that morning. All bathrooms are done multiple times a day to ensure they are clean. This was done as soon as staff was notified 7-15-26. The homes staff and admin will check periodically through out the day to ensure any mess left by resident is cleaned up quickly and effectivity.

Licensee's Proposed Overall Completion Date: 08/13/2026

Implemented () - 09/08/2026)

85e - Trash Outside Home

3. Requirements

2600.

85e Trash Outside Home (continued)

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

Description of Violation

At approximately 10:04 a.m. an open and unattended large black plastic bag containing garbage was stored on the back porch.

Plan of Correction

Accept () - 08/31/2026

The cleaner left a garbage bag on back porch while cleaning. The homes cleaner was told cant leave bag on the back porch to take it directly to dumpster on 7 15 26. The bag was taken to the dumpster at time of inspection 7 15 26. The homes admin will check as cleaners are cleaning that they don't leave bag there on back porch even while in middle of cleaning. They will be directed to take it to the dumpster.

Licensee's Proposed Overall Completion Date: 08/20/2026

Implemented () - 09/08/2026

92 - Windows**4. 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

At approximately 9:30 a.m., there were no screens on the two large dining room windows that opened.

Plan of Correction

Accept () - 08/31/2026

The windows in dinning room had no screens in windows. The home admin call our window to install screen on the small windows in the dinning room. The will make sure that screen are in place at all times. fixed 8 1 26 The home asst admin will check monthly to make sure all windows that open have screens.

Licensee's Proposed Overall Completion Date: 08/20/2026

Implemented () - 09/08/2026

101o - Walls, Floors, Ceilings**5. Requirements**

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

At approximately 10:53 a.m., a brown stain that appeared to be water damage was observed covering approximately 10% of a ceiling tile above the right side window in resident # 3's room.

Plan of Correction

Accept () - 08/31/2026

The home had leak in one room on the right side of the second floor. The maintenance man replaced all tiles. The staff will keep eye out for any water stains on ceiling tiles and notify the maintenance of stains and damage. this was fixed 8 1 26 Staff will do monthly check on all rooms to ensure up keep.

Licensee's Proposed Overall Completion Date: 08/20/2026

101o Walls, Floors, Ceilings (*continued*)*Implemented (████ - 09/08/2026)*

103e Left Overs

6. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At approximately 9:21 a.m. an unlabeled, undated bag identified by staff as hamburger meat in the basement tall freezer.

Plan of Correction*Accept (████ - 08/31/2026)*

The home had just received that hamburger a week ago. The hamburger was in its original packing, but the original packing does not have a date on it. The home went through freezers and dated all meats and everything in freezers. The homes admin is gonna try to fix the cases in freezer with dates on them. The home will ensure with every order coming in everything is dated before put into freezers. The homes admin will check freezers periodically through out the week to ensure staff date everything. fixed on 8-1-26 staff training was done on 7-31-26.

Licensee's Proposed Overall Completion Date: 08/29/2026

Implemented (████ - 09/08/2026)

121a Unobstructed Egress

7. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At approximately 9:29 a.m. the 2nd floor stairway emergency exit route that is located between the kitchen and dining room hallway had a bucket and mop that blocked egress from the homes fire exit.

Plan of Correction*Accept (████ - 08/31/2026)*

The mop bucket has been kept at bottom of the small side steps by cleaning closet. The homes admin told staff to move it into hallway more and keep it there anymore instead 7-15-26. The homes admin will check through week to make sure the homes cleaners put mop bucket into its new placement. Fixed time of inspection 7-15-26.

121a - Unobstructed Egress (*continued*)

Licensee's Proposed Overall Completion Date: 08/29/2026

Implemented () - 09/11/2026

183b - Meds and Syringes Locked

8. 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.

Description of Violation

At approximately 11:15 a.m., over the counter Mupirocin Ointment USP, 2% and Pure Ultra White Petroleum Jelly was observed in the cabinet closest to the exit door in the kitchen and was unlocked, unattended and assessable to residents.

Plan of Correction

Accept () - 08/31/2026

The homes admin didn't know of otc med in cabinet. The home staff took meds of a resident that didn't have order for the otc meds. The homes staff were informed to discard of any medication that is found or send back to pharmacy same day. The homes med tech and admin will check to make sure no meds are stored in that cabinet on a daily basis. fixed 7-15-26 Staff meeting was held 8-12-26

Licensee's Proposed Overall Completion Date: 08/29/2026

Implemented () - 09/11/2026

184b - Labeling OTC/CAM

9. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

At approximately 11:15 a.m., over the counter Mupirocin Ointment USP, 2% and Pure Ultra White Petroleum Jelly was observed in the cabinet closest to the exit door in the kitchen. The medication was not labeled with the resident's name.

Plan of Correction

Accept () - 08/31/2026

The homes admin didn't know of otc med in cabinet. The home staff took meds of a resident that didn't have order for the otc meds. The homes staff were informed to discard of any medication that is found or send back to pharmacy same day. The homes med tech and admin will check to make sure no meds are stored in that cabinet. fixed 7-15-26 All residents know to just ask staff and we will call doctor for orders on any medication that is needed. staff will check cabinet daily meeting was held 8-12-26

Licensee's Proposed Overall Completion Date: 08/29/2026

Implemented () - 09/11/2026

185a - Implement Storage Procedures

10. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

185a - Implement Storage Procedures (continued)**Description of Violation**

At approximately 10:59 a.m., (3) three oxygen tanks were stored directly on the floor and unsecured in resident #1's room.

Plan of Correction**Accept () - 08/31/2026**

The oxygen tanks that were on floor was from oxygen not having two containers to place empty in. At time of inspection the oxygen company was there. The oxygen later that day brought second container into the room for storage when the is some extra tanks. fixed 7-15-26 The home will ensure all oxygen is kept in oxygen containers at all times. Asst Admin will check daily to ensure all oxygen is stored properly

Licensee's Proposed Overall Completion Date: 08/29/2026

Implemented () - 09/08/2026**252 - Record Content****11. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

The record of resident # 2 did not have their eye color.

Plan of Correction**Accept () - 08/31/2026**

The homes admin looked over eye color on a transfer sheet. The homes admin will make sure to double check and have asst check to make sure all boxes are filled in. The homes asst and admin went through the charts to make sure sure all transfer sheets are filled out correctly. fixed 7-15-26 audit completed 8-12-26

Licensee's Proposed Overall Completion Date: 08/29/2026

Implemented () - 09/08/2026