



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, Director
Labor of Love, Inc.
2029 North 62nd Street
Philadelphia, Pennsylvania 19151

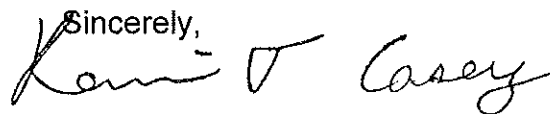
RE: Labor of Love – Building 2
2037 North 62nd Street
Philadelphia, Pennsylvania 19151

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.

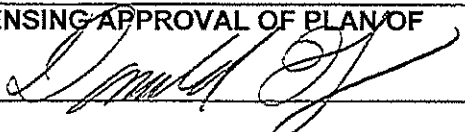
A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.


Sincerely,


Kevin T. Casey
Deputy Secretary

Enclosures
Violation Report
License


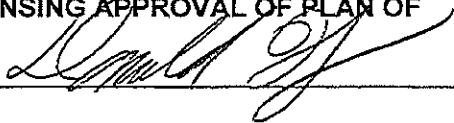
VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Labor Of Love-Building 2 2037 North 62 nd Street, Philadelphia, PA 19151		CURRENT LICENSE NUMBER 116370	
INSPECTION DATES 04/06/2010-04/07/2010		REGIONAL REPRESENTATIVES 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>5/11/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>5/11/10</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
22a2, 141a-1 22a2 The following admission document shall be completed for each resident - Medical evaluation completed 60 days prior to or 30 days after admission on a form specified by the Department. 141a-1 A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	Resident #1 was admitted to the home on 01/07/2010 and the medical evaluation was completed on 03/11/2010.	COMPLETED <i>4/8/10</i>	RESIDENT #1 CAME TO THE HOME WITH NO I.D. AND NO MEDICAL CARD. NUMEROUS ATTEMPTS TO GET INFO. FROM RESIDENTS PROGRAM FAILED. BY THE TIME INFO. ABOUT RESIDENT WAS RECEIVED, HIS DOCTOR'S EARLIEST APPT. WAS THREE WEEKS AWAY. ADMINISTRATOR WILL MONITOR FOR COMPLIANCE IN THE FUTURE, BY REVIEWING ALL PAPERWORK FOR NEW ADMISSIONS.	Steps have been taken to correct violation; full compliance is not verifiable <i>5/11/10</i> Date  Initials (DPW)

*B.C.
5/11/10*



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

NAME AND ADDRESS OF PERSONAL CARE HOME Labor Of Love-Building 2 2037 North 62 nd Street, Philadelphia, PA 19151		CURRENT LICENSE NUMBER 116370	
INSPECTION DATES 04/06/2010-04/07/2010		REGIONAL REPRESENTATIVES 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)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 5/11/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 5/11/10

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 documentation of current training in first aid and certification in obstructed airway techniques and cardiopulmonary resuscitation.	COMPLETED AS OF APRIL 10, 2010	STAFF A WAS TRAINED IN CPR + FIRST AID ON JAN. 25, 2010, HIS CARD WASN'T PRESENT IN THE HOUSE, CARD IS PRESENT NOW. STAFF B TOOK CPR + FIRST AID ON FEB. 12, 2009 + HIS CARD WAS PRESENT. ADMINISTRATOR WILL MONITOR FOR FUTURE COMPLIANCE THROUGH WEEKLY REVIEW OF SCHEDULES	Steps have been taken to correct violation; full compliance is not verifiable 5/11/10 Date: Initials (DPW)



B.C.
5/11/10

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

NAME AND ADDRESS OF PERSONAL CARE HOME Labor Of Love-Building 2 2037 North 62 nd Street, Philadelphia, PA 19151		CURRENT LICENSE NUMBER 116370	
INSPECTION DATES 04/06/2010-04/07/2010		REGIONAL REPRESENTATIVES 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)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 5/11/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 5/11/10



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
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. (3) Resident rights (under these regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention.	<ul style="list-style-type: none"> • 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 B did not have training annually in resident rights (under these regulations), the Older Adult Protective Services Act and falls and accident prevention. 	COMPLETED AS OF APRIL 23, 2010	STAFF A + B HAVE HAD ANNUAL FIRE SAFETY TRAINING BY A FIRE SAFETY EXPERT OR BY A STAFF PERSON TRAINED BY A FIRE SAFETY EXPERT. STAFF B HAS HAD TRAINING IN RESIDENT'S RIGHTS & THE OLDER ADULT PROTECTIVE SERVICES ACT, & SLIP & FALL PREVENTION. ADMINISTRATOR WILL MONITOR TRAINING SCHEDULE FOR FUTURE COMPLIANCE	Steps have been taken to correct violation; full compliance is not verifiable 5/11/10 Date/ Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME Labor Of Love-Building 2 2037 North 62 nd Street, Philadelphia, PA 19151		CURRENT LICENSE NUMBER 116370	
INSPECTION DATES 04/06/2010-04/07/2010		REGIONAL REPRESENTATIVES 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)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 5/11/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 5/11/10

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
93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	The railing at the bottom of the back stairway to the kitchen was in need of repair. Repeated Violation – 03/20/2009	COMPLETED AS OF APRIL 10, 2010	THE RAILING HAS BEEN REPAIRED. ADMINISTRATOR WILL CHECK RAILINGS WEEKLY TO SEE IF THEY ARE IN NEED OF REPAIR OR REPLACEMENT.	5/11/10 /

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

NAME AND ADDRESS OF PERSONAL CARE HOME Labor Of Love-Building 2 2037 North 62 nd Street, Philadelphia, PA 19151		CURRENT LICENSE NUMBER 116370	
INSPECTION DATES 04/06/2010-04/07/2010		REGIONAL REPRESENTATIVES 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)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 5/11/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 5/11/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/GLASS	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
131f Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.	Fire extinguishers on the 2 nd and 3 rd floor lacked documentation of an annual inspection and approval by a fire safety expert.	COMPLETED AS OF APRIL 9, 2010	HAD OUR ANNUAL FIRE INSP, ON APRIL 1, 2010. WE WERE WARNED FOR ALERT ONE TO COME BACK OUT AND REPLACE THEM, THEY HAVE BEEN REPLACED AND THE ADMINISTRATOR WILL MONITOR FOR FUTURE COMPLIANCE, THROUGH WEEKLY CHECK OF	5/11/10 a

HOME,
 B.C.
 5/11/10