



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 8, 2013

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

Dear Ms. Purnell:

As a result of the Department of Public Welfare's licensing inspection on November 28, 2013 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.

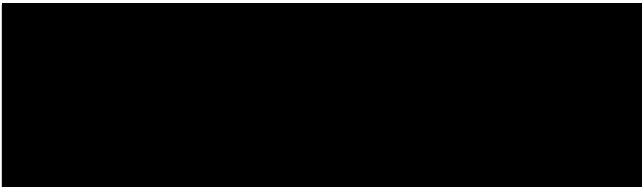
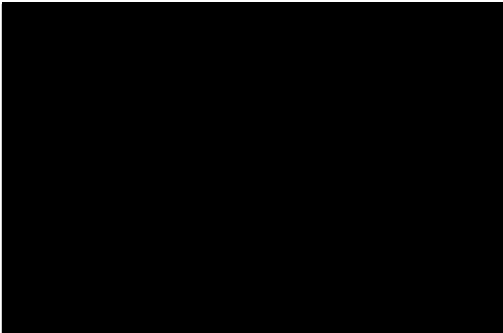
All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink that reads "Chevon Miller". The signature is written in a cursive, flowing style.

Chevon Miller
Regional Licensing Administrator

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

PCH Name: LABOR OF LOVE BUILDING 1		License Number: 145570
Address: 2029 NORTH 62ND STREET, PHILADELPHIA, PA 19151		County: Philadelphia
Administrator: Leanne Purnell		Region: SOUTHEAST
Legal Entity Name: LABOR OF LOVE INC		
Legal Entity Address: 2029 NORTH 62ND STREET, PHILADELPHIA, PA 19151		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 9	Waking Staff: 7
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 11/28/2012: Grayes, Byron; Adams, Patricia		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 11 Number of Residents Served: 9 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 14557 - 11/28/2012 - Grayes, Byron
 PCH Name: LABOR OF LOVE BUILDING 1

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #1 does not include resident's required Glucose Readings for 10/20/12, 10/21/12, 10/22/12, 10/23/12, 10/24/12, and 10/25/12.

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 BELIEVE THAT WE FOLLOWED ALL REQUIREMENTS ACCORDING TO THE RCG. WE DON'T SEE WHERE REGULATION 187(a) STATES THAT WE HAVE TO HAVE THE ACTUAL GLUCOSE READINGS LOG. IT WAS ALSO EXPLAINED THAT THE RESIDENTS CASE MANAGER TOOK THE READINGS WITH THE RESIDENT, TO [REDACTED] DOCTOR'S APPT, ON OCT. 23, 2012. THE READINGS WERE THEN SENT WITH THE RESIDENT TO [REDACTED] NEW FACILITY ON OCT. 26, 2012. IF THIS IS AN ACTUAL REQUIREMENT THEN THE ADMINISTRATOR WILL CHECK RESIDENT'S LOG DAILY, TO MAKE SURE THAT IT IS IN COMPLIANCE.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Leeanna Purnell

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LEEANNA PURNELL - Director Date 12-15-12

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

The above plan of correction is approved as of <u>12/21/12</u> (Date)	Plan of correction implementation status as of <u>12/21/12</u> (Date)
The above plan of correction was approved by <u>OPM</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: 14557 - 11/28/2012 - Grayes, Byron
 PCH Name: LABOR OF LOVE BUILDING 1

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment completed on 8/10/12, states resident need's the home to coordinate doctors' appointments. The resident's support plan dated 8/10/12, states the home will meet the need by having direct care staff coordinate all doctor appointments and set up transportation. On 11/28/12, the administrator stated sometimes the caseworker would take the resident to their doctor appointments. The resident's Case Manager confirmed that he took the resident to some appointments.

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.

AT THE TIME THAT THE RESIDENT'S SUPPORT PLAN WAS DONE, WE WERE THE ONLY ONE'S RESPONSIBLE FOR TAKING RESIDENT TO THE DOCTOR. RESIDENT'S CASE MANAGER DIDN'T GET INVOLVED WITH TAKING RESIDENT TO THE DOCTOR UNTIL SEPT. 24, 2012, TWO MONTHS AFTER RESIDENT WAS ADMITTED. IN THE FUTURE, THE ADMINISTRATOR WILL CHECK AND UPDATE RASP ON A MONTHLY BASIS TO MAKE SURE THAT THEY ARE IN COMPLIANCE.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Leeanna Purnell

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

LEEANNA PURNELL - Director

Date 12-15-12

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The above plan of correction is approved as of

12/21/12
 (Date)

Plan of correction implementation status as of

12/21/12
 (Date)

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

The above plan of correction was approved by

OPM
 (Initials)