



November 5, 2019

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

RE: Labor of Love – Building 3  
1140 North 63rd Street  
Philadelphia, Pennsylvania 19151  
License #: 101890

Dear Ms. Purnell:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 26, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations 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 (relating to Personal Care Homes) 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,

A handwritten signature in black ink, appearing to read "Kevin Hancock", written over a white background.

Kevin Hancock  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Violation Report

# Violation Report

## Facility Information

Name: LABOR OF LOVE - BUILDING 3

License Number: 10189

Address: 1140 NORTH 63RD STREET,, PHILADELPHIA, PA 19151

County: PHILADELPHIA

Region: SOUTHEAST

## Administrator

Name: Cara Cox

Phone: 2159212935

Email: XRBC2@AOL.COM

## Legal Entity

Name: LABOR OF LOVE INC

Address: 2029 NORTH 62ND STREET, PHILADELPHIA, PA, 19151

## Certificate(s) of Occupancy

Type: I-1

Date: 12/10/1998

Issued By: City of Phila

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 6

Waking Staff: 5

## Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

## Inspection Dates and Department Representative

08/26/2019 - On-Site: Sabrina Freeman

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 12

Residents Served: 6

### Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

### Hospice

Current Residents: 0

### Number of Residents Who:

Receive Supplemental Security Income: 5

Are 60 Years of Age or Older: 4

Diagnosed with Mental Illness: 5

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 0

Have Physical Disability: 0

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Personal care and assisted living homes must post the required influenza information in a public place in the home year-round as required by the Influenza Awareness Act (HB 1785). The home did not have an influenza poster anywhere.

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 POSTER HAS BEEN DOWNLOADED + POSTED ON THE BULLETIN BOARD. THE ADMINISTRATOR WILL CHECK DAILY FOR FUTURE COMPLIANCE.

Administrator or designee will ensure the influenza poster is always posted in a conspicuous place in the home. Weekly physical site checks to be conducted to ensure compliance. SP 10-07-19

Legal Entity Representative

Robert B. Cox  
Signature

ROBERT B. COX - ADMINISTRATOR  
Printed Name and Title

10/3/19  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 10-07-19 (Date)

Plan of correction implementation status as of 10-07-19 (Date)

The above plan of correction was approved by SP (Initials)

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

101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

One of the bedside lamps in the 2nd floor bedroom did not work at the time of inspection.

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 LAMP HAS BEEN REPLACED. THE ADMINISTRATOR WILL CHECK DAILY FOR COMPLIANCE.

Administrator or designated staff person shall check the home at least weekly to ensure all resident beds have an operable bedside lamp or source of lighting that can be turned on/off from bedside. Logs of checks will be maintained by home and made available for Department review.

SP 10-07-19

Legal Entity Representative

Robert Cox  
Signature

ROBERT COX - ADMINISTRATOR  
Printed Name and Title

10/3/19  
Date

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121a - Unobstructed Egress

Regulations

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 8/26/19, the 2nd floor emergency exit was blocked. There was a ladder by the door leading into the emergency exit, a box, a large trash bag, and other clutter and debris in the room around the emergency exit which would prevent a safe and hazard free exit.

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 EGRESS HAS BEEN CLEANED OUT + RE ORGANIZED, THE ADMINISTRATOR WILL CHECK DAILY FOR FUTURE COMPLIANCE.

Within 30 days of receipt of the plan of correction: Administrator or designated staff person will check the home weekly to ensure all stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed. Logs of checks to be maintained by home and made available for Department review.

SP 10-07-19

Legal Entity Representative

Signature: Robert Cox Printed Name and Title: ROBERT COX - ADMINISTRATOR Date: 10/3/19

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