



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

ADULT RESIDENTIAL LICENSING

MAY 25 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Ms. Leeanna Cox Purnell, Administrator
Labor of Love, Inc.
2029 North 62nd Street
Philadelphia, Pennsylvania 19151

RE: Labor of Love Assisted Living
1140 North 63rd Street
Philadelphia, Pennsylvania 19151

Dear Ms. Purnell:

As a result of the Department of Public Welfare's licensing inspection on April 6, 2010 and April 7, 2010, 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.

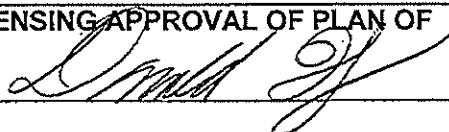
Sincerely,


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

Kevin T. Casey
Deputy Secretary

Enclosures
Violation Report
License

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

NAME AND ADDRESS OF PERSONAL CARE HOME Labor of Love Assisted Living 1140 North 63 rd Street, Philadelphia, PA 19151		CURRENT LICENSE NUMBER 101890	
INSPECTION DATE 04/06-04/07/2010		REGIONAL REPRESENTATIVE Donald Frey, Paul Metzger, Sanford Stone	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>ROBERT B. COX - ADMINISTRATOR</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Robert B. Cox</i>		DATE <i>5/1/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
			DATE <i>5/1/10</i>


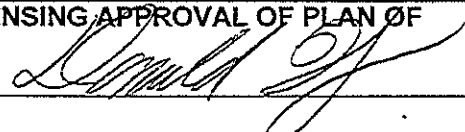
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation shall be present in the home at all times.	Staff A and B are at times alone in the home and the only staff present and they did not have certification in obstructed airway techniques and cardiopulmonary resuscitation.	COMPLETED AS OF APRIL 9, 2010	STAFF A + STAFF B BOTH TOOK CPR + FIRST AID TRAINING ON JAN. 25, 2010. THE CARDS WEREN'T PRESENT IN THE HOME, BUT THE CARDS ARE PRESENT NOW, ADMINISTRATOR WILL MONITOR FOR FUTURE COMPLIANCE. WILL MONITOR SCHEDULES WEEKLY FOR COMPLIANCE. B.C. 5/1/10	5/1/10 

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Robert B. Cox</i>		DATE 5/11/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
			DATE 5/11/10



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65g 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.	Staff A and B did not have training annually in fire safety by a fire safety expert or by a staff person trained by a fire safety expert.	STAFF A COMPLETED ON 4-21-10 STAFF B COMPLETED ON 4-22-10	STAFF A HAS HAD TRAINING BY A FIRE SAFETY EXPERT. ALL OTHER STAFF HAVE HAD ANNUAL TRAINING BY STAFF PERSON A. ADMINISTRATOR WILL MAKE SURE THE PROPER FIRE SAFETY TRAINING IS DONE IN THE FUTURE.	Steps have been taken to correct violation; full compliance is not verifiable Date: <u>5/11/10</u> Initials (DPW): <u>[Signature]</u>

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123a Exit doors shall be equipped so that they can be easily opened by residents from the inside without the use of a key or other manual device that can be removed, misplaced or lost.	The door between the kitchen and the rear bedroom has a lock that when engaged would prevent egress to the rear outside exit.	COMPLETED 4/10/10	THE DOOR KNOB HAS BEEN REPLACED WITH A DOOR KNOB THAT DOESN'T LOCK. ADMINISTRATOR WILL MAKE WEEKLY CHECKS TO MAKE SURE ALL DOORS LEADING TO EGRESS'S DON'T HAVE LOCKS.	5/11/10 a

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141a-2 The medical evaluation shall include the following: (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.	The medical evaluation completed on 08/24/2009 for resident #1 did not include the medication regimen. The attachments listing medications were dated 09/08/2009 and 01/05/2010 and were not signed by the physician.	COMPLETED AS OF 4/8/10	ADMINISTRATOR WILL SEND MED LIST TO GET FOLDED OUT BY RESIDENT'S DOCTORS DURING THEIR ANNUAL MEDICAL EVALUATIONS. ADMINISTRATOR WILL CHECK FOR FUTURE COMPLIANCE. ADMINISTRATOR WILL CHECK ALL FUTURE MED. EVALUATIONS	Steps have been taken to correct violation; full compliance is not verifiable Date: 5/11/10 Initials (DPW):

B.C.
5/11/10

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190b A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.	Resident #1 receives insulin injections. Staff that assist him with the drawing up of the insulin have not successfully completed a Department approved diabetes patient education program within the past 12 months.	COMPLETED AS OF APRIL 7, 2010	NO STAFF WILL ASSIST RESIDENTS WITH DRAWING UP OF INSULIN, UNLESS THEY HAVE COMPLETED DIABETES EDUCATION TRAINING. FIVE STAFF MEMBERS REGISTERED FOR DIABETIC EDUCATION TRAINING CLASS ON MAY 4, 2010. ADMINISTRATION WILL MONITOR FOR FUTURE COMPLIANCE.	Steps have been taken to correct violation; full compliance is not verifiable <u>5/11/10</u> Date <u>A</u> Initials (DPW)

3 STAFF MEMBERS TRAINED
EFFECTIVE 5/11/10
B.C.
5/11/10