

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 09/26/2022 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: *08/10/2023*
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: *City of Philadelphia*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *9* Waking Staff: *7*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/26/2022*

Inspection Dates and Department Representative

09/26/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8* Residents Served: *7*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *6* Are 60 Years of Age or Older: *6*
Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

09/26/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/22/2022*

Inspections / Reviews (*continued*)

11/01/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 11/30/2022
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/06/2022

11/07/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 11/30/2022
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 11/10/2022

11/30/2022 - Document Submission

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

On 9/26/22 the home's copy of 55 Pa.Code Chapter 2600, current violation report, current license, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept ([redacted] 11/07/2022)

My current license was not available to print at time of renewal. i reached out to the state regarding renewal and was told they were working on the backlog but my license was current. i have the email for verification. t is now available for print. The license is in a public place and plain sight located outside of my office. There is also a POC posted as well.

he Administrator will ensure that the license is updated annually with active and current dates displayed.

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

Implemented ([redacted] - 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 [redacted]/2022, there were video cameras at the entrance of the facility, the common area, and the back of the facility. However, there were no postings that the facility was being video monitored.

Repeat Violation: 12/21/2021.

POC Submission

Accept ([redacted] - 11/01/2022)

The Administrator has signed copies of the video monitoring disclosure in each residents file. I have posted official signage by the front door as you walk in and also the rear exit as well.

The signage will remain in plain sight for residents and all respective visitors to our home

Licensee's Plan Completion Date: 10/20/2022

Implemented ([redacted] 11/30/2022)

65b - Rights/Abuse 40 Hours

3. Requirements

2600.

65b - Rights/Abuse 40 Hours (*continued*)

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A completed █ 40th scheduled work hour on █/2021. However, this staff person did not complete training in the following topics: Resident rights, Emergency medical plan, Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, and Reporting of reportable incidents and conditions.

Plan of Correction

Accept (█ - 11/07/2022)

The Administrator has an orientation list for every hire. The following topics have been added . Residents rights, Emergency medical plan, Incident reporting, and reporting of any abuse or neglect of the resident. Please see attached. All topics will be reviewed and signed off by each staff member within the first 40hrs of hire.

Each staff member has been thoroughly trained in these topics . The topics have been added to my original orientation checklist and each staff member has signed off on it. Staff [person A has worked in direct care for █. █ has worked a █ and █ for years. Even though a staff member has experience in the subject topics listed, It does not dismiss nor negate the fact that the employee must complete the required training mandated by the State. The training was completed in December 2021

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

Implemented (█ - 11/30/2022)

66a - Staff Training Plan

4. Requirements

2600.

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

Description of Violation

The home does not have a staff training plan for training years 2021 or 2022.

Repeat Violation: 12/21/2021.

Plan of Correction

Directed (█ 11/07/2022)

Komfort Keepers has a staff training Plan that has been implemented with the staff for year 2022.

The home is one month shy of its Grand opening in November of 2021. There was a month left and training was conducted on the topic of Resident Rights for the month of December 2021.

The binder was in the home and viewed by the inspector.

There is a staff training binder with the following topics for the year

*Infection control

*Safe Management techniques

*Personal care Needs

*Care for residents with dementia

66a - Staff Training Plan (continued)

- *Medication self-administration training
- *Falls and accident prevention
- *Emergency preparedness
- *Fire safety
- * The Older Adult Protective Services Act

The Administrator is solely responsible for executing and implementing the trainings as scheduled.

run a small home, however my plan is to put the trainings in my calendar for the training year and create an alarm/notification for myself and all current staff members. The purpose of putting this extra step in place is to prevent trainings from being delayed and being completed in a timely manner.

Directed

Within 3 calendar days of receipt of the acceptable plan of correction: The administrator will develop and implement a 2022 staff training plan which includes all components of 2600.66b including: the name, position and duties of each staff person; the required training courses for each staff person and the dates, times, and locations of the scheduled training. Documentation will be kept.

Directed Completion Date: 11/10/2022

Implemented (████) 11/30/2022)

66b - Training Plan Content

5. 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:

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.

Repeat Violation: 12/21/2021.

Plan of Correction

Directed (████ - 11/07/2022)

The Administrator is to make certain that continued education for all staff is mandatory. Attached is the staff training plan for 2022-2023.

We opened in the middle of November 2021.

Please see attached schedule.

in an effort to be in complete compliance, I am also assigning a direct care staff member (██████████) to also share in this responsibility. The duty would include informing staff via text/email of any upcoming trainings within a 2week timeframe of scheduled training. █████ will also be responsible for creating a convenient time for staff to complete the training.

Directed

66b - Training Plan Content (continued)

Within 3 calendar days of receipt of the acceptable plan of correction: The administrator will develop and implement a 2022 staff training plan which includes: the name, position and duties of each staff person; the required training courses for each staff person and the dates, times, and locations of the scheduled training. Documentation will be kept.

Directed Completion Date: 11/10/2022

Implemented () - 11/30/2022

101j7 - Lighting/Operable Lamp

6. 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

Resident 1 does not have access to a source of light that can be turned on/off at bedside.

POC Submission

Accept () - 11/01/2022

At the time of inspection, the lamp was indeed in the residents room however it was sitting on top of dresser. I immediately moved it to bedside and turned the lamp on for the inspector so that could see that the lamp was operable.

The Administrator will check weekly to confirm that residents are not moving the lamp for their own convenience. It must be left on the table by the bedside

Licensee's Plan Completion Date: 10/20/2022

Implemented () - 11/30/2022

103e - Left Overs

7. 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

On 9/26/22, there were unlabeled, undated bag of pasta and bag of Eggo waffles in the main kitchen freezer.

POC Submission

Accept () - 11/01/2022

All food that is placed in the freezer that has been previously opened will be bagged, labeled and dated. All food has been removed from the freezer that was not dated. All contents /food in freezer are now labeled and dated. The Administrator had a meeting with staff and updated them on all changes that need to be made going forward. The Administrator purchases all groceries. It is my duty to ensure that the home remains in compliance. I will check our refrigerator and freezer 3xs a week to confirm compliance.

Licensee's Plan Completion Date: 10/20/2022

Implemented () - 11/30/2022

103f - Refrigerator/Freezer Temps

8. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 09/26/2022, there was no thermometer in the main kitchen freezer.

POC Submission

Accept (█) 11/01/2022)

A thermometer was purchased and placed in the freezer. The Administrator will confirm as well as alert all staff NOT to remove the thermometer from the freezer. It is to stay in place at all times. All food was placed back in the freezer with thermometer

Licensee's Plan Completion Date: 10/20/2022

Implemented (█) 11/30/2022)

107d - Procedure Emergency Management Agency Submission**9. Requirements**

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been reviewed, updated and submitted to the local emergency management agency.

Plan of Correction

Accept (█) - 11/07/2022)

Komfort Keepers has submitted the written emergency procedures to the appropriate authorities attached is the letters that were sent as well. Awaiting a confirmation letter back for compliance purposes.

The Administrator will ensure that the emergency will be updated and sent to the specified authority annually. If any changes occurs, I will update as necessary.

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

Implemented (█) 11/30/2022)

123b - Emergency Procedures Posted**10. Requirements**

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home.

POC Submission

Accept (█) - 11/01/2022)

Komfort Keepers has the Emergency Procedures in the home. Inspector reviewed at the time. I have since removed it from my office and also put it in a public place in plain sight which is on the table next to my office.

The Administrator will ensure all necessary disclosures and paperwork to be clearly visible and posted in a

123b - Emergency Procedures Posted (continued)

conspicuous place.

Licensee's Plan Completion Date: 10/20/2022

Implemented (█ - 11/30/2022)

132a - Monthly Fire Drill

11. Requirements

2600.

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

Description of Violation

An unannounced fire drill was not held during the months of February 2022, April 2022, June 2022, and August 2022.

POC Submission

Accept (█ - 11/01/2022)

The Administrator will conduct monthly fire drills. Alternating a night drill as well.

The home fire drills were done. The drill for February was done at the end of January for February. As the

Administrator, i will write out the week of each month and consecutive month to be held in its respective months.

That will ensure that a fire drill will never be missed.

Licensee's Plan Completion Date: 10/20/2022

Implemented (█ - 11/30/2022)

132f - Alternate Exit Routes

12. Requirements

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The front door and the back door were the only exit routes used during the fire drills held from December to July.

POC Submission

Accept (█ 11/01/2022)

Komfort Keepers has a total of three exits in the home. They consist of the front door, the back door, and the second floor fire escape door. Administrator will alternate all exit routes going forward and put them in rotation so that all three exits are being utilized different months during the course of the year.

Licensee's Plan Completion Date: 10/20/2022

Implemented (█ - 11/30/2022)

162c - Menus Posted

13. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

162c - Menus Posted (continued)

Description of Violation

The home's menu for the week of 09/25/2022-09/30/2022 was posted. However, the menu for one week in advance from 10/01/2022-10/08/2022 was not posted in a public and conspicuous place in the home.

POC Submission

Accept () - 11/01/2022)

Komfort Keepers has a monthly calendar of meals posted in a public place and eye level so that it is easy for the residents to view.

The Administrator adjusted the food menu board to reflect a week in advance of scheduled meal options into the following month. During my inspection, I completed an additional week and posted it under the board.

This month we added it to the current monthly menu board, reflecting the 1st week of November

Licensee's Plan Completion Date: 10/20/2022

Implemented () - 11/30/2022)

225a - Assessment 15 Days

14. 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

Resident 2 was admitted to the facility on () 2022; however, the resident's assessment was not completed until () 2022.

POC Submission

Accept () - 11/01/2022)

The Administrator completes the RASP typically within the allotted 15days.

The resident in question name is (). I wanted to be more observant and spend a little more time with () in creating () support plan. This will not happen again. I can always go back to the rasp and make adjustments where needed. The Administrator will implement the support plan within the 15day time frame from admission of any incoming resident. The support plan will correspond and reflect the correct dates on the RASP going forward. No exceptions.

Licensee's Plan Completion Date: 10/20/2022

Implemented () - 11/30/2022)

227g -Support Plan Signatures

15. Requirements

2600.

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

227g -Support Plan Signatures (continued)**Description of Violation**

Resident 2 participated in the development of [REDACTED] support plan on [REDACTED]/2022. However, the resident did not sign the support plan.

Repeat Violation: 12/21/2021.

POC Submission

Accept ([REDACTED] - 11/01/2022)

The Administrator will comply with all plan of corrections set forth. The resident signed the support plan. As noted earlier, all required signatures will be done in a timely manner per the 2600 regulations ..See attached.

Licensee's Plan Completion Date: 10/20/2022

Implemented ([REDACTED] 11/30/2022)