

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CATHOLIC SOCIAL SERVICES

LEGAL ENTITY

To operate WOMEN OF HOPE

NAME OF FACILITY OR AGENCY

Located at 251 NORTH LAWRENCE STREET, PHILADELPHIA, PA 19106

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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 24
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare 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 March 17, 2010 until March 17, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 175940

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

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.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670

FAX: (717) 783-5662

MAR 16 2010

Sister Maureen Crissy, Program Director
Catholic Social Services
222 North 17th Street
Philadelphia, Pennsylvania 19103

RE: Women of Hope
251 North Lawrence Street
Philadelphia, Pennsylvania 19106

Dear Sister Crissy:

As a result of the Department of Public Welfare's licensing inspection on September 24, 2009 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.


Sincerely,


A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

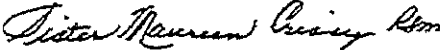
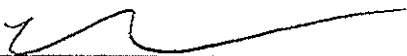
Enclosures
License
Violation Report


VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Women of Hope 251 Lawrence Street, Philadelphia, PA 19106		CURRENT LICENSE NUMBER 175940	
INSPECTION DATE(S) (Include all dates of the inspection) September 24, 2009		REGIONAL REPRESENTATIVE Chevon Mitchell and Justin Trupp	
SIGNATURE OF LEGAL ENTITY <i>Justin Mitchell</i>	DATE 10-26-09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/10/09

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
<p>22a1, 224a</p> <p>22a1 The following admission document shall be completed for each resident - Preadmission screening completed prior to admission on a form specified by the Department.</p> <p>224a 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.</p>	<p>Resident #1 was admitted to the home on 8-18-08. There was no preadmission screening for resident #1.</p>	<p>within 30 days prior to every new admission.</p>	<p>A pre admission screen will be completed within 30 days prior to any new admission and documented on the resident's pre-admission screen indicating that the needs of the resident can be met by the services provided by Women of Hope.</p> <p>THE CASE MANAGER supervisor will be responsible to see that the pre admission screen is completed according to the proper time sequence.</p>	<p> 3/12/10</p>

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SIGNATURE OF LEGAL ENTITY 	DATE 10-26-09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/10/09

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96a 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.	The home's first aid kit in the kitchen does not include scissors.	9-24-09	THE FIRST AID KIT in the kitchen is equipped with all required items. Scissors were included as of 9-24-09 THE Food Service Director will check the contents of the first aid kit on a regular basis and make adjustments as needed. (See Inventory Check)	 2/2/10

**VIOLATION REPORT
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INSPECTION DATE(S) (Include all dates of the inspection) September 24, 2009		REGIONAL REPRESENTATIVE Chevon Mitchell and Justin Trupp	
SIGNATURE OF LEGAL ENTITY <i>Sister Mearns Carey Rm.</i>	DATE 10-26-09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 2/24/10

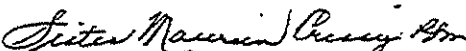

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132b A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	The home's two most recent fire drills conducted by a fire safety expert occurred on 1-18-08 and 3-20-09, more than 12 months apart.	On or before 3-20-10	THE ANNUAL FIRE SAFETY INSPECTION AND FIRE DRILL will be conducted by a Fire Safety expert within twelve months of the previous inspection/drill. The program Director will be responsible to see that this is scheduled by 3-20-10 and thereafter within the twelve month interval.	<p align="center">Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center"><i>[Signature]</i> Date Initials (DPW)</p>

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SIGNATURE OF LEGAL ENTITY <i>Sister Maurine Cressy RSM</i>	DATE 10-21-09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/2/09

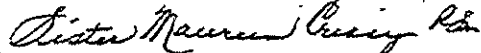
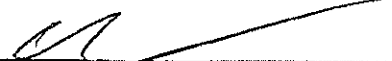
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133a2 If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.	An emergency exit is accessible through resident room #10. There are no exit signs on the exterior of the room to indicate that there is an exit through this room.	10-21-09	An emergency exit sign has been posted above Room 10 indicating that there is a fire emergency exit door within the bedroom. This was completed by the maintenance person.	<i>[Signature]</i> 3/2/10


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		DATE 12/10/09

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144c A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures. The written fire safety policy and procedures shall include proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including extinguishing procedures.	The home's smoking policy does not include extinguishing procedures.	9-28-09	The Smoking Policy and Procedures have been expanded to include extinguishing procedures in order to prevent any fire hazards when smoking in the designated area outside the building. The Program Director will be responsible to update the Smoking Policy. (See enclosed Smoking Policy)	12/14/09 L#H

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171b5 If staff persons or volunteers of the home provide transportation for the residents, the vehicle shall have a first aid kit with the contents in 96.	The first aid kit in the home's green van did not include tweezers and scissors.	9-24-09	THE FIRST AID KIT LOCATED in the Women of HOPE VAN is equipped with all required items. Scissors and tweezers were added to the kit as of 9-24-09. The Food Service Director will check the contents of the First Aid Kit on a regular basis and make any adjustments as needed. (See Inventory Check)	 9/22/10