

Department of Human Services  
Bureau of Human Service Licensing

September 10, 2021

[REDACTED], ASSISTANT DIRECTOR  
CATHOLIC SOCIAL SERVICES  
222 NORTH 17TH ST, SUITE 300  
PHILADELPHIA, PA 19103

RE: WOMEN OF HOPE  
251 NORTH LAWRENCE STREET  
PHILADELPHIA, PA, 19106  
LICENSE/COC#: 17594

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/08/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY**

**Facility Information**

Name: *WOMEN OF HOPE* License #: *17594* License Expiration Date: *02/05/2022*  
Address: *251 NORTH LAWRENCE STREET, PHILADELPHIA, PA 19106*  
County: *PHILADELPHIA* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: *2155929116* Email: [REDACTED]

**Legal Entity**

Name: *CATHOLIC SOCIAL SERVICES*  
Address: *222 NORTH 17TH ST, SUITE 300, PHILADELPHIA, PA, 19103*  
Phone: *2155929116* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *Other* Date: *08/01/1988* Issued By: *City of Phila*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *22* Waking Staff: *17*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *07/08/2021*

**Inspection Dates and Department Representative**

07/08/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *24* Residents Served: *22*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *16* Are 60 Years of Age or Older: *13*  
Diagnosed with Mental Illness: *22* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**07/08/2021 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/08/2021*

Inspections / Reviews (*continued*)

## 8/23/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *08/25/2021*

## 8/27/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *09/10/2021*

## 9/10/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

20b4 - Use of Funds

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

4. Resident funds and property shall only be used for the resident's benefit.

Description of Violation

On 4/30/2021, the home dispersed funds to Resident #1 and allowed the resident to make a purchase of Chinese food in the amount of \$442.50 to feed all of the residents in the home.

Plan of Correction

Do Not Accept

Women of Hope will not allow any residents to use personal funds to purchase outside food to feed all residents in the home. Women of Hope will provide all meals to all residents or the home itself will purchase outside food for all residents for special occasions. However, residents may use their own funds to purchase outside food for themselves if they wish.

Completion Date: 08/17/2021

Plan of Correction

Accept

- 1. The resident will be reimbursed as soon as possible. The check request to Catholic Social Services for reimbursement was submitted on 8/26/21 by the Social Work Supervisor.
- 2. The Program Director will perform an audit of all resident spending to determine if similar situations have occurred. The audit will be completed by 9/3/21. If any similar situations are identified, the process to reimburse the resident will be initiated immediately.
- 3. Women of Hope was unaware that allowing residents to purchase food for others is prohibited. Women of Hope's Financial Policies and Procedures, as well as the Procedures for Handling Client Funds were updated by the Social Work Supervisor on 8/26/21 to specify that funds should be used only for a resident's individual needs. All staff who handle resident funds (case managers, Program Director, and Social Work Supervisor), were given a copy of the updated Policies and Procedures on 8/26/21 by the Social Work Supervisor. The policy will be explained to residents at the scheduled monthly resident meeting on 9/9/21 by the Social Work Supervisor.

Please see attached policy and procedure with updates highlighted.

Completion Date: 09/09/2021

Document Submission

Implemented

Please new attachment.

20b6 - Interest Bearing Account

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

6. If a home is holding more than \$200 for a resident for more than 2 consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

20b6 - Interest Bearing Account *(continued)***Description of Violation**

The home held money for residents #1 and #2, from April 2021-present, during which time the balance of those funds did not fall below \$200. The home has no documentation that shows the residents were offered assistance in opening an interest bearing account under the residents' name at a local Federal-insured financial institution.

**Plan of Correction****Do Not Accept**

Women of Hope will offer assistance in opening an interest bearing account under the residents name at a local Federal-insured financial institution if the resident has a balance over \$200 for 2 consecutive months.

Please see attachment.

Completion Date: 08/17/2021

**Plan of Correction****Accept**

1. Program Director will complete an audit of all resident funds by 9/3/21 to determine if any other residents should be offered assistance in opening an interest-bearing account.
2. Program Director reviews resident balance sheets monthly. Starting immediately, while completing these reviews, they will create a list of any residents whose balance does not fall below \$200 during the month. This list will be updated monthly so that residents needing assistance can be easily identified. Assistance will be offered immediately when the need is identified, and quarterly thereafter during quarterly financial reviews. Program Director will use the attached form to document that assistance has been offered.
3. Women of Hope's Financial Policies and Procedures, as well as Procedures for Handling Client Funds have been updated to include this assistance being offered.

Please see attached form and Policies and Procedures with updates highlighted.

Completion Date: 09/03/2021

**Document Submission****Implemented**

Please see attachment.

## 65d - Initial Direct Care Training

**1. Requirements**

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

**Description of Violation**

Direct care staff person A, hired on [REDACTED], did not complete and pass the Department-approved direct care training course and pass the competency test until [REDACTED]

65d - Initial Direct Care Training (*continued*)**Plan of Correction****Do Not Accept**

*Moving forward, Women of Hope will not allow new direct care staff to provide unsupervised ADL services until completion and passing of the Department-approved direct care training course and passing of the competency test.*

**Completion Date:** 07/08/2021

**Plan of Correction****Accept**

- 1. Program Director will complete an audit of employee files by 9/3/21 to ensure that there are no additional staff who are not in compliance with this regulation.*
- 2. Beginning immediately, Program Director will not allow staff to perform unsupervised ADLs until staff has completed the Direct Care Training course and passed the competency test. To ensure this, the Program Director will complete an additional review of new staff training packets prior to new staff start dates, and will initial the face sheet of the packet confirming this.*

*Please see attached face sheet of training packet with update highlighted.*

**Completion Date:** 09/03/2021

**Document Submission****Implemented**

*Please see attachment.*

## 123b - Emergency Procedures Posted

**1. Requirements**

2600.

- 123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

**Description of Violation**

*The posted emergency procedures did not include the municipality's emergency procedures posted in a conspicuous and public place in the home.*

**Plan of Correction****Do Not Accept**

*Women of Hope replaced and posted an updated the City of Philadelphia, Office of Emergency Management, Emergency Operations Plan. It is posted on bulletin board on the 2nd floor hallway next to the kitchen.*

*Please see attached photo.*

**Completion Date:** 07/08/2021

123b - Emergency Procedures Posted (*continued*)**Plan of Correction****Accept**

*This violation was corrected by the Program Director on the day of the inspection with the inspector present. The Philadelphia Municipality Emergency Procedures were already posted, but were incomplete. The Program Director replaced the incomplete procedures with the complete updated procedures while the inspector was present. The procedures can be found on the 2nd floor hallway bulletin board, where residents, staff, and visitors all have access. The Program Director will be responsible for updating the procedures when new ones become available, and ensuring that the complete procedures are posted.*

*Please see attached photo.*

**Completion Date:** 08/26/2021

**Document Submission****Implemented**

*Please see attachment.*

## 130h - Inoperable Smoke Detector

**1. Requirements**

2600.

130.h. The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

**Description of Violation**

*The home's emergency procedures do not indicate the smoke detector repair timing when a smoke detector or fire alarm is inoperable.*

**Plan of Correction****Do Not Accept**

*Please see attached Emergency Procedure for Inoperable Smoke Detector or Fire Alarm*

**Completion Date:** 08/17/2021

**Plan of Correction****Accept**

*1. A new emergency procedure for Inoperable Smoke Detector or Fire Alarm was immediately developed by the Program Director.*

*2. The procedure was added to Women of Hope's Policy and Procedure book on 8/17/21 by Program Director. All staff were given a copy of the policy on 8/27/21 by the Social Work Supervisor. This procedure will be incorporated into the emergency procedures portion of new staff training by the Program Director, and is posted along with other fire safety and emergency procedures info on the staff bulletin board as of 8/26/21.*

*Please see attached Emergency Procedure for Inoperable Smoke Detector or Fire Alarm, and photo of staff bulletin board with procedure posted.*

**Completion Date:** 08/27/2021

**Document Submission****Implemented**

*Please see attachment.*

## 252 - Record Content

**1. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

3. A photograph of the resident that is no more than 2 years old.

**Description of Violation**

*Resident 2's record does not include a photograph under 2 years old.*

**Plan of Correction****Do Not Accept**

*Women of Hope will replace all resident photos and date each photo to ensure the photograph is no more than 2 years old.*

**Completion Date:** 08/17/2021

**Plan of Correction****Accept**

*1. Women of Hope has a policy of updating resident photos every two years. The photos in resident files were not dated, so there was no way to verify the age of the photos.*

*2. Social Work Supervisor will replace all resident photos by 9/3/21, and will date each photo so that we can ensure that the photos are less than two years old.*

*3. Thereafter, Social Work Supervisor will be responsible for replacing resident photos annually, and will do so the first week of September each year.*

**Completion Date:** 09/03/2021

**Document Submission****Implemented**

*Please see attachment.*