

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

January 20, 2026

[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 10/15/2025 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: *03/12/2026*
 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: *8* Waking Staff: *6*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *10/15/2025*

Inspection Dates and Department Representative

10/15/2025 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: *8* Are 60 Years of Age or Older: *8*
 Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

10/15/2025 - Full
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *11/17/2025*

Inspections / Reviews (*continued*)

12/02/2025 POC Submission

Submitted By: [REDACTED] Date Submitted: 01/18/2026
Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 12/07/2025

12/09/2025 POC Submission

Submitted By: [REDACTED] Date Submitted: 01/18/2026
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 12/12/2025

01/20/2026 Document Submission

Submitted By: [REDACTED] Date Submitted: 01/18/2026
Reviewer: [REDACTED] Follow Up Type: Not Required

65g - Annual Training Content

1. 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.

Description of Violation

Staff persons A, B, and C did not receive training in 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 during training year January 2024 to December 2024.

Plan of Correction

Accept [redacted] 12/09/2025)

In response to the violation on 10/15/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/06/2025 by the Administrator to fully comply with the fire safety training in person requirement. Komfort Keepers PCH used fire safety training videos previously. To meet compliance requirements, The Administrator has hired Fire & Life Safety Solutions LLC to come to our facility to train all DCS, including the Administrator. The in-person training has been scheduled for November 22, 2025 @ 9:30am. All staff will be present for the training. The Administrator will send the certificate of completion directly to the Inspector upon receipt.

To stay currently compliant, on 11/22/2025 the Administrator will conduct annual audits to ensure compliance moving forward. The Administrator will set a 90day calendar alert to schedule an in- person fire safety training class for the next calendar year. This will ensure that the class is being scheduled not to exceed the allotted time frame. This action will help keep Komfort Keepers stay in compliance for each training year, with a completion date of 11/22/2026.

Effective 11/22/2025 the Administrator will perform quarterly audits through 11/22/2026 to maintain ongoing compliance with ensuring direct care staff persons, ancillary staff persons, substitute personnel and any per diem staff are trained annually. The fire safety training is to be completed by a fire safety expert or by a staff person trained by a fire safety expert, or videos prepared by a fire safety expert and accompanied by an onsite staff person trained by a fire safety expert. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/04/2025

Implemented [redacted] - 01/20/2026)

124 - Notice to Fire Department

2. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the

124 - Notice to Fire Department (continued)

home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction

Accept (█ - 12/09/2025)

In response to the violation on 10/15/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/16/2025 by the Administrator regarding the mobility letter. The Administrator detailed the facility lay out and mailed the mobility letter with plans over to Engine Company 45, Ladder company 14 and Medic 25. The Administrator will update the letter as census or mobility of residents change. The letter will be kept on file at Komfort Keepers PCH.

On 10/16/2025, The designated staff member assigned to this task is the Administrator. The Administrator will make certain that this letter is accurate and up to date. It will be mailed out annually with a completion date of 2/16/2026.

Effective 10/16/2025 the Administrator will perform annual checks through 10/16/2026 to maintain ongoing compliance. The Administrator is responsible for notifying the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency, and to keep documentation of notification. All letters will be kept and filed at the facility. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/04/2025

Implemented (█ 01/20/2026)

141b1 - Annual Medical Evaluation

3. Requirements

2600.

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

Description of Violation

Resident █s most recent medical evaluation was completed on █. The resident's previous medical evaluation was completed on █.

Plan of Correction

Accept (█ 12/02/2025)

In response to the violation on 10/15/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/13/2025 by the Administrator. The annual physical was completed a few days later than the annual scheduled date due to unforeseen scheduling conflicts and limited appointment availability with this resident's primary physician. The Administrator is taking immediate action to try to resolve the scheduling conflicts. We currently dial in for appointments 60days prior to annual exam due date. The Administrator will request an alternate physician if the primary physicaian schedule is available beyond the annual exam date. The Administrator will make sure we are within the timeframe for annual exams due for each resident.

Effective 11/13/2025 the Administrator will perform annual reviews through 11/13/2026 to maintain ongoing compliance with The Administrator is responsible for ensuring each resident has a medical evaluation at least annually. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/13/2025

141b1 - Annual Medical Evaluation (*continued*)*Implemented* [REDACTED] - 01/20/2026)

187a - Medication Record

4. Requirements

2600.

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

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] "Take 1 tablet by mouth two times a day". However, resident [REDACTED] October 2025 medication administration record does not indicate diagnosis or purpose for the medication, including pro re nata (PRN).

Resident [REDACTED] is prescribed [REDACTED] "Take 1 tablet by oral route every day", [REDACTED] tabs "Take 1 tablet by oral route every day", [REDACTED] tabs "Take 1 tablet by oral route every day". However, resident [REDACTED] October 2025 medication administration record does not indicate diagnosis or purpose for the medication, including pro re nata (PRN).

Plan of Correction*Accept* ([REDACTED] 12/02/2025)

In response to the violation on 10/15/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/07/2025 by the Administrator. The Administrator immediately contacted the pharmacy and requested a meeting. On 11/7/2025, the Administrator met with the Pharmacist and reviewed the prescription labels that were missing diagnosis. The Administrator reviewed the MAR for every resident. For every label found without a diagnosis, the Administrator clarified with the prescriber the exact purpose of each medication that was missing on the label. I emailed the Pharmacist the corrections to be made on each script. The Pharmacist will reissue the labels with the correct indication listed. The Administrator noted the communication and the resolve reached by the facility and the pharmacy. Both parties will work together to ensure labels are printed correctly for each resident. The document will be kept in the front of the Medication Administration Record for compliance and audit purposes.

187a - Medication Record (continued)

Effective 12/1/2025 the Administrator will perform monthly audit through 12/1/2026 to maintain ongoing compliance with keeping an accurate medication record for each resident for whom medications are administered. That includes, resident's name, the name of medication and strength, the dosage, frequency of administration, administration times, and most importantly the diagnosis or purpose for the medication. The name and initials of the staff person administering the medication. Any inadequacies found will be corrected immediately, and findings will be documented and reviewed by the Administrator for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/01/2025

Implemented [redacted] 01/20/2026)

251c - Standardized Forms

5. Requirements

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident [redacted] Documentation of Medical Evaluation, dated [redacted], was not completed on the Department's current standardized form.

Plan of Correction

Accept [redacted] - 12/02/2025)

In response to the violation on 10/15/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/13/2025. The Department required an evaluation to be completed on the new issued forms on 7/1/2025. The Administrator accompanied the resident to [redacted] appointment. The Administrator was told that it would not be ready for pick up same day. All new evaluations that took place after 7/1/25 needed to be completed on new DME form.

The form that was used was valid, however the date the document was received warranted the evaluation to be documented on the Departments new form.

To prevent this type of mismatch on 11/7/2025, the Administrator printed out all new evaluation forms and tossed out all the old DME forms so there is no conflict or discrepancy. The Administrator put together practical steps in order for the evaluation date to align with the date that the form is actually completed.

*The Administrator will make annual appointment for resident. At the time of the call, the Administrator will request same day documentation request.

*The Administrator will disclose that this is a state regulation that needs to be abided by.

*The Administrator will encourage and enforce that the evaluations are entered and dated on the same day as the physical.

*The Administrator will set clear expectations about the completion of form same day as physical. If cannot be done, the Administrator will "complete only what is allowed" to make the form less complicated and time consuming to complete.

Effective 11/13/2026 the Administrator will perform annual checks through 11/13/2026 to maintain ongoing compliance .

The Administrator will ensure that all DME's are to be completed using standardized forms to record information in the resident's record as required by the regulations. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

251c - Standardized Forms (continued)

Licensee's Proposed Overall Completion Date: 11/13/2025

Implemented [REDACTED] - 01/20/2026)