



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

# CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **KOMFORT KEEPERS HOME CARE LLC**  
LEGAL ENTITY

To operate **KOMFORT KEEPERS HOME CARE**  
NAME OF FACILITY OR AGENCY

Located at **2517 NORTH 24TH STREET, PHILADELPHIA, PA 19132**  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **8**  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

**55 Pa.Code Chapter 2600: Personal Care Homes**  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **August 23, 2024** until **February 23, 2025**,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **148191**

*Janette Biderup*  
ISSUING OFFICER

*Juliet Marsala*  
ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: AUGUST 23, 2024**

[REDACTED]  
[REDACTED]  
Komfort Keepers Home Care, LLC  
[REDACTED]  
[REDACTED]

RE: Komfort Keepers Home Care, LLC  
2517 North 24th Street  
Philadelphia, Pennsylvania 19132  
License #: 148191

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection January 25 and February 5, 2024, and April 18, 2024 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance 148190 dated August 10, 2023 to August 10, 2024 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated August 10, 2023 to August 10, 2024 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from August 23, 2024 to February 23, 2025.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600 Section:	Class of Violation	Census at Inspection	Fine Per Resident X Per day	Calculated Fine = Per Day	Mandated Correction Date (to avoid Fine)
101j7	III	8	\$3	\$24	15 calendar days from mailing date of this letter
132a	II	8	\$5	\$40	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Pennsylvania Department of Human Services  
Bureau of Human Services Licensing  
Room 631, Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120  
PH: 717-265-8942

[REDACTED]

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

*Juliet Marsala*

Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Licensing Inspection Summary

cc:

[REDACTED]

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

**Facility Information**

Name: *KOMFORT KEEPERS HOME CARE* License #: *14819* License Expiration: *08/10/2024*  
Address: *2517 NORTH 24TH STREET, PHILADELPHIA, PA 19132*  
County: *PHILADELPHIA* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED]

**Legal Entity**

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

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: *20* Total Daily Staff: *28* Waking Staff: *21*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *02/05/2024*

**Inspection Dates and Department Representative**

01/25/2024 - On-Site: [REDACTED]  
02/05/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

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

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *7* Are 60 Years of Age or Older: *5*  
Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**01/25/2024 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/19/2024*

02/22/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/20/2024  
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/27/2024

05/02/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/28/2024  
Reviewer: [REDACTED] Follow-Up Type: Bypass Document Submission

07/24/2024 - Bypass Document Submission

Submitted By: [REDACTED] Date Submitted: 05/02/2024  
Reviewer: [REDACTED] Follow-Up Type: Enforcement

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

*On 1/25/2024, at 9:00am, an agent of the Department arrived to the home. Staff person A reported that staff person B, the home's administrator, had taken the home's records off site to reorganize before suddenly falling ill. The administrator confirmed the files had been removed and could not be accessed. The home was not able to provide a staff list, resident list, staff records, resident records, the administrator's record, fire drill logs, or a staffing schedule. Residents' support plans and financial logs were not available on site as required.*

Plan of Correction

Accept [REDACTED] - 02/28/2024)

*As the [REDACTED] its my responsibility to ensure resident record and staff records are in order. I took the binders home to review on 2/24/24. Not all binders were missing as the Inspector accessed Staff person A records that was at the facility at the time of initial inspection on 1/25/24.. It was a poor decision on my behalf. The very next day, I was admitted into the hospital and had emergency surgery. A very unfortunate situation. Going forward, the staff or resident binders will be never removed from the facility.I have my discharge summary from the hospital as I had a 5 day stay. I immediately returned all binders back to the facility upon discharge. I will conduct a staff meeting on March 1st 2024. In this meeting I will address and assign staff to have access to all binders within the facility at all times. Effective 2/23/24, the Administrator has assigned all staff and issued key access to locked cabinets. This rule will be set in place to ensure that access to all binders are available and all staff are well aware about the importance on accessing resident files. The Administrator will also keep an extra set of keys in office in case of emergency effective March 1st 2024.*

Licensee's Proposed Overall Completion Date: 02/27/2024

Not Implemented [REDACTED] - 05/02/2024)

20b5 - No Commingling

2. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 5. Commingling of resident funds and home funds is prohibited.

Description of Violation

*The home maintains one bank account for all residents' funds. On 2/1/2024, \$100.00 belonging to resident #1 was deposited in this account.*

Plan of Correction

Directed [REDACTED] - 02/28/2024)

*The Administrator has been in contact with current bank. On February 23rd 2024, The Administrator has been currently working on paperwork needed to create sub accounts for each resident. The bank is working on the separation of accounts. The bank will issue a separate debit card for each resident account. Each month on the 1st, the Administrator will deduct the \$85 allowance via ATM machine , keep a record of each withdrawal monthly. The receipt each month will be kept in the binder with the financials. This extra step will be in place to show an accurate account of present and future withdrawals for each resident. The Administrator is solely responsible for making*

20b5 - No Commingling (continued)

sure that there is no commingling of funds, therefore a monthly ledger will also be kept in place to prevent any errors and also have an accurate account of transaction.

**Directed Plan of Correction 2/28/24 [REDACTED]:**

Within 30 days of the receipt of the accepted plan of correction, the administrator shall ensure that resident funds are deposited into and kept in separate accounts.

Proposed Overall Completion Date: 02/27/2024

Directed Completion Date: 03/29/2024

Not Implemented [REDACTED] - 05/02/2024)

20b10 - Review of Account

3. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

10. The home shall provide the resident the opportunity to review his own financial record upon request during normal business hours.

Description of Violation

From approximately 1/23 to 1/31/2024, the residents' records, including their financial logs, were not available in the home for review by the residents, including resident #1.

Plan of Correction

Accept [REDACTED] 02/28/2024)

The Administrator will ensure that all resident binders and all pertinent information will be kept at the facility at all times effective February 5th 2024. The Administrator will make the residents aware that they can request to review their financial transaction logs. The Administrator monitors will keep a monthly log for allowance every month with all residents, including their signatures when funds are dispersed. The Administrator will perform a quarterly review of all files for each calendar year.

Licensee's Proposed Overall Completion Date: 02/27/2024

Implemented [REDACTED] - 05/02/2024)

44g - Telephone Number

4. Requirements

2600.

44.g. The telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the home.

Description of Violation

On 1/25/2024 and 2/5/2024, the telephone number of the the local ombudsman was not posted in a conspicuous and public place in the home.

## 44g - Telephone Number (continued)

**Plan of Correction**

Accept (████) - 02/28/2024)

Komfort Keepers PCH had an Ombudsman number posted in the facility of the initial visit of 1/25/24, however it was not region specific. The Administrator has compiled a list to be posted in an open and public place throughout the home.

The list will be updated upon any changes that may occur..In efforts to ensure to prevent any posts from possibly being ripped by a resident, The administrator laminated all telephone number posts on 2/22/24. Also on 2/24/24, The Administrator informed all morning shift staff to put cordless phone in a public conspicuous area less than 1 foot away from listed telephone number posts. The Administrator informed night shift to put cordless phone on charger at night to ensure full battery life of phone during the day. The Administrator will observe each week beginning 2/24/24 for each calendar year going forward to ensure compliance of this regulation

Licensee's Proposed Overall Completion Date: 02/27/2024

Not Implemented (████) - 05/02/2024)

## 65f - Training Topics

**5. Requirements**

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
5. Personal care service needs of the resident.

**Description of Violation**

Direct care staff person A did not receive training in the following topics during training year 2023:

- Medication self-administration training
- Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
- Personal care service needs of the resident

**Plan of Correction**

Accept (████) - 02/28/2024)

Komfort Keepers has established an annual staff training plan. The annual Staff training plan will be left out along with RCG, policy and procedures, etc.. By having a copy of Required training topics available, the staff can have access and review topics even when they have been completed by each staff member. On 2/25/2024, The Administrator will assess staff files every 3 months to make sure that the annual training topics are being done and are in compliance.

I will retrain on the above listed topics for all staff on March 1st, 2024. I will include this as well in our upcoming staff meeting.

The Administrator will add the required trainings annually and have all staff sign off on it.

I will have this completed by March 1st, 2024.

In continued efforts to stay in compliance, the Administrator will review training topics quarterly beginning March 1, 2024 and each calendar year thereafter

Proposed Overall Completion Date: 02/27/2024

Licensee's Proposed Overall Completion Date: 02/27/2024

65f - Training Topics (continued)

Not Implemented [redacted] - 05/02/2024)

65g - Annual Training Content

6. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.

Description of Violation

Staff person A did not receive training in the following topics during training year 2023:

- Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert
- Resident rights
- The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102)
- Falls and accident prevention

Plan of Correction

Accept [redacted] 02/28/2024)

Staff person A who is a direct care staff person completed Residents Rights for calendar year 2023. It was completed on 1/4/23.

On 2/23/24 ,The Administrator will add these mandatory annual topics going forward to each staff member. In addition they will sign off and also date it therefore documenting exactly when the required training was completed. The administrator will issue these topics for continued education beginning on 3/1/24. The administrator will also review and evaluate each staff member for accuracy and completion. The administrator will review staff files on a frequent basis. All staff files will be reviewed beginning 3/1/24 and will be evaluated quarterly each year for compliance purposes

Licensee's Proposed Overall Completion Date: 02/28/2024

Not Implemented [redacted] 05/02/2024)

85a - Sanitary Conditions

7. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 1/25/2024 at 9:53am, there were no paper towels or hand dryer in the downstairs bathroom. At 10:20 am, there were no paper towels or hand dryers in the upstairs bathroom.

Plan of Correction

Accept [redacted] - 02/28/2024)

Komfort Keepers PCH has a storage of paper towels, toilet tissue, etc ..located in the laundry room.

The Administrator will have a staff meeting addressing this issue on March 1st 2024 to make it mandatory to

85a - Sanitary Conditions (continued)

check per shift when they begin and when their shift is completed. The administrator will create a toiletry log and to commence on March 1st 2024. The staff member will initial the log after each shift. That will mitigate and ensure the bathrooms are stocked at all times.

We will implement the following new log thereafter March 1st 2024..

All staff must check each bathroom and kitchen per shift and stock paper towels and other necessary toiletries for each shift. The administrator will check log once a week commencing on March 1st 2024 and periodically review each month & annually per calendar year

Licensee's Proposed Overall Completion Date: 02/27/2024

Not Implemented (████) - 05/02/2024)

91 - Telephone Numbers

8. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

On 1/25/2024, there were no emergency telephone numbers including the nearest hospital and fire department posted in the home.

Plan of Correction

Accept (████) - 02/28/2024)

The facility have compiled and added all necessary and required phone numbers to the Emergency telephone list on February 22, 2024,

They were also laminated on this date. We are having a staff meeting on March 1st 2024. The new updated rule will be to have the cordless phone within one foot of the posting. The Administrator will check once per week commencing on March 1st, 2024 and every week thereafter

The updated list is posted in an open and public place throughout the home.

the Administrator will review the list quarterly to ensure all numbers listed are current and in service.

Licensee's Proposed Overall Completion Date: 02/27/2024

Not Implemented (████) - 05/02/2024)

96a - First Aid Kit

9. 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

On 1/25/2024 and 2/5/2024, the first aid kit in the administrator's office did not include a thermometer.

Plan of Correction

Accept (████) - 02/28/2024)

Komfort Keepers has a first aid kit. At the time of inspection, it was not on location. The thermometer was returned to the facility on 1/20/2024.

As The Administrator, I will check the first aid kit monthly to ensure that all items required are present. along with

96a - First Aid Kit (continued)

that, I will also include this issue with staff as well at our upcoming meeting on 3/1/2024. I will inform and reiterate that by any means should these items be removed or separated. The Administrator will check the first aid kit once monthly on a continual basis..

Licensee's Proposed Overall Completion Date: 02/27/2024

Not Implemented [redacted] - 05/02/2024)

101j7 - Lighting/Operable Lamp

10. 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

On 1/25/2024, one of the residents in each of the home's three bedrooms was missing a bedside lamp, including resident #2 in room 2 and resident #3 in room 3.

Repeated Violation: 9/26/22

Plan of Correction

Accepted [redacted] - 02/28/2024)

The facility has three bedrooms. Room #1 has two residents. At the time both beds faced parallel and they shared a common table with one lamp as that was suffice. I recently moved the beds around. Another lamp was needed and added by resident bedside on 1/30/24.

The Administrator will inspect monthly that all lamps are in operable condition with working lightbulbs in each resident bedroom on a continual basis.

Licensee's Proposed Overall Completion Date: 02/27/2024

Not Implemented [redacted] /02/2024)

132a - Monthly Fire Drill

11. Requirements

2600.

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

Description of Violation

The home could not produce fire drill logs for the past year on 1/25/2024 or on 2/5/2024.

Repeated Violation 9/26/22

Plan of Correction

Accepted [redacted] - 02/28/2024)

Komfort keepers conducts a monthly fire drill. It is conducted by the home Administrator .

Fire drills are conducted monthly to ensure resident safety. We have had success with exiting the building through all three evacuation routes.

132a - Monthly Fire Drill (continued)

Fire drill logs will now be located with LIS, Staff trainings, and Policy and procedures manuals effective 2/24/24. They are all in an open and public space within the home.

The Administrator will ensure that the drills are conducted and that the time of day is logged in and documented on a monthly basis beginning the month of March 2024. We will also conduct the fire drills on various days of the month. The residents should never expect when a drill is actually going to take place. The Administrator will review fire drills quarterly.

Each drill will have the date and exact time of day notated on the log from March 2024 and ongoing throughout each calendar year..

Licensee's Proposed Overall Completion Date: 02/27/2024

Not Implemented [REDACTED] 05/02/2024)

132b - Safety Inspection/Fire Drill

12. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home has not had a fire drill or safety inspection observed by a fire safety expert.

Plan of Correction

Directed [REDACTED] - 02/28/2024)

As a new Administrator, there are limited shared resources. I expressed this concern with the Inspector. I asked for a referral. I have sent letters to both police and fire commissioners with zero response back.

The home uses [REDACTED] to perform annual inspections. They do not supervise an actual fire drill.

The local fire departments also do not oversee drills as well however,. On 2/26/24, I walked in our local fire department to speak with a supervisor to explain the current situation. I left my contact information. They will get back to me by weeks end.

The Administrator will return on 3/4/24 if not contacted back.

I am in hopes that they will make the exception to come out to our home to observe our fire drill the week of 3/4/24 as an exception was made for another PCH in the area. The administrator will also find out on 3/4/24 if the fire drill and evacuation can be overseen, scheduled ,and penciled in annually thereafter.

**Directed Plan of Correction 2/28/24** [REDACTED]

Within 30 days of the receipt of the acceptable plan of correction, the administrator will schedule a fire inspection and fire drill to be conducted.

Proposed Overall Completion Date: 02/28/2024

Directed Completion Date: 02/28/2024

Not Implemented [REDACTED] - 05/02/2024)

132d - Evacuation

14. Requirements

2600.

132d - Evacuation (continued)

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

**Description of Violation**

*The home could not produce fire drill logs for the past year on 1/25/2024 or on 2/5/2024.*

**Plan of Correction**

**Directed** [REDACTED] - 02/28/2024)

*As the administrator, I am fully responsible for each and every fire drill. I am a fairly new Administrator with a little over two years of experience. On 2/26/24, the administrator was in contact with someone at our local fire station. After stating how crucial having a fire expert observe our fire drills, I am very confident one will take place. As the administrator, if I don't hear back from the fire department by 3/4/24 I will go again in person to get an exact date. The required document will be forwarded to the State. The administrator will have them conduct a fire drill annually thereafter*

*Proposed Overall Completion Date: 02/28/2024*

**Directed Plan of Correction 2/28/24** [REDACTED]

*Immediately, the administrator will monitor all fire drills and the fire drill record to ensure a fire drill is conducted at least once a month, a fire drill is conducted during sleeping hours every 6 months, all residents are evacuated to a public thoroughfare or to a fire-safe area within the time specified in writing by a fire safety expert within the past year, and documentation is kept for each fire drill in a record which includes all information required by 2600.132(c).*

*Within 30 days of the receipt of the acceptable plan of correction, all staff and residents shall be educated on the home's fire drill and evacuation procedures including, all residents shall evacuate to a public thoroughfare or a fire-safe area designated in writing within the past year by a fire safety expert. Documentation of education shall be kept.*

**Directed Completion Date: 02/28/2024**

**Not Implemented** [REDACTED] - 05/02/2024)

132e - Fire Drill Sleeping Hours

**15. Requirements**

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

**Description of Violation**

*The home could not produce fire drill logs for the past year on 1/25/2024 or on 2/5/2024.*

**Plan of Correction**

**Accept** [REDACTED] - 02/28/2024)

*Komfort Keepers PCH performs a fire drill once a month. The administrator is solely responsible for the fire drills to be conducted monthly. I personally believe there is more risk during sleeping hours than awake. Even though the requirement is twice a year, I tend to do them 3-4 times annually. It is with the utmost importance and essential for each resident to be ready and knowledgeable of all routes should a fire or other emergency should take place. On 3/1/24 the administrator will begin to review and evaluate the fire drill record for accuracy monthly and every month thereafter for the calendar year..*

*Proposed Overall Completion Date: 02/28/2024*

132e - Fire Drill Sleeping Hours (continued)

Licensee's Proposed Overall Completion Date: 02/28/2024

Not Implemented [REDACTED] - 05/02/2024)

187b - Date/Time of Medication Admin.

17. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 is prescribed 2-MG Risperidone tablets twice a day . Resident #1's medication administration record does not include the initials of the staff person who administered this medication at 8:00pm on 12/5, 12/9, 12/30, and 12/31/2024.

Resident #4 is prescribed one 15-MG olanzapine tablet at bedtime. Resident #4's medication administration record does not include the initials of the staff person who administered this medication on 12/31/2023. Resident #4 is also prescribed oyster shell vitamin D tablets twice a day. Resident #4's medication administration record does not include the initials of the staff person who administered this medication at 8:00pm on 12/9, 12/10, 12/15, 12/23, and 12/31/2023.

Plan of Correction

Accept [REDACTED] - 02/28/2024)

The facility will be conducting a thorough staff meeting on 3/1/24.

Komfort Keepers PCH routinely gives medications twice per day. Staff and the Administrator gives the medications on a scheduled basis..

Once in the morning and once in the evening. All residents receive their medication daily. Each staff person will check the med list, pour medications in a cup, check for correct resident and then issue the medication.

Upon giving medication to the last resident, it is now required to complete the MAR promptly after each administration.

On 2/22/24, every employee is to follow this new rule. Failure to do so will result in a disciplinary action. Everyone is in agreement.

This should eliminate dates failed to have the required initials.

The Administrator will audit the MAR once a week on starting 3/1/2024 and once a week thereafter.. I work 20-30 hrs weekly. I will make sure that all staff initial after administration of medication.

Licensee's Proposed Overall Completion Date: 02/28/2024

Not Implemented [REDACTED] - 05/02/2024)

224a - Preadmission Screen Form

18. 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 #1 was admitted to the home on [REDACTED]/2022; however, the resident's preadmission screening form was

224a - Preadmission Screen Form (continued)

completed on 7/22/22. Resident #5 was admitted on [REDACTED]/2023, but the preadmission screening form was done 4/15/23.

Plan of Correction

Accept [REDACTED] - 02/28/2024)

The pre-admission screening form shall be completed before or day of actual admission. The date will not exceed the 1st day of admission.

The administrator conducts all pre admission screenings.

I have a client intake form in each binder that I do in person with the resident before acceptance into our facility. Komfort Keepers also ensures that we can meet the resident's needs and that the resident is a good fit for the home. On 2/22/24, The administrator will use the intake from the incoming resident on the state pre- screen appointed form.

Beginning 3/1/24, the administrator will ensure it will be completed on the state form which is the requirement. Commencing on 3/1/24, The Administrator will also make certain that each incoming resident either has a pre screening available on day of or one will be completed on the day of admission. This will be checked and reviewed by the

Administrator on a monthly continual basis for the year to ensure compliance..

Licensee's Proposed Overall Completion Date: 02/28/2024

Not Implemented ([REDACTED] - 05/02/2024)

227i - Support Plan Accessible

19. Requirements

2600.

227.i. The support plan shall be accessible by direct care staff persons at all times.

Description of Violation

From approximately 1/23 to 1/31/2024, all resident support plans were off site and inaccessible to direct care staff.

Plan of Correction

Accept [REDACTED] - 02/28/2024)

The Administrator will comply with the rules and regulations of the State.

Staff binders and Resident binders to remain on the property at all times. On 2/6/24, all staff were notified about the importance of maintaining binders in the home at all times. On 2/22/24 all staff were assigned key entry to the cabinets where binders are kept. The staff, residents and all other applicable entities now have access at all times.

The Administrator will oversee and review the placement of the keys on a weekly basis starting on 3/1/24 and ongoing once weekly on a continual basis for the year.

Direct care staff shall have access to each binder which also includes the support plan.

I understand the importance of having such pertinent information available for the day to day business of the facility.

Licensee's Proposed Overall Completion Date: 02/28/2024

Not Implemented ([REDACTED] - 05/02/2024)

251d - Resident Records on Premises

20. Requirements

2600.

251.d. Separate resident records shall be kept on the premises where the resident lives.

251d - Resident Records on Premises (*continued*)**Description of Violation**

*From approximately 1/23 to 1/31/2024, resident records were not on the premises.*

**Plan of Correction**

**Accept** [REDACTED] - 02/28/2024)

*Komfort Keepers Administrator will ensure that all binders including staff and resident, will be ready and available each day. The binders shall not be removed from the property. They were returned to the home on 1/29/24 by the Administrator. All staff has been assigned keyed access at all times commencing on 2/23/24. All binders must remain in the home.*

*This will alleviate anyone being denied access to all binders at any given point on any given day. The administrator will ensure that all staff adhere to all new rules set in place for the home and will check keys weekly as of 3/1/2024 and ongoing weekly throughout the calendar year.*

**Licensee's Proposed Overall Completion Date:** 02/28/2024

**Implemented** [REDACTED] 05/02/2024)

## 251e - Records Availability

**21. Requirements**

2600.

251.e. Resident records shall be made available to the resident and the resident's designated person during normal working hours.

**Description of Violation**

*From approximately 1/23 to 1/31/2024, resident records were not available to the home's residents or their designated persons.*

**Plan of Correction**

**Accept** [REDACTED] - 02/28/2024)

*The Administrator will keep all binders on the home's grounds for easy accessibility at all times. The Administrator returned the binders on 1/29/2024. To ensure that this doesn't occur again, all staff has been given access to keyed entry where all binders are kept on 2/23/24. If the administrator, staff or any outside entity shall need access, it will be granted immediately going forward.*

*The administrator will check keys weekly beginning 3/1/24 and ongoing each week on a continual basis.*

**Licensee's Proposed Overall Completion Date:** 02/28/2024

**Implemented** [REDACTED] - 05/02/2024)

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

**Facility Information**

Name: *KOMFORT KEEPERS HOME CARE* License #: *14819* License Expiration: *08/10/2024*  
Address: *2517 NORTH 24TH STREET, PHILADELPHIA, PA 19132*  
County: *PHILADELPHIA* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED]

**Legal Entity**

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

**Certificate(s) of Occupancy**

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

**Staffing Hours**

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

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Monitoring* Exit Conference Date: *04/18/2024*

**Inspection Dates and Department Representative**

[REDACTED]

**[REDACTED] Dates**

**General Information**

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

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *8* Are 60 Years of Age or Older: *4*  
Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *1* Have Physical Disability: *0*

**Inspections / Reviews**

04/18/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/17/2024*

05/20/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 05/17/2024  
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/25/2024

07/03/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 05/27/2024  
Reviewer: [REDACTED] Follow-Up Type: Bypass Document Submission

07/24/2024 - Bypass Document Submission

Submitted By: [REDACTED] Date Submitted: 07/03/2024  
Reviewer: [REDACTED] Follow-Up Type: Enforcement

96a - First Aid Kit

1. 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

On 4/18/2024, the first aid kit in the administrator's office did not include antiseptic.

Plan of Correction

Accept [redacted] - 05/20/2024)

Komfort Keepers PCH has a first aid kit in place onsite at the facility. At the time of inspection we were missing antiseptic within our first aid kit. . As of May 1st 2024 , the Administrator created a new first aid kit equipped with all required contents in one bin.

Once a month beginning on June 1st 2024 and every other month thereafter, The Administrator will check the first aid kit to ensure all items are present. The Administrator will create a log to be posted in the office where it will be evaluated monthly. If any item is missing or seemingly getting low, it will immediately be replaced.It is the sole responsibility of the Administrator to inspect and sign off monthly on the contents of the first aid kit.

Licensee's Proposed Overall Completion Date: 05/17/2024

Not Implemented [redacted] - 07/03/2024)

132a - Monthly Fire Drill

2. Requirements

2600.

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

Description of Violation

The home did not provide documentation of a fire drill held during the month of March 2024.

Repeated Violation: 9/26/22

Plan of Correction

Accept [redacted] - 05/29/2024)

The facility conducts monthly fire drills.The fire drill record has been placed in a separate binder. As of May 1st 2024, The Administrator has the binder placed in a clear, open, and concise place. It can now be found along with the RCG, Staff training manuals, Policy and Procedures, etc.. .They are all located on the table outside of the Administrator's office effective 5/1/2024. The unannounced fire drill commencing in June 2024 will be conducted, timed, and dated. It will immediately be entered into the fire drill log by the Administrator. This will ensure that the drills are being completed and properly documented each time the home has a drill. The Administrator will monitor monthly for completeness beginning 5/2024 and each month thereafter. The Administrator will finalize all data inputed on the fire drill sheets for accuracy and It will be done monthly in a timely manner making sure to rotate exit routes, date,time of day, and time management to vacate home within the designated time frame This is an effective way to both easily locate and evaluate logs for completeness..

As the Administrator , it is my duty to ensure that al required records are ready and available at all times.

Proposed Overall Completion Date: 05/27/2024

Licensee's Proposed Overall Completion Date: 05/27/2024

Not Implemented [redacted] - 07/03/2024)

183e - Storing Medications

4. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 4/18/2024 at 10:24am, the bin containing resident #1's meds held a loose, green, ovular pill. There were also three individual blister packs, each with resident #1's name and a past date (12/31/23, 1/1/24, and 2/29/24) printed on the back. The backs of these containers were partially peeled open, leaving the pills, still in the containers, exposed.

At 10:35am, the bin for resident #2's medications included five loose pills: two pink ovals, one white oval, and one green, round pill. There were partially torn blister packs containing resident #2's medications, dated 8/21/23, 8/24/23, and 1/1/24.

Plan of Correction

Accept [redacted] - 05/29/2024)

Komfort Keepers PCH has an ongoing contract with [redacted] Pharmacy. We have had incidents where we are not receiving a 30/31 day supply. They are very aware of this issue. The blame gets shifted to the prescribing doctor or the insurance billing department.

On May 1st 2024, The Administrator will assess all resident medication bins for thoroughness and accuracy. The Administrator will ensure all medications that have been opened or partially torn, exceeds the expiration date of any blister pack has been properly discarded.

The Administrator went in person to [redacted] on 4/26/2024 to speak to the supervising Pharmacist on duty to converse about the concerns of timely medication arrivals and medications to commence on the day of delivery.

On April 29, 2024, The Administrator contacted a medication trainer to come out to the home to retrain the Administrator, the DCS staff only. The trainer name is [redacted]. The training is scheduled for Monday May 20th 2024 @ 10am. It is very important and essential that the Administrator and all DCS staff are all on board with the correct way to handle medication administration and to get retrained per the 2600 Regulations

Proposed Overall Completion Date: 05/27/2024

Licensee's Proposed Overall Completion Date: 05/27/2024

Not Implemented [redacted] - 07/03/2024)

187d - Follow Prescriber's Orders

5. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

On 4/18/2024 at 10:24 am, resident #1's medications bin contained three unused blister packs, with dates on the back showing the pills had not been administered as scheduled. The packs each contained one folic acid and one oyster shell pill. The pills in the first pack were to be administered on 12/31/2023 at 8:00 am, the second pair on 1/1/24 at 8:00 am, and the third pack of pills was due on 2/29/24 at 8:00 am.

At 10:35 am, there were three unused blister packs in resident #2's medication bin, each containing one atorvastatin pill and one olanzapine, with dates on the backs indicating they were to be administered on 8/21/23, 8/24/23, and

187d - Follow Prescriber's Orders (continued)

1/1/24 respectively, each at 8:00 pm. The pack dated 1/1 also contained one haloperidol and one metformin pill.

**Plan of Correction**

**Directed (redacted) - 05/29/2024)**

Komfort Keepers PCH are dedicated to maintaining the highest level of care. Each resident receives their medication doses in a timely manner. twice daily. The Administrator has issued a mandatory medication retraining scheduled on 5/20/2024 for the Administrator and DCS staff only. The medication trainer name is . The Administrator has also been in communication with the partnering pharmacy. The Administrator will check resident medication boxes for any extra pills, outdated pills, or opened blister packs. The administrator will discard any and all loose medications on a weekly basis beginning on June 1st 2024. The Administrator has also put in place the following:

Commencing on 6/1/24, Administrator will count all incoming medications ensuring that all medications are present and accurate for each resident. of the home. The Administrator will take note of any medication that may be missing or has been omitted or discontinued per a prescriber request. The administrator will immediately call the pharmacy to confirm the discontinuation. The administrator will also contact the PCP and ask to forward the home a formal letter of deleted medication for the file. Komfort Keepers PCH reserves the right to get that order in writing from the prescriber preferably prior to discontinuation of any medication. The Administrator will follow up on any and all discrepancies within the medication file that may be found. The Administrator will immediately call the PCP, and then the pharmacy to confirm any changes. The Administrator will update all changes to the resident file. We at Komfort Keepers are committed to following medication regulations and to successfully run a very compliant home.

Proposed Overall Completion Date: 05/27/2024

**Directed plan of correction 5/29/24 (redacted)**

Within 30 days of receipt of the plan of correction, the administrator or designee shall conduct an audit of prescription orders and medications weekly for four weeks then biweekly for all residents, to ensure proper documentation of medication administration, following the orders of the prescriber and reporting medication errors.

Directed Completion Date: 06/29/2024

**Not Implemented (redacted) - 07/03/2024)**