



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: SEP - 5 2014

Ms. Lee Anna Cox-Purnell, Owner/Administrator
Labor of Love, Inc.
2029 North 62nd Street
Philadelphia, Pennsylvania 19151

RE: Labor of Love Building 2
License #: 116370

Dear Ms. Cox-Purnell:

As a result of the Department of Public Welfare's licensing inspection on 01/02/2014 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Roslyn Brewer".

Roslyn Brewer
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: LABOR OF LOVE BUILDING 2		License Number: 11637
Address: 2037 NORTH 62ND STREET, PHILADELPHIA, PA 19151		County: Philadelphia
Administrator: Leeanna Cox 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:	Total Daily Staff: 9	Waking Staff: 7
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 01/02/2014: McHale, Christine		
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: 10	Number of Residents who:	
Number of Residents Served: 9	Receive Supplemental Security Income: 9	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 2	
Area:	Have Mental Illness: 9	
Secured Dementia Unit Capacity, If Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, If applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

Violation Report: 11637 - 01/02/2014 - McHale, Christine
 PCH Name: LABOR OF LOVE BUILDING 2

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 1/26/14, an allegation of abuse against resident #1 by resident #2 was reported to staff person A. Resident #1 sustained an ankle fracture as a result of the incident. The home did not report the allegation to the Department of Public Welfare, Adult Protective Services as required. Resident #1 is under the age of 60.

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 INCIDENT WAS REPORTED TO DPW, BUT NOT TO ADULT PROTECTIVE SERVICES, FROM NOW ON ADMINISTRATOR WILL REPORT ABUSE INCIDENTS TO ALL OF THE PROPER PARTIES AND WILL ALSO TRAIN STAFF AS TO THE PROPER PROTOCOLS, ADMINISTRATOR WILL MONITOR ALL INCIDENT REPORTS FOR REGULATORY COMPLIANCE. 4/12/14 training date.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Robert B. Cox*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ROBERT B. COX - ADMINISTRATOR* Date *4/12/14*

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

The above plan of correction is approved as of *5/27/14*
 (Date)

Plan of correction implementation status as of *5/27/14*
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

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