

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to LABOR OF LOVE, INC.

LEGAL ENTITY

To operate LABOR OF LOVE-BUILDING 1

NAME OF FACILITY OR AGENCY

Located at 2029 NORTH 62ND STREET, PHILADELPHIA, PA 19151

(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 11  
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 June 4, 2010 until June 4, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 145570

*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

**MAY 25 2010**

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

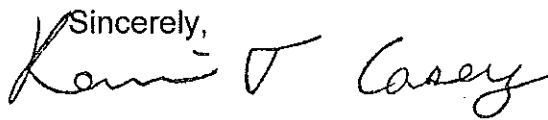
Ms. Leeanna Cox Purnell, Director  
Labor of Love, Inc.  
Labor of Love – Building I  
2029 North 62<sup>nd</sup> Street  
Philadelphia, Pennsylvania 19151

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 1 2029 North 62 <sup>nd</sup> Street, Philadelphia, PA 19151		CURRENT LICENSE NUMBER 145570	
INSPECTION DATE 04/06/2010-04/07/2010		REGIONAL REPRESENTATIVE D. Frey, P. Metzger, S. 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 <i>[Signature]</i>
			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 is at times the only staff present at the home and did not have documentation of current training in first aid.	<i>COMPLETED AS OF 4/7/10</i>	<i>STAFF A HAD FIRST AID TRAINING ON JAN. 25, 2010 AND IS STILL WAITING ON FIRST AID CARD TO ARRIVE, STAFF PERSON B IS A LIVE-IN AND WE HAVE CONTACTED FACILITY THAT TRAINED US FOR OUR FIRST AID CARDS, ADMINISTRATOR WILL MAKE SURE THAT STAFF IS ALWAYS PRESENT THAT HAVE FIRST AID + CPR TRAINING, ADMINISTRATOR WILL CHECK</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> <i>5/1/10</i> Date Initials (DPW)

*SCHEDULES WEEKLY FOR COMPLIANCE*  
*B.C.*  
*5/1/10*

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<p>65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas:</p> <p>(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).</p>	<ul style="list-style-type: none"> <li>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.</li> <li>Staff A did not have training annually in resident rights (under these regulations) and the Older Adult Protective Services Act.</li> </ul>	<p>COMPLETED AS OF 4/23/10 + 4/30/10</p>	<p>STAFF PERSONS A+B HAVE SINCE HAD THEIR ANNUAL FIRE SAFETY TRAINING. STAFF PERSON A HAS HAD ANNUAL TRAINING IN RES. RIGHTS &amp; THE OLDER ADULT PROTECTIVE SERVICES ACT. ADMINISTRATOR WILL PAY CLOSER ATTENTION TO TRAINING SCHEDULE BY CHECKING IT QUARTERLY.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><u>5/11/10</u> Date Initials (DPW) <i>[Initials]</i></p>

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		DATE 5/14/10

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
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 back bedroom on the first floor has a lock that when engaged would prevent egress to the rear exit.	COMPLETED AS OF 4/9/10	LOCK HAS BEEN REMOVED & THE ADMINISTRATOR WILL CHECK WEEKLY FOR DOORS THAT AREN'T SUSPOSED TO HAVE LOCKS.	5/14/10 D

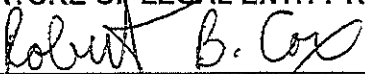
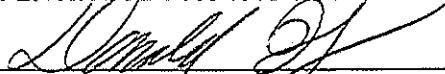
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131f Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.	The fire extinguisher on the 2 <sup>nd</sup> floor lacked documentation of an annual inspection and approval by a fire safety expert.	COMPLETED AS OF 4/9/10	WE HAD ALERT ONE DO OUR ANNUAL FIRE CERTIFICATION OF OUR SYSTEM ON 4/11/10. WE WERE WAITING FOR THEM TO COME BACK + REPLACE THE EXTINGUISHERS. THEY HAVE BEEN REPLACED AND THE ADMINISTRATOR WILL MONITOR FOR FUTURE COMPLIANCE, THROUGH WEEKLY INS. OF HOME.	5/11/10 db

B.C.  
5/11/10

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132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	Residents did not evacuate the entire building or to a fire safe area within 2 ½ minutes during the following fire drills: <table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="font-size: small;">Date</th> <th style="font-size: small;">Time</th> <th style="font-size: small;">Evac. Time</th> </tr> </thead> <tbody> <tr> <td style="font-size: small;">10/18/09</td> <td style="font-size: small;">2:30 AM</td> <td style="font-size: small;">3 min.</td> </tr> <tr> <td style="font-size: small;">12/29/09</td> <td style="font-size: small;">1:10 PM</td> <td style="font-size: small;">3 min.</td> </tr> </tbody> </table>	Date	Time	Evac. Time	10/18/09	2:30 AM	3 min.	12/29/09	1:10 PM	3 min.	COMPLETED 4/7/10	WE WILL PRACTICE FIRE DRILLS TO GET OUR TIME UNDER TWO MINUTES +30 SEC. ADMINISTRATOR WILL MONITOR FOR FUTURE COMPLIANCE MONTHLY AND ADDITIONAL DRILLS WILL BE SCHEDULED IF NECESSARY B.C. 5/11/10	Steps have been taken to correct violation; full compliance is not verifiable  Date: _____ Initials (DPW): _____
Date	Time	Evac. Time											
10/18/09	2:30 AM	3 min.											
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187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	Resident #1 is to receive vitamin D 50,000 IU weekly. The medication administration record for 04/04/2010 and 04/05/2010 recorded that this was administered on these dates.	4/7/10	MED ADM. WAS CHARTED IN ERROR + CORRECTED. ADM. WILL PAY CLOSER ATTENT. IN THE FUTURE, ADMINISTRATOR WILL REVIEW MED. LOGS WEEKLY FOR COMPLIANCE.  B.C. 5/11/10	Steps have been taken to correct violation; full compliance is not verifiable. <u>5/11/10</u> Date / Initials (DPW)