

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

June 4, 2025

[REDACTED]
KOMFORT KEEPERS HOME CARE LLC
[REDACTED]

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

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/25/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: 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: [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: 7 Waking Staff: 5

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Monitoring Exit Conference Date: 02/25/2025

Inspection Dates and Department Representative

02/25/2025 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: 7 Are 60 Years of Age or Older: 5
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

02/25/2025 - Partial
Lead Inspector: [Redacted] Follow Up Type: POC Submission Follow Up Date: 03/21/2025

Inspections / Reviews (*continued*)

06/04/2025 POC Submission

Submitted By: [REDACTED] Date Submitted: 03/24/2025

Reviewer: [REDACTED] Follow Up Type: *Bypass Document Submission*

06/04/2025 Bypass Document Submission

Submitted By: [REDACTED] Date Submitted: 06/04/2025

Reviewer: [REDACTED] Follow Up Type: *Not Required*

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [REDACTED] medical evaluation dated [REDACTED] did not include the medical diagnosis including physical or mental disabilities of the resident.

Resident [REDACTED] medical evaluation dated [REDACTED] did not include medical information pertinent to diagnosis and treatment in case of an emergency and immunization history.

Plan of Correction

Accept [REDACTED] - 03/25/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/21/2025 by the Administrator to rectify the incomplete information. Administrator reached out to Physician as they are responsible for completing the medical evaluation form. Resident [REDACTED] now has the medical diagnosis completed in its entirety. Resident [REDACTED], did not have immunization record available. In this circumstance, it will be filled in as "unknown".

To enhance the currently compliant operations, on 03/21/2025 the Administrator will attend the annual medical appointments for each resident moving forward to ensure that the Doctor or medical staff is filling out the form in its entirety and to the best of their ability. The goal is to have the medical form completed with all pertinent information included, with a completion date of 03/24/2025.

Effective 03/21/2025 the Administrator will perform a review twice annually through 03/21/2026 to maintain ongoing compliance. The Administrator is responsible for ensuring each resident has a medical evaluation annually. The medical evaluation forms will be completed and checked after each annual assessment. Any new diagnosis or new medications will be included and the medical form updated. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/24/2025

Implemented [REDACTED] - 06/04/2025)

187b - Date/Time of Medication Admin.

2. 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 [REDACTED] is prescribed [REDACTED] tablet take one tablet by mouth twice a day at 8:00 am and 8:00 pm. The medication administration record for February 2025 is signed in the morning for both administrations. Staff person A confirmed that the medication was administered at 8:00 am and 8:00 pm.

Resident [REDACTED] is prescribed [REDACTED] caps take one capsule by mouth three times a day 8:00 am, noon, and 8:00 pm. The medication administration record for February 2025 is signed in the morning for all three administrations. Staff person A confirmed that the medication was administered at 8am and 8pm.

187b Date/Time of Medication Admin. (continued)

Resident [REDACTED] is [REDACTED] tablet take by mouth twice a day at 8:00 am and 8:00 pm. The medication administration record for February 2025 is signed in the morning for both administrations. Staff person A confirmed that the medication was administered at 8:00 am and 8:00 pm.

Resident [REDACTED] is prescribed [REDACTED] take one capsule by mouth once a week for vitamin deficiency. The Medication administration record was signed as administered from February 1, 2025, until February 24, 2025. Staff person A confirmed that the medication was only administered on Sunday.

Resident [REDACTED] is prescribed [REDACTED] take on tablet twice a day at 8:00 am and 8:00 pm. The medication administration record for February 2025 is signed in the morning for both administrations. Staff person A confirmed that the medication was administered at 8:00 am and 8:00 pm.

Resident [REDACTED] is prescribed [REDACTED] take one tablet twice a day at 8:00 am and 8:00 pm. The medication administration record for February 2025 is signed in the morning for both administrations. Staff person A confirmed the medication was administered at 8:00 am and 8:00 pm.

Repeated Violation: [REDACTED] et al.

Plan of Correction

Accept [REDACTED] - 03/25/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/21/2025 by the Administrator to reach out to the partnering pharmacy. As you know, we had to scramble to find a new pharmacy so we are working together to ensure the MAR is done properly and to ensure compliance with state regulations. The current MAR read 8am 8pm for each medication. It has now been corrected to reflect all medications that are given at 8am to have its own calendar month and split from 8pm with its own calendar month for each resident. The new MAR has been completed, updated, and labeled as such for each medication.

To enhance the currently compliant operations, on 03/21/2025 the Administrator will review all the new MAR'S that are sent monthly along with monthly medications for each resident. The Administrator will review for accuracy. Any MAR that does not reflect the correct dosage times will be sent back for correction, with a completion date of 3/21/2025.

Effective 3/21/25 the Administrator will perform monthly checks commencing 3/21/25 through 3/21/26 to maintain ongoing compliance.

Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/24/2025

Implemented [REDACTED] - 06/04/2025)

225c - Additional Assessment

3. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [REDACTED] current assessment was completed on [REDACTED]. However, the resident's previous assessment was completed on [REDACTED].

Plan of Correction

Accept [REDACTED] 03/25/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/21/2025 by the Administrator. Resident [REDACTED] was a transfer from another PCH. I initially followed the Support Plan dates that was listed, as I was slightly confused about all the different dates that were listed on the Support plan that [REDACTED] was admitted with. A previous Inspector sited this before and explained the dates to me but I was unable to change the date. The support plan should have been initialed and POC beside it to indicate that this error was previously sited. Resident [REDACTED] assessment date is correct as [REDACTED] admission date is 7/20.

To enhance the currently compliant operations, on 03/21/2025 the Administrator will ensure that Support plans are done in a timely manner reflecting the correct dates that the Support plan was completed and finalized. The Administrator will ensure that all resident support plans are completed with date accuracy, with a completion date of 03/24/2025.

Effective 03/21/2025 the Administrator will perform annual audits through 03/21/2026 to maintain ongoing compliance.

Effective 3/21/2025, The Administrator will ensure each resident has additional assessments if needed, including annually, and also if the condition of the resident significantly changes prior to the annual assessment, and at the request of the Department upon cause to believe that an update is required.. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/24/2025

Implemented [REDACTED] - 06/04/2025)

227g -Support Plan Signatures

4. 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 [REDACTED] participated in the development of [REDACTED] support plan on [REDACTED]. However, the assessor did not sign the support plan.

Plan of Correction

Accept [REDACTED] - 03/25/2025)

227g -Support Plan Signatures (continued)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/21/2025 by the Administrator. As each support plan was completed and read to each resident, They signed it on the highlighted line and dated. There was one signature missed by the Administrator on that same page.

To enhance the currently compliant operations, on 03/21/2025 the Administrator upon the initial discovery that the signature was missed, The Administrator quickly checked the binders of all residents to ensure the signature was in place for all support plans. Going forward the Administrator will ensure all signatures of residents and staff are dated and are in place, with a completion date of 03/24/2025.

Effective 03/21/2025 the Administrator will perform annual monitoring through 03/21/2026 to maintain ongoing compliance.

The Administrator is responsible for ensuring individuals who participate in the development of the support plan,including the Administrator herself, sign and date the support plan accordingly. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/24/2025

Implemented [REDACTED] - 06/04/2025)

251b - Record Entries Legible

5. 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

Staff person A wrote over the date on resident's [REDACTED] RASP dated [REDACTED].
Staff person A wrote over the date on resident's [REDACTED] preadmission screening form dated [REDACTED].
Staff person A wrote over the date on resident's [REDACTED] RASP dated [REDACTED].

Plan of Correction

Accept [REDACTED] 03/25/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/21/2025 by the Administrator. This was an error that was sited previously. In this last inspection, I was told by the Inspector to date and document the letters "POC" to identify that this was an error that was already identified. In reference to Resident [REDACTED] Rasp,In reference to Resident [REDACTED] preadmission screening, and In reference to Resident [REDACTED] RASP , will all be marked POC , dated, and initialed. Going forward, the Administrator understands with extreme clarity that the resident records can not be altered once written. Any errors or deficiencies shall be notated and dated on the record.

251b - Record Entries Legible (continued)

To enhance the currently compliant operations, on 03/21/2025 the Administrator will make the necessary corrections and ensure that the written record is without defaults, missing signatures, dates, etc. The Administrator has compiled a list of upcoming documents due for each resident to ensure dates and signatures for residents, DCS, and the Administrator are all in compliance, with a completion date of 03/24/2025.

Effective 03/21/2025 the Administrator will perform quarterly reviews through 03/24/2026 to maintain ongoing compliance. The Administrator acknowledges and understands that ensuring that all entries in a resident's record are permanent, legible, dated and signed by the staff person making the entry. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/24/2025

Implemented [REDACTED] - 06/04/2025)