



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 22 2017

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 6, 2017 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.

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,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 11637 - 03/06/2017 - Parker, Shawn
 PCH Name: LABOR OF LOVE BUILDING 2

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(3) - Each resident shall have the following in the bedroom: Pillows, bed linens and blankets that are clean and in good repair.

2a. DESCRIPTION OF VIOLATION
 The bed for resident # 1 was stained with multiple urine stains. Resident # 1 stated home does laundry.

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.

For resident #1, all of bed sheets and bed spreads were washed immediately.

The Administrator will check daily for future compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Robert B. Cox Jr.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **ROBERT B. COX, SR. - ADMINISTRATOR** Date **4/5/17**

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

The above plan of correction is approved as of 4/10/17
 (Date)

Plan of correction implementation status as of 4/10/17
 (Date)

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

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

Violation Report: 11637 - 03/08/2017 - Parker, Shawn
 PCH Name: LABOR OF LOVE BUILDING 2

1. REGULATION 65 Pa.Code §2800
 2600.101(o) - The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

2a. DESCRIPTION OF VIOLATION
 The ceiling in Resident # 1's room is peeling and cracked around the light. Also the bathroom has stains in the ceiling and running down the tiles.

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.

For resident #1, improvements and/or repairs have been made to the ceiling in the bedroom, the ceiling in the bathroom, and to the bathroom tile.

The Administrator will check daily for future compliance.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>ROBERT COX - ADMINISTRATOR</i>	Date <i>4/5/17</i>
--	--------------------

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

The above plan of correction is approved as of <i>4/10/17</i> (Date)	Plan of correction implementation status as of <i>4/10/17</i> (Date)
The above plan of correction was approved by <i>RB</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