

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

December 26, 2024

ANNIE HENDERSON, OWNER/ADMINISTRATOR
KOMFORT KEEPERS HOME CARE LLC
5522 MEDIA STREET
PHILADELPHIA, PA, 19131

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

Dear Ms. Annie Henderson,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/21/2024 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,
Mia Johnson

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *KOMFORT KEEPERS HOME CARE* License #: *14819* License Expiration: *02/23/2025*
 Address: *2517 NORTH 24TH STREET, PHILADELPHIA, PA 19132*
 County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

Name: *Annie Henderson* Phone: *267-258-3455* Email:
solidgold35@gmail.com,
admin@komfortkeeperspch.com

Legal Entity

Name: *KOMFORT KEEPERS HOME CARE LLC*
 Address: *5522 MEDIA STREET, PHILADELPHIA, PA, 19131*
 Phone: *2672583455* Email: *SOLIDGOLD35@GMAIL.COM*

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: *7* Waking Staff: *5*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Provisional, Monitoring* Exit Conference Date: *10/21/2024*

Inspection Dates and Department Representative

10/21/2024 - On-Site: Charlotte Wiley

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: <i>8</i>	Residents Served: <i>7</i>		
Secured Dementia Care Unit			
In Home: <i>No</i>	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: <i>0</i>			
Number of Residents Who:			
Receive Supplemental Security Income: <i>7</i>	Are 60 Years of Age or Older: <i>5</i>		
Diagnosed with Mental Illness: <i>7</i>	Diagnosed with Intellectual Disability: <i>1</i>		
Have Mobility Need: <i>0</i>	Have Physical Disability: <i>0</i>		

Inspections / Reviews

10/21/2024 - Partial
 Lead Inspector: *Charlotte Wiley* Follow-Up Type: *POC Submission* Follow-Up Date: *11/18/2024*

Inspections / Reviews (*continued*)

11/19/2024 - POC Submission

Submitted By: *Annie Henderson*Date Submitted: *12/18/2024*Reviewer: *Mia Johnson*Follow-Up Type: *POC Submission*Follow-Up Date: *11/22/2024*

12/10/2024 - POC Submission

Submitted By: *Annie Henderson*Date Submitted: *12/18/2024*Reviewer: *Mia Johnson*Follow-Up Type: *Document Submission* Follow-Up Date: *12/13/2024*

12/26/2024 - Document Submission

Submitted By: *Annie Henderson*Date Submitted: *12/18/2024*Reviewer: *Mia Johnson*Follow-Up Type: *Not Required*

65a - FS Orientation 1st Day

1. 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 5/1/2024, did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Plan of Correction**Accept (MJ - 12/10/2024)**

In response to the violation on 10/21/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/1/2024 by the Administrator. The Administrator took immediate action to put together a list of staff duties to be put in a binder. Currently staff duties are printed and are hanging on the wall in the dining area. They are labeled for day shift and night shift. The Administrator shows the new staff member around the home on first day. During the orientation on the first day, the following are included..Staff duties-The Administrator thoroughly explains staff duties and they can refer to it as it is listed for reminders. Evacuation procedures- We have three exit routes in the home. The Administrator takes new staff through each exit and shows them the designated meeting place outside the home.

Smoking safety procedures- Residents utilize the backyard to smoke. There is only one smoking area. There are "No Smoking" signs on the resident swing area and anywhere where smoking is prohibited.

Location and use of fire Extinguishers- Komfort Keepers PCH currently has 6 fire extinguishers throughout the home. There is a video provided on how an extinguisher is to be used within the home.

Smoke detectors and fire alarms- The Administrator discloses to all staff that in the event that the alarm is sounding due to meal preparation or possible smoke coming from oven, the staff member is to assess the situation and if all is cleared, to dismantle the alarm from the fire alarm box located by the front entrance door. Staff has been briefed and shown how to dismantle the ringing alarm

Telephone use- Residents can use the phone 24/7.. All Emergency numbers are posted and laminated all over the home for both residents and staff.

To enhance the currently compliant operations, on 11/1/2024 the Administrator will continue to show new hires around the home but in addition to that, all listed responsibilities designated for first day orientation will be placed in a binder going forward, with a completion date of 11/15/2024.

Effective 11/15/2024 the Administrator will perform annual audits through 11/15/2025 to maintain ongoing

65a - FS Orientation 1st Day (continued)

compliance with ensuring that prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers will have an orientation in general fire safety and emergency preparedness that include evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy, location of smoking areas, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

In response to the violation on 10/21/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 12/04/2024 by the Administrator to Staff person A received the required training. Any new incoming DCS, The Administrator ensures that all staff receives the training before they start to work in the home. All staff have been trained on each topic on Day One. The Administrator has copied the training and put into each staff binder, having them sign that they received the training, but also each staff member has it placed in their file with their signature on it as well as the Administrator signature.

Proposed Overall Completion Date: 12/04/2024

Licensee's Proposed Overall Completion Date: 12/04/2024

Implemented (MJ - 12/26/2024)

65b - Rights/Abuse 40 Hours**2. Requirements**

2600.

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 his/her 40th scheduled work hour on 5/10/2024. However, this staff person did not complete training in the following topics: emergency medical plan, reporting of reportable incidents and conditions.

Plan of Correction

Accept (MJ - 12/10/2024)

In response to the violation on 10/21/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/1/2024 by the Administrator. The Administrator took immediate corrective action to include the following mandatory trainings: Emergency medical plan :Resident Rights :Reporting of reportable incidents and conditions :Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, along with other related topics that the Administrator added for incoming staff.

To enhance the currently compliant operations, on 11/1/2024 the Administrator will designate all staff to complete these mandatory trainings upon the 40th scheduled work hour, with a completion date of 12/1/2024.

65b - Rights/Abuse 40 Hours (continued)

Effective 11/1/2024 the Administrator will perform annual audits through 11/1/2025 to maintain ongoing compliance. The Administrator will ensure that all new staff and personnel will complete the required trainings within 40 scheduled working hours. Direct care staff persons, ancillary staff persons, substitute personnel and volunteers will have an orientation that includes the following, *resident rights*emergency medical plan*mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102)*Reporting of reportable incidents and conditions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

In response to the violation on 10/21/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 12/04/2024 by the Administrator to In reviewing Staff person A file, the 2nd page was in the back of the binder. All topics were covered in its entirety. All staff at Komfort Keepers PCH has received the specific trainings required. All documentation has been placed in each staff personnel binder with a required line designated for DCS to sign that they indeed received this training.

Proposed Overall Completion Date: 12/04/2024

Licensee's Proposed Overall Completion Date: 12/04/2024

Implemented (MJ - 12/26/2024)

141a 1-10 Medical Evaluation Information**3. Requirements**

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident 1's initial medical evaluation did not include Immunization history, Health Status, Cognitive Function, Allergies, Medications, and Special Diet.

Plan of Correction

Accept (MJ - 12/10/2024)

In response to the violation on 10/21/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/1/2024 by the Administrator. The Administrator will ensure that the medical evaluation form is completed in its entirety. It is the role of the Administrator to double check all boxes that are not filled in by the physician. In doing so, it is mandatory that the Physician complete the totality of the medication evaluation record. To enhance the currently compliant operations, on 11/1/2024 the Administrator has decided to accompany each

141a 1-10 Medical Evaluation Information (continued)

resident for their annual check up. The Administrator will check the form for completeness. The Administrator will address any discrepancies with the physician at that time, with a completion date of 12/15/2024.

Effective 11/1/2024 the Administrator will perform annual audits through 11/11/2025 to maintain ongoing compliance with ensuring each resident has a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission, and to ensure the evaluation includes a general physical examination by a physician, physician's assistant or nurse practitioner, medical diagnosis including physical or mental disabilities of the resident, if any, medical information pertinent to diagnosis and treatment in case of an emergency, special health or dietary needs of the resident, allergies, immunization history, medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications, body positioning and movement stimulation for residents, if appropriate, health status, and mobility assessment, updated annually or at the Department's request. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

In response to the violation on 10/21/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 12/04/2024 by the Administrator to All pertinent information has been filled in. We needed to make a few calls to the physicians but were able to complete the DME with the information that was provided. Komfort Keepers evaluated all medical files for each resident to ensure all information was completed. Going forward, The Administrator will accompany each resident for their annual physicals. The goal is to make certain the physicians, or related staff completes the DME in its entirety.

Proposed Overall Completion Date: 12/04/2024

Licensee's Proposed Overall Completion Date: 12/04/2024

Implemented (MJ - 12/26/2024)

224a - Preadmission Screen Form

4. 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 7/20/2022; however, the resident's preadmission screening form was completed on 7/22/2022.

Plan of Correction

Accept (MJ - 11/19/2024)

In response to the violation on 10/21/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/22/2024 by the Administrator to rectify the issue of the resident pre-admission screening. All incoming residents must have the exact date of admission of resident move in. The Administrator will ensure that any new residents will have the pre-admission screening completed day of move in. To ensure that Komfort Keepers PCH is in full compliance, The Administrator will complete this form personally for every resident moving forward.

224a - Preadmission Screen Form (continued)

To enhance the currently compliant operations, commencing on November 1st, 2024 the Administrator of Komfort Keepers will reevaluate all resident files to ensure dates of admission and date of pre-admission screenings are on the same exact date with a completion date no later than November 5th 2024.

Effective November 1st, 2024 the Administrator will perform annual audits through 11/1/2025 to maintain ongoing compliance. The Administrator will ensure a determination is made within 30 days prior to admission and documented on the Department's pre-admission screening form that the needs of the resident can be met by the services provided by the home. The form will be completed the day of admission. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 11/18/2024

Licensee's Proposed Overall Completion Date: 11/18/2024

Implemented (MJ - 12/26/2024)