

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

March 10, 2026

[REDACTED]
Ceferina's Comfort Care LLC
[REDACTED]

RE: Ceferina's Comfort Care
9232 ANDOVER ROAD
Philadelphia, PA, 19114
LICENSE/COC#: 15274

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/27/2025 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: <i>Ceferina's Comfort Care</i>	License #: 15274	License Expiration:
Address: 9232 ANDOVER ROAD, Philadelphia, PA 19114		
County: PHILADELPHIA	Region: SOUTHEAST	

Administrator		
Name: [REDACTED]	Phone: [REDACTED]	Email: [REDACTED]

Legal Entity		
Name: <i>Ceferina's Comfort Care LLC</i>		
Address: [REDACTED]		
Phone: [REDACTED]	Email: [REDACTED]	

Certificate(s) of Occupancy		
Type: R-3	Date: 06/22/2017	Issued By: <i>Phila L&I</i>

Staffing Hours		
Resident Support Staff: 0	Total Daily Staff: 0	Waking Staff: 0

Inspection Information		
Type: <i>Partial</i>	Notice: <i>Announced</i>	BHA Docket #:
Reason: <i>New</i>	Exit Conference Date: 10/27/2025	

Inspection Dates and Department Representative	
10/27/2025 - On-Site	[REDACTED]

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

Inspections / Reviews		
10/27/2025 Partial		
Lead Inspector: [REDACTED]	Follow-Up Type: <i>POC Submission</i>	Follow-Up Date: 11/28/2025
12/08/2025 - POC Submission		
Submitted By: [REDACTED]	Date Submitted: 02/20/2026	
Reviewer: [REDACTED]	Follow-Up Type: <i>POC Submission</i>	Follow-Up Date: 12/11/2025

Inspections / Reviews (*continued*)

12/15/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/20/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/29/2025

03/10/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/20/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

62 Contact List

1. Requirements

2600.

62. List of Staff Persons The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

On [REDACTED], the home did not have a staff list.

Plan of Correction

Accept [REDACTED] - 12/15/2025)

Responsible Party: Administrator

A general staff contact list has been created that included the name, role /job descriptions and telephone number of the individual who are currently assisting with the home in any capacity. The list is now posted in an accessible area for staff reference. Once staff are officially hired, their completed information (name, address, telephone number) will be collected during onboarding and place inside their individual personnel folder, stored in a locked file cabinet for confidentiality. The posted staff list will be updated each time a new staff member is hired and reviewed annually by the Administrator

Licensee's Proposed Overall Completion Date: 12/11/2025

Implemented [REDACTED] - 03/10/2026)

85d Trash Receptacles

2. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On [REDACTED], there were no trash receptacles in the home's bathrooms or kitchen.

Plan of Correction

Accept [REDACTED] - 12/15/2025)

Responsible Party: Staff & Administrator

Trash cans with lids and bags have been placed in all required rooms (Kitchen & Bathroom).

Prevention: Staff and Administrator will check receptacles to ensure that they are cleaned. The staff will be required to check daily and weekly checks; The administrator will check to make sure every 2 to 4 months that the cans are in the proper place. A log will be created as well.

Licensee's Proposed Overall Completion Date: 12/11/2025

Implemented [REDACTED] - 03/10/2026)

88a Surfaces

3. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On [REDACTED] at 9:33 am, one of the floor tiles in front of the kitchen had a crack spanning the width of the tile.

On the second floor, a white chord had detached from a baseboard and was lying curled up between two rooms near the top of the staircase.

88a Surfaces (continued)

Plan of Correction

Accept [redacted] - 12/15/2025)

Responsible Party: Administrator and The Maintenance Personnel

Corrective Action The cracked towel has been replaced. The area is now safe, secure. All staff member are required to immediately document any damage, broken items or maintenance concerns on the maintenance log book. Once reported the Administrator will submit the issues to the maintenance personnel. [redacted] have 24 to 72 hours to complete the repair, unless the issue is an emergency safety hazard, which will require same day attention. The exposed cable cord was immediately secured and properly fastened along the wall to eliminate any tripping hazard. The cord is now safely installed an no longer poses a risk as of [redacted]. Weekly Safety Audited will be conduct a weekly external and internal safety inspection of the home including checking walls, cords, appliance, furniture and areas that may need repairs or replacement

Licensee's Proposed Overall Completion Date: 12/11/2025

Implemented [redacted] - 03/10/2026)

90a - Landline Telephone

4. Requirements

2600.

90.a. The home shall have a working, noncoin operated, landline telephone that is accessible in emergencies and accessible to individuals with disabilities.

Description of Violation

On [redacted] the home did not have a working landline telephone.

Plan of Correction

Accept [redacted] - 12/15/2025)

Responsible Party: Administrator

Landline Telephone has been repaired / installed and is functioning properly.

Prevention Administrator will check the landline monthly to ensure proper operation,

Licensee's Proposed Overall Completion Date: 12/11/2025

Implemented [redacted] - 03/10/2026)

92 - Windows

5. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

On [redacted] at 9:43 am, the inside of the first floor bathroom windowsill was chipped, with paint peeling off it.

Plan of Correction

Accept [redacted] 12/15/2025)

Responsible Parties: Administrator & Maintenance/Owner

The window has been sanded and paint repairs have been completed

Prevention: Administrator will due monthly check and the staff will report paint issues immediately in the maintenance logbook. The Administrator will notify the maintenance, which will be corrected within 24 72 hours.

Licensee's Proposed Overall Completion Date: 12/11/2025

92 - Windows (continued)

Implemented [redacted] - 03/10/2026)

95 - Furniture and Equipment

6. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

There was an unattached mirror leaning against the wall in room [redacted], and another mirror propped against a living room wall.

Plan of Correction

Accept [redacted] - 12/15/2025)

Responsible Parties: The Administrator and Maintenance Personnel

The two loose mirrors have been properly adjusted and securely mounted to the wall. The large unattached mirror in the living room has been removed from the home entirely, ensuring there are no loose or unsecured mirrors remaining on the premises. The Administrator will check daily and weekly safety checks to ensure all mirrors, wall decor and furnishing remain securely attached. Any staff member who notices an unsecured items must immediately report and document it in the safety/maintenance log book. All reported issues will be corrected within 24 to 72 hours, unless it present an immediately safety risk, which will require same -day correction.

Licensee's Proposed Overall Completion Date: 12/11/2025

Implemented [redacted] - 03/10/2026)

96a - First Aid Kit

7. 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 [redacted] the home's only first aid kit did not include a thermometer, gloves, tweezers, scissors, or breathing shield.

Plan of Correction

Accept ([redacted] 12/15/2025)

Responsible Parties: Administrator & All Staff

We have a new kit with all the items that were missing.

Prevention: Staff must report any used or missing first aid items before the end of their shift. A log will be maintained to ensure ongoing restocking, which would be done by the administrator on a weekly basis. Monthly Audit - In addition to weekly restocking, the administrative staff will conduct monthly audit of the entire first aid kit. The audit will document: Any items needing replacement. Date of inspections. Signature of the person performing the audit. Audit logs will be kept on file for review.

Licensee's Proposed Overall Completion Date: 12/11/2025

Implemented [redacted] - 03/10/2026)

100a - Exterior - Free of Hazards

8. Requirements

100a - Exterior - Free of Hazards (continued)

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On [REDACTED], one of the posts of the wooden fence behind the house was missing its top and another post was broken at the bottom.

Plan of Correction

Accepted [REDACTED] - 12/15/2025)

Responsible Parties: The Administrator and Maintenance

The damaged and missing section of the wooden fence has been repaired and replaced. All staff member are required to immediately report and document any outdoor property damage, including fencing, gated or other structural concerns. Once notified, the Administrator / maintenance personnel will assess the damage and complete repairs with 24 to 72 hours, unless it is an urgent safety hazard, which will require same day correction. The Administrator will conduct regular exterior safety inspections to ensure the fencing and property remain in good condition and compliant at all times. All external safety checks will be recorded on an External Property Inspection log including: Date of inspection. Condition of the fence. Any issues found. Follow -up actions taken

Licensee's Proposed Overall Completion Date: 12/11/2025

Implemented [REDACTED] 03/10/2026)

103d - Storing Food Off Floor

9. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

On [REDACTED] at 10:12am, cases of the emergency water supply was stored on the floor in the kitchen pantry.

Plan of Correction

Accepted [REDACTED] - 12/15/2025)

Responsible Party: Administrator & Staff members

All food and water items have been removed from the floor and properly stored,

Prevention: Signs are posted about not using the water and how to stored. Administrator will conduct monthly checks to ensure items are stored appropriately

Licensee's Proposed Overall Completion Date: 12/11/2025

Implemented [REDACTED] - 03/10/2026)

107d - Procedure Emergency Management Agency Submission

10. Requirements

2600.

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

Description of Violation

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

Plan of Correction

Accepted [REDACTED] - 12/15/2025)

The Administrator, is responsible for preparing and submitting the home's written Emergency Procedures.

How the Issue Has Been Corrected:

107d - Procedure Emergency Management Agency Submission (continued)

The Administrator has completed the home's written Emergency Procedures, including fire evacuation, medical emergencies, severe weather response, relocation plan, and communication procedures. Because the home is not yet open and has no residents or staff, the Emergency Procedures currently reflect general procedures without staff assignments.

The Administrator will submit the Emergency Procedures to the Philadelphia Office of Emergency Management for review and keep documentation of submission in the home's regulatory file.

How the Issue Will Be Prevented in the Future:

Once the home becomes licensed and operational, the Administrator will:

- Update the Emergency Procedures to include staff responsibilities and resident needs.
- Review the Emergency Procedures annually and revise as needed.
- Submit any updated procedures to the local Emergency Management Agency.
- Maintain all correspondence and updated documents in the compliance binder for inspection. 12/05/2025

DIRECTED PLAN OF CORRECTION:

The administrator shall forward a full complete copy of the homes emergency preparedness plan to the Philadelphia Office of Emergency Management within 5 calendar days of the receipt of this plan of correction. Documentation of the submittal to OEM shall be kept with the homes emergency procedures.

Licensee's Proposed Overall Completion Date: 12/11/2025

Implemented [redacted] 03/10/2026)

124 - Notice to Fire Department

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

Plan of Correction

Accept [redacted] - 12/15/2025)

Responsible Party: The Administrator

On November 25, 2025, the Administrator personally delivered the required written notification to the Local fire department located on Academy Road. The Fire Department confirmed that the information will be placed on file. Along with the notice the Administrator also provided a layout of the home, including the the location of bedroom and details regarding evacuation assistance needs. Each time there is a change in bedroom layout , occupancy or resident mobility status the Administrator will update the Fire department in writing and place a copy of the updated notice in the file, which will be reviewed annually.

Licensee's Proposed Overall Completion Date: 12/11/2025

Implemented [redacted] - 03/10/2026)

131a - Fire Extinguisher

12. Requirements

2600.

131.a. There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic.

Description of Violation

On [REDACTED] there was no fire extinguisher on the second floor.

Plan of Correction

Accept [REDACTED] - 12/15/2025)

Responsible Party: Administrator

Two fire extinguishers have been installed and confirmed to be full and functional on 10/28/2025

Prevention: Administrator will verify monthly that all extinguishers are present, accessible fully charged, as well marked for month.

Licensee's Proposed Overall Completion Date: 12/11/2025

Implemented [REDACTED] - 03/10/2026)

132b - Safety Inspection/Fire Drill

13. 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 documented fire safety inspection.

Plan of Correction

Accept [REDACTED] - 12/15/2025)

Responsible Party: The Administrator

A fire Drill log book has been created and is ready to be used once the home becomes operational. Since the home is not yet open and currently has no staff or residents, fire drills cannot be conducted at this time.

The Administrator has confirmed with the fire department and with the maintenance personnel (who is also acting as the designated safety personnel) will be responsible for completing and signing the fire drill documentation once drills begin. Upon opening and once staff and residents are present the Administrator will ensure that monthly fire drills are conducted as required. An annual fire drill is completed by qualified safety personnel. All fire drills are fully documented on the Fire Drill log book, including signatures, time and evacuation outcome. Target date 12/31/2025

Licensee's Proposed Overall Completion Date: 12/11/2025

Implemented [REDACTED] - 03/10/2026)

221a - Program Activities

14. Requirements

2600.

221.a. The administrator shall develop a program of activities designed to promote each resident's active involvement with other residents, the resident's family and the community.

Description of Violation

On [REDACTED], the home did not have a program of activities designed to promote the active involvement of residents with families and the community.

Plan of Correction

Accept [REDACTED] - 12/08/2025)

Responsible Party; The Administrator

A general activities program calendar has been created and posted in the home. The home is not yet open and

221a Program Activities (continued)

currently has no residents. The program reflects general sample activities only. The full individualized activities calendar cannot yet be developed until residents are admitted and their interests and abilities are assessed.

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented [REDACTED] - 03/10/2026)