



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAR 20 2017

Sr. Maureen Crissy, Program Director  
Catholic Social Services  
222 North 17<sup>th</sup> Street  
Philadelphia, Pennsylvania 19103

RE: Women of Hope  
251 North Lawrence Street  
Philadelphia, Pennsylvania 19106  
License #: 175940

Dear Sr. Crissy:

As a result of the Department of Human Services' annual licensing inspection on December 6, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

PCH Name: WOMEN OF HOPE		License Number: 17594
Address: 251 NORTH LAWRENCE STREET, PHILADELPHIA, PA 19106		County: Philadelphia
Administrator: Maureen Crissy		Region: SOUTHEAST
Legal Entity Name: CATHOLIC SOCIAL SERVICES		
Legal Entity Address: 222 NORTH 17TH STREET, PHILADELPHIA, PA 19103		
Certificate(s) of Occupancy		
Other 08/01/1988 city of philia		
Staffing Hours	Total Daily Staff: 38	Waking Staff: 29
Resident Support: 19	BHA Docket Number:	Notice: Unannounced
Type of Inspection: Full		
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
12/06/2016: Freeman, Sabrina		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:	Random Indicators:	
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 22 Number of Residents Served: 19 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 14 Are 60 Years of Age or Older: 11 Have Mental Illness: 19 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 17594 - 12/08/2016 - Freeman, Sabrina  
 PCH Name: WOMEN OF HOPE

**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 reads instill one spray of Fluticasone Propionate Nasal Spray 50 mcg in each nostril for congestion. However the label states instill 2 sprays in each nostril every morning.

**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.

1. EVERY REFILLED MEDICATION COMING INTO THE RESIDENCE WILL BE CHECKED FOR ACCURACY AGAINST THE MAR BY THE CASEMANAGER. ANY DISCREPANCIES MUST BE IMMEDIATELY CLARIFIED WITH THE PHARMACIST/DOCTOR. IT WILL THEN BE STORED IN THE LOCKED MEDICATION CABINET AND THE APPROPRIATE INFO WILL BE WRITTEN ON THE EXTRA MEDICATION FORM. WHEN THE MEDICATION IS READY TO BE USED, THE STAFF PERSON ADMINISTERING MEDICATIONS WILL ONCE AGAIN COMPARE THE INFO ON THE NEW BOTTLE WITH THE EMPTY BOTTLE IT IS REPLACING AS WELL AS THE MAR.

2. THE CASEMANAGER SUPERVISOR WILL ALSO CHECK DAILY ALL NEW REFILLS PLACED IN THE RESIDENT'S MEDICATION CONTAINER BY COMPARING WITH THE EMPTY BOTTLES WHICH WILL BE PLACED IN THE BASKET PROVIDED PRIOR TO DISCARDING

3. TO PREVENT FUTURE ERRORS IN ACCURACY, WOMEN OF HOPE MEDICATION

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Sister Maureen Crissy*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>SISTER MAUREEN CRISSY - Program Director</i>	Date <i>1-2-17</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 1/3/17  
 (Date)

Plan of correction implementation status as of 1/3/17  
 (Date)

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

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