

Department of Human Services
Bureau of Human Service Licensing

November 30, 2022

[REDACTED]
KOMFORT KEEPERS HOME CARE LLC
[REDACTED]

RE: KOMFORT KEEPERS HOME CARE
2517 NORTH 24TH STREET
PHILADELPHIA, PA, 19132
LICENSE/COC#: 14819

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/16/2021, 12/21/2021, 12/23/2021 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

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

Facility Information

Name: *KOMFORT KEEPERS HOME CARE* License #: *14819* License Expiration: *08/10/2022*
Address: *2517 NORTH 24TH STREET, PHILADELPHIA, PA 19132*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *KOMFORT KEEPERS HOME CARE LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *R-4* Date: *05/21/2021* Issued By: *Labor & Industry City of Philadelphia*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *3* Waking Staff: *2*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Monitoring* Exit Conference Date: *12/21/2021*

Inspection Dates and Department Representative

12/16/2021 - On-Site: [REDACTED]
12/21/2021 - On-Site: [REDACTED]
12/23/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8* Residents Served: *3*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *3* Are 60 Years of Age or Older: *2*
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

12/16/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *02/07/2022*

02/15/2022 POC Submission

Submitted By: [REDACTED] Date Submitted: *11/30/2022*
Reviewer: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *02/18/2022*

02/28/2022 POC Submission

Submitted By: [REDACTED] Date Submitted: *11/30/2022*
Reviewer: [REDACTED] Follow Up Type: *Document Submission* Follow Up Date: *03/03/2022*

11/30/2022 Document Submission

Submitted By: [REDACTED] Date Submitted: *11/30/2022*
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

The PA Department of Agriculture Food Employee Certification Act, 3 Pa C.S.A. 6501 – 6510, effective January 22, 2011, requires one employee per licensed food facility to obtain a nationally recognized food manager certification.

There were no staff in the home with a ServSafe Certification.

POC Submission

Accept

Administrator has had instruction and completed the Serve Safe Certification.

See attached..

it is current for 5 years and will continue all education required hereafter

Licensee's Proposed Overall Completion Date: 02/02/2022

Document Submission

Implemented (- 11/30/2022)

See attached

Licensee's Proposed Overall Completion Date: 11/30/2022

42s - Privacy

2. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On /21 at am, resident #1's bedroom door can be seen on the camera.

On /21, at am, it was identified the home does not have any signs posted to acknowledge the home is under video monitoring.

POC Submission

Accept

The cameras in the home and on the exterior of the home is 24hr surveillance only. There is no audio. No recordings.

The placement of the cameras do not violate the privacy of the residents.

The Administrator is responsible for ensuring residents privacy as well as their safety, health and wealth when inside the home.

Licensee's Proposed Overall Completion Date: 02/15/2022

Document Submission

Implemented (- 11/30/2022)

See attached

Licensee's Proposed Overall Completion Date: 11/30/2022

51 - Criminal Background Check

3. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A's date of hire was [REDACTED]/21; however no criminal background check was completed.

Staff person B's date of hire was [REDACTED]/21; however no criminal background check was completed.

Staff person C's date of hire was [REDACTED]/21; however the criminal background check was completed on [REDACTED]/21.

Staff person D's date of hire was [REDACTED]/21; however the criminal background check was completed on [REDACTED]/21.

Staff person E's date of hire was [REDACTED]/21; however the criminal background check was completed on [REDACTED]/21.

POC Submission

Accept

Staff person A-[REDACTED] had a criminal background check in [REDACTED] file that was recent but pulled by another company. It was clear. No records found. It has come to my attention that the background was not accepted. I pulled a new one that also shows no records found. i included the old one for reference.

Staff person D-[REDACTED] also had a FBI clearance in [REDACTED] file as [REDACTED] also works for [REDACTED] It was not accepted and I pulled a state criminal background which was clear.

Currently, all criminal background checks have been ran for all employees of Komfort keepers PCH.

Going forward, When acquiring new staff a criminal background check will be performed the same day as hire.

Licensee's Proposed Overall Completion Date: 11/15/2021

Document Submission

Implemented ([REDACTED] - 11/30/2022)

See attached

Licensee's Proposed Overall Completion Date: 11/30/2022

62 - Contact List

4. Requirements

2600.

62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

On 12/16/21, the home did not have a staff contact list available with contact information.

POC Submission

Accept

In efforts to prevent this violation from ever re-occurring, The Administrator is responsible for ensuring that the staff contact list is current and up to date.

Administrator will audit and keep track of all DCS who are hired and fired and the staff list will immediately reflect the updates

62 - Contact List (continued)

Licensee's Proposed Overall Completion Date: 02/15/2022

Document Submission

Implemented [redacted] - 11/30/2022)

See attached

Licensee's Proposed Overall Completion Date: 11/30/2022

65a - FS Orientation 1st Day

5. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [redacted]/21, did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities, designated meeting place, smoking and safety procedures, location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency procedures.

Staff person D, whose first day of work was [redacted]/21, did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities, designated meeting place, smoking and safety procedures, location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency procedures.

POC Submission

Accept

he administrator will immediately designate a day before hire to complete the orientation.

Moving forward, Any new hire will not be allowed to commence work without the Administrator conducting the orientation prior to start date.

Once the orientation has been completed by the new hire, it will be signed /dated, and placed in the new employee ile.

Licensee's Proposed Overall Completion Date: 02/15/2022

Document Submission

Implemented ([redacted] - 11/30/2022)

See attached

Licensee's Proposed Overall Completion Date: 11/30/2022

66a Staff Training Plan

6. Requirements

2600.

66a - Staff Training Plan (continued)

66.a. A staff training plan shall be developed annually.

Description of Violation

The home does not have a staff training plan for 2021.

POC Submission

Accept

Administrator [redacted] is responsible for creating an implementing a staff training plan. The Administrator will ensure that the DCS staff is being provided the proper training courses as it relates to the quality of care, awareness, and up to date changes within the PCH. The lessons taught will be the sole responsibility of the Administrator. The trainings will take place in the home unless otherwise documented. Online trainings, In person trainings by the Administrator or guest speakers, are all apart of the staff training plan. Each DCS employee will sign and date once their training is complete and it will be placed in their respective files mmediately after.

Licensee's Proposed Overall Completion Date: 02/16/2022

Document Submission

Implemented ([redacted] - 11/30/2022)

See attached.

Licensee's Proposed Overall Completion Date: 11/06/2022

66b - Training Plan Content

7. Requirements

2600.

- 66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:
1. The name, position and duties of each direct care staff person.
2. The required training courses for each staff person.
3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The home's staff training plan does not include:

- 1. The name, position and duties of each direct care staff person.
2. The required training courses for each staff person.
3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

POC Submission

Accept

n continued efforts to stay in compliance ,The Administrator will create a training plan that is inclusive of all DCS with the times, dates, locations and topics for each training course. All staff will be notified in writing two weeks before each scheduled training. The Administrator is responsible for disclosing all upcoming staff trainings.

Licensee's Proposed Overall Completion Date: 02/16/2022

Document Submission

Implemented ([redacted] - 11/30/2022)

See attached.

Licensee's Proposed Overall Completion Date: 11/06/2022

66c - Training Documentation

8. Requirements

2600.

66.c. Documentation of compliance with the staff training plan shall be kept.

Description of Violation*The home does not maintain documentation of the completion of courses in the staff training plan.***POC Submission****Accept***Staff training will be documented and after completion , signed by the Direct care staff person and placed in their respective file.*

Licensee's Proposed Overall Completion Date: 02/02/2022

Document Submission**Implemented ([REDACTED] - 11/30/2022)***See attached*

Licensee's Proposed Overall Completion Date: 11/30/2022

103c - Food Protected**9. Requirements**

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation*On 12/16/21, at 9:40 am, there was an uncovered pound of butter stored in the refrigerator.***POC Submission****Accept***n compliance with ensuring all food is safe from contamination, expired foods, etc., Any and all open ended or exposed food products will be put in plastic ziploc bags or in plastic containers with the date referenced on it.*

Licensee's Proposed Overall Completion Date: 01/28/2022

Document Submission**Implemented ([REDACTED] 11/30/2022)***See attached*

Licensee's Proposed Overall Completion Date: 11/30/2022

131f - Fire Extinguisher Inspection**10. Requirements**

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation*The fire extinguishers in the home were not tagged to indicate they were inspected by a fire safety expert.*

131f - Fire Extinguisher Inspection (continued)

POC Submission

Accept

There are a total of eight fire extinguishers in the home. All Fire extinguishers have been evaluated and tagged by a fire expert company. The company came out on 12/23/2021.

Komfort Keepers PCH is on roster to have them annually come out and have them checked.

See attached photos

All documentation will be kept on file

Licensee's Proposed Overall Completion Date: 12/23/2021

Document Submission

Implemented (████) 11/30/2022

See attached

Licensee's Proposed Overall Completion Date: 11/30/2022

144c1 - Smoking Area Guidelines

11. Requirements

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

The home's designated smoking area does not have fire resistant furniture.

POC Submission

Accept

Komfort Keepers has designated a smoking area in rear yard. The furniture provided are non flammable with two glass tables and container-ash tray filled with kitty litter (as suggested).

Signs have been posted in the exterior rear yard with no smoking signs on other furnishings provided for the enjoyment of the other residents.

Residents who smoke has been shown where the designated area is and have been complying with the rule.

Staff will also make sure that smoking is conducted in designated area.

Licensee's Proposed Overall Completion Date: 02/02/2022

Document Submission

Implemented (████) 11/30/2022

See attached

Licensee's Proposed Overall Completion Date: 11/30/2022

183a - Original Containers and Injections

12. Requirements

2600.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

On █████/21, at █████ pm, the daily medication for resident #2 was stored in a medication pill case labeled

183a - Original Containers and Injections (continued)

Sunday-Saturday am and pm. This medication was not scheduled for administration until the evening.

POC Submission

Accept

Weekly medication cases were provided by the case managers who provide their medications.

In order to stay in compliance, medications that are not packaged inside of a blister pack will be administered within the stated time frame of a two hour window.

Each medication will be poured and dispensed from each bottle at the prescribed time of administration.

Licensee's Proposed Overall Completion Date: 12/23/2021

Document Submission

Implemented ([redacted] - 11/30/2022)

See attached

Licensee's Proposed Overall Completion Date: 11/30/2022

187a - Medication Record

13. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #2 is prescribed [redacted]

[redacted]. However, resident's December 2021 Medication Administration Record does not indicate the diagnosis and purpose of the medications.

POC Submission

Accept

Each resident file has a medical record given by the provider. For each medication prescribed, Komfort Keepers PCH will ensure all information regarding route, strength, diagnosis, and purpose of medications, etc are listed and highlighted on the resident medical record.

See attached revised MAR for Resident Charles Robinson

Licensee's Proposed Overall Completion Date: 02/02/2022

187a - Medication Record (continued)

Document Submission

Implemented (█) 11/30/2022

See attached

Licensee's Proposed Overall Completion Date: 11/30/2022

190a - Completion Medication Course

14. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff persons A, B, C, E, and F, who have not successfully completed the Department-approved medications administration course, administered medications to residents to include the following:

- On █/21, at █ am and █ pm, staff person A administered █ to resident #2.
- On █/21, at █ pm, staff person B administered █ to resident #2.
- On █/21, at █ am, staff person C administered █ to resident #2.
- On █/21, at █ am, staff person E administered █ to resident #2.
- On █/21, at █ am, staff person F the administrator, administered █ to resident #2.

POC Submission

Accept

All employees of Komfort Keepers have been properly trained and passed Department approved Medication Training. Every 6 months, instructor will come back out to the home to observe employees dispense medications.. See attached Medication trainings for Direct care staff who will dispense medications to residents

Licensee's Proposed Overall Completion Date: 02/06/2022

Document Submission

Implemented (█) - 11/30/2022

See attached

Licensee's Proposed Overall Completion Date: 11/30/2022

191 - Resident Right to Refuse

15. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1, admitted █21, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error. The home could not provide signed documentation.

POC Submission

Accept

On the resident home contract, the addendum provides majority of the residents rights is listed. have added to the home contract (Z) A resident has the right to refuse medication. A resident has the right to question if he/she has received correct dose, correct medication, or believes that a medication error has been made.. t has been executed

191 - Resident Right to Refuse (continued)

Licensee's Proposed Overall Completion Date: 01/29/2022

Document Submission

Implemented (█ - 11/30/2022)

See attached

Licensee's Proposed Overall Completion Date: 11/30/2022

225a - Assessment 15 Days

16. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

An assessment was not completed for resident #1, who was admitted to the home on █/21.

POC Submission

Accept

t is the Administrator who is the responsible party for ensuring that the initial assessment of each resident is completed within 15 days of admission.

Moving forward and to remain in compliance, all residents must have the assessment completed and in their respective resident file.

The Administrator will keep track and audit resident files every 6 months for accuracy and compliance

Licensee's Proposed Overall Completion Date: 02/16/2022

Document Submission

Implemented (█ 11/30/2022)

See attached

Licensee's Proposed Overall Completion Date: 11/30/2022

227g -Support Plan Signatures

17. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #2 participated in the development of his/her support plan on █/21. However, the resident did not sign the support plan.

POC Submission

Accept

The administrator will take the necessary steps to ensure that all Support Plans are reviewed in detail with the resident. If the resident disagrees with part of the proposed plan, the Administrator will request feedback and suggestions from the resident in effort to come up with the best Support plan to ensure quality and adequate care, to secure the best possible outcome as it relates to the physical and mental well being of each Resident.

The support plan will be highlighted where each resident is to execute signature and date.

By doing so, the PCH significantly lowers the risk of having any missed signatures in the future.

The Administrator will inspect resident files monthly to review accuracy.

Licensee's Proposed Overall Completion Date: 02/17/2022

Document Submission

Implemented (█ - 11/30/2022)

See attached

227g -Support Plan Signatures (continued)

Licensee's Proposed Overall Completion Date: 11/30/2022

251b - Record Entries Legible

18. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction fluid was used on resident #1's, contract dated [redacted] 21.

POC Submission

Accept

All entries entered into resident record shall not be disturbed with correction fluid should a mistake or misprint occur. The use of correction fluid will never be used by staff when entering information regarding the residents record. f an error is made, it will crossed out and initialed by the staff person..

Licensee's Proposed Overall Completion Date: 01/29/2022

Document Submission

Implemented [redacted] 11/30/2022)

See attached

Licensee's Proposed Overall Completion Date: 11/30/2022