

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 3

NAME OF FACILITY OR AGENCY

Located at 1140 NORTH 63RD 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 12
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 18, 2012 until June 18, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **101890**

Robert E. Robinson

ISSUING OFFICER

[Signature]

DIRECTOR

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 - 01/11



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

JUL 02 2012

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

RE: Labor of Love – Building 3
1140 North 63rd Street
Philadelphia, Pennsylvania 19151

Dear Ms. Purnell:

As a result of the Department of Public Welfare's licensing inspection on June 7, 2012 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 black ink, appearing to read 'R. Melusky', with a long horizontal stroke extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 10189 - 06/07/2012 - Scharpf, Amy
 PCH Name: LABOR OF LOVE BUILDING 3

1. REGULATION 55 Pa.Code §2600

2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

- (1) The name, position and duties of each direct care staff person.
- (2) The required training courses for each staff person.
- (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

2a. DESCRIPTION OF VIOLATION

The home's staff training plan does not include the dates and times of the scheduled training for each staff person for the upcoming year.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

THE PLAN HAD 1ST QUARTER, 2ND QUARTER, ETC. I WAS TOLD BY PREVIOUS INSPECTOR TO DO IT THAT WAY. PLANS WAS CORRECTED AND PRESENTED TO INSPECTORS ON 6/8/12. ADMINISTRATOR WILL CHECK ALL TRAINING PLANS AND MONITOR THEM FOR FUTURE COMPLIANCE. Annually.

Amy
6/27/12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Leeanna Cox Purnell

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

LeeANNA Cox Purnell Director

Date 6-16-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

6/27/12
 (Date)

Plan of correction implementation status as of

6/27/12
 (Date)

The above plan of correction was approved by

CPM
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 10189 - 06/07/2012 - Scharpf, Amy
 PCH Name: LABOR OF LOVE BUILDING 3

1. REGULATION 55 Pa.Code §2600

2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION

The bathroom on the second floor, does not have an operable window or ventilation fan.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

PLANS HAVE BEEN MADE TO INSTALL AN EXHAUST FAN. EXHAUST FAN SHOULD BE INSTALLED BY JULY 6, 2012. STAFF WILL MONITOR THE EXHAUST FAN WEEKLY TO ENSURE THAT IS OPERATIONAL
 CRP
 6/27/12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Leanna Cox Purnell

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

LEANNA COX PURNELL - DIRECTOR

Date 6-16-12

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 (Date)

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 (Date)

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CRP
 (Initials)

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Violation Report: 10189 - 06/07/2012 - Scharpf, Amy
 PCH Name: LABOR OF LOVE BUILDING 3

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 The back of the dryer, the dryer vent hose and the wall behind the dryer are caked with dryer lint creating a fire hazard.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

LINT THAT WAS BEHIND THE DRYER WAS CLEANED ~~UP~~ UP ON 6/7/12, NEW POLICY WRITTEN TO HAVE DCS CLEAN BEHIND DRYER WEEKLY, ADMINISTRATOR WILL MONITOR AREA MONTHLY FOR FUTURE COMPLIANCE.

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|----------------------|-----------------------------------|--|--|
| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
|----------------------|-----------------------------------|--|--|

Signature of Legal Entity Representative (Required on EVERY Page) *Leanna Cox Purnell*

| | |
|---|---------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>LEANNA COX PURNELL-DIRECTOR</i> | Date <i>6-16-12</i> |
|---|---------------------|

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

| | |
|---|---|
| The above plan of correction is approved as of <u>6/27/12</u> (Date) | Plan of correction implementation status as of <u>6/27/12</u> (Date) |
| The above plan of correction was approved by <u>LEW</u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

Violation Report: 10189 - 06/07/2012 - Scharpf, Amy
 PCH Name: LABOR OF LOVE BUILDING 3

1. REGULATION 55 Pa.Code §2600

2600.132(b) - 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.

2a. DESCRIPTION OF VIOLATION

The previous fire safety inspection and drill observed by a fire safety expert was conducted on 4/13/11. The current fire safety inspection and drill observed by a fire safety expert was conducted on 5/3/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

We have always been in compliance with this regulation. I contact the fire company one month ahead of time. This year the Fire Company's Fire Safety Drill of our facilities was cancelled twice before they could finally come out. The Lieutenant explained to us that they had real fires and other things that came up and that our drills had to be rescheduled to a later date. These two cancellations made us five days late getting the drill done before our 15 day grace period ran out. There should be some kind of concessions that can be made because these are things that are clearly beyond our control. The administrator will contact the fire company even earlier in the future so that we are in compliance with the regulation.

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|----------------------|-----------------------------------|--|--|
| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
|----------------------|-----------------------------------|--|--|

Signature of Legal Entity Representative (Required on EVERY Page) *Leanna Cox Purnell*

| | |
|---|---------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>LEANNA COX PURNELL - Director</i> | Date <i>6-16-12</i> |
|---|---------------------|

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

| | |
|--|---|
| The above plan of correction is approved as of <u>6/27/12</u> (Date) The above plan of correction was approved by <u>CPM</u> (Initials) | Plan of correction implementation status as of <u>6/27/12</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |
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Violation Report: 10189 - 06/07/2012 - Scharpf, Amy
 PCH Name: LABOR OF LOVE BUILDING 3

1. REGULATION 55 Pa.Code §2600
 144(c)(3) Prohibition of the use of tobacco during transportation by the home.

2a. DESCRIPTION OF VIOLATION

The home's written fire safety policy and procedures do not include the prohibition of the use of tobacco during transportation by the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

THE POLICY HAS BEEN RE-WRITTEN TO INCLUDE NO-SMOKING DURING THE TRANSPORTATION OF RESIDENTS. ADMINISTRATOR WILL MONITOR POLICIES FOR FUTURE COMPLIANCE, ANNUALLY OR UPON CHANGES IN POLICIES.
 Sign 6/27/12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Leanna Cox Purnell

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Leanna Cox Purnell

Date 6-16-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

6/27/12
 (Date)

Plan of correction implementation status as of

6/8/12
 (Date)

The above plan of correction was approved by

LRM
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 10189 - 06/07/2012 - Scharpf, Amy
 PCH Name: LABOR OF LOVE BUILDING 3

1. REGULATION 55 Pa.Code §2600
 2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION
 The home's vehicle used to transported residents did not have a first aid kit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violallon from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

THE VEHICLE NOW HAS A FIRST AID KIT. ~~ADMINISTRATOR~~ ^{ADMINISTRATOR} WILL MONITOR FOR FUTURE COMPLIANCE, BY CHECKING THAT ALL FIRST AID KIT IS PRESENT AND FULLY STOCKED MONTHLY. *J. Cox 6/16/12*

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|----------------------|-----------------------------------|--|--|
| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
|----------------------|-----------------------------------|--|--|

Signature of Legal Entity Representative
 (Required on EVERY Page) *Keanna Cox Purnell*

| | |
|--|---------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>KEANNA COX PURNELL Director</i> | Date <i>6-16-12</i> |
|--|---------------------|

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| | |
|--|---|
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| The above plan of correction was approved by <u><i>AKM</i></u> (Initials) | <input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

Violation Report: 10189 - 06/07/2012 - Scharpf, Amy
 PCH Name: LABOR OF LOVE BUILDING 3

1. REGULATION 55 Pa.Code §2600
 2600.251(d) - Separate resident records shall be kept on the premises where the resident lives.

2a. DESCRIPTION OF VIOLATION

All of the resident records are kept at another licensed personal care home owned by the legal entity and not at the home in which the residents reside.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

RESIDENT RECORDS ARE NOW KEPT ON SITE. ADMINISTRATOR WILL MONITOR FOR FUTURE COMPLIANCE. ALL STAFF WILL BE TRAINED ON THIS REQUIREMENT BY 7/11/12. *CPM 6/27/12*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Leeanna Cox Purnell

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

LEEANNA COX PURNELL - Director

Date 6-16-12

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 (Date)

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 (Date)

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 (Initials)

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