



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
Norristown State Hospital  
1001 Sterigere Street  
Bldg 2 Rm. 161  
Norristown, Pennsylvania 19401

ADULT RESIDENTIAL LICENSING

1-866-711-4115  
610-270-1137

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**Mailing Date: March 31, 2011**

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

RE: Labor of Love-Building 2  
2037 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 September 1, 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.

Sincerely,

Chevon Mitchell  
Regional Licensing Administrator

Enclosure(s)  
Violation Report

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Labor of Love Building 2 2037 North 62 <sup>nd</sup> Street, Philadelphia, PA 19151		<b>CURRENT LICENSE NUMBER</b> 116370	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> September 1, 2010		<b>REGIONAL REPRESENTATIVE</b> Christine McHale and Lori Knockstead	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b>			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>Rebecca Furnell</i>	<b>DATE</b> 11-8-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Christine McHale</i>	<b>DATE</b> 3/29/11

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
5a1 The administrator or designee shall provide, upon request, immediate access to the home, the residents and records to agents of the Department.	On 9/7/10, a representative from the Department requested financial records for Resident #1. Administrator A denied access to these records.	IMMEDIATELY  9/7/10	THE RECORDS WERE NOT DENIED TO THE REPRESENTATIVE. THE RECORDS HOWEVER WERE SPREAD OUT IN THREE DIFFERENT FOLDERS & IT TOOK US QUITE SOME TIME TO FIND WHAT WAS NEEDED. ADM, WILL MAKE SURE THAT ALL RECORDS ARE STORED IN A CONVENIENT PLACE & THAT RECORDS ARE EASILY ASSESSABLE.	Steps have been taken to correct violation; full compliance is not verifiable 3/29/11 Date Initials (DPW)

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<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>Leanna Purnell</i>	<b>DATE</b> 11-8-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Christine McHale</i>	<b>DATE</b> 3/29/11

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20b5 Commingling of resident funds and home funds is prohibited.	On 9/7/10, Administrator A told a representative of the Department that all resident funds and home funds are kept in an account in Administrator A's name.	9/7/10	MES UNDER STANDING BY REPRESENTATIVE, ALL FUNDS GO TO EACH RESIDENTS INDIVIDUAL BANK ACCOUNT. THE FUNDS WILL THEN GO FROM THE RESIDENT'S INDIVIDUAL ACCOUNTS TO A LABOR OF LOVE ACCOUNT. [REDACTED] ALSO HAS A SEPARATE BURIAL ACCOUNT THAT WAS OPENED BY LABOR OF LOVE FOR [REDACTED].	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Date Initials (DPW)</p>

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<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>Deanna Furnell</i>	<b>DATE</b> 11-8-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Charles Mitchell</i>	<b>DATE</b> 3/29/11

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42f A resident has the right to receive and send mail. Outgoing mail may not be opened or read by staff persons unless the resident requests. Incoming mail may not be opened or read by staff persons unless upon the request of the resident or the resident's designated person.	Resident #1 was discharged from the home on 6/30/10. A bank statement was mailed to the resident at the home postmarked 7/8/10. The envelope was opened by the home after the resident no longer lived in the home.	9/7/10	MAIL WAS MISTAKENLY OPENED, ALL OF [REDACTED] MAIL HAS BEEN FORWARDED TO [REDACTED] + EVEN DELIVERED IN PERSON. ADM. WILL MAKE SURE THAT ONCE A RESIDENT HAS LEFT THAT ALL MAIL WILL BE FORWARDED IN THE FUTURE.	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Date: 3/29/11 Initials (DPW): [Signature]</p>