



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 25 2016

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

RE: Labor of Love – Building 2
2037 North 62nd Street
Philadelphia, Pennsylvania 19151
License #: 116370

Dear Ms. Purnell:

As a result of the Department of Human Services' annual licensing inspection on March 29, 2016 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 that reads "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

Violation Report: 11637 - 03/29/2016 - Kazimer, Lauren
 PCH Name: LABOR OF LOVE BUILDING 2

1. REGULATION 55 Pa.Code §2600
 2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION
 The fire extinguisher on the second floor, by the back bedroom, is missing an inspection tag.

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 Violation has been corrected. Our yearly Fire System Re-Certification from Alert One was done on April 21, 2016. The Extinguisher was deemed good and retagged.
 The Administrator will check all Extinguishers weekly for future compliance.

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

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 *4/23/16*

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

The above plan of correction is approved as of <i>5/6/16</i> (Date)	Plan of correction implementation status as of <i>5/6/16</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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