

Department of Human Services
Bureau of Human Service Licensing

July 28, 2022

ADMINISTRATOR

RE: LABOR OF LOVE-BUILDING 1
2029 NORTH 62ND STREET
PHILADELPHIA, PA, 19151
LICENSE/COC#: 14557

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/23/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

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: *LABOR OF LOVE-BUILDING 1* License #: *14557* License Expiration: *07/22/2023*
Address: *2029 NORTH 62ND STREET, PHILADELPHIA, PA 19151*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Name: *LABOR OF LOVE INC*
Address: *2029 NORTH 62ND STREET, PHILADELPHIA, PA, 19151*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-3 SP* Date: *02/26/1987* Issued By: *City of Phila*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *9* Waking Staff: *7*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *05/23/2022*

Inspection Dates and Department Representative

05/23/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *11* Residents Served: *9*

Secured Dementia Care Unit

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

Hospice

Current Residents: *NA*

Number of Residents Who:

Receive Supplemental Security Income: *5* Are 60 Years of Age or Older: *8*
Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

05/23/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/16/2022*

Inspections / Reviews (*continued*)

07/27/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *08/01/2022*

07/28/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 5/23/22, CPR and first aid certifications were reviewed for the home. Staff person A works the overnight shift from 6:00pm to 9:00am. Staff person A's first aid card expired [REDACTED]. Staff person A didn't become recertified in first aid training until 5/26/22.

Plan of Correction

Accept

All staff members were certified in CPR, but not in First Aid. All Staff members have been re-certified in CPR/1st Aid training on 5/26/22. The Administrator will check weekly for future compliance.

Completion Date: 05/26/2022

Document Submission

Implemented

All staff members were certified in CPR, but not in First Aid. All Staff members have been re-certified in CPR/1st Aid training on 5/26/22. The Administrator will check weekly for future compliance.

187c - Refusal of Medication

1. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #1 is prescribed [REDACTED] three times a day at 6:30am, 1:00pm and 6:30pm. The home did not administer the 1:00pm medication from 5/1/22 through 5/23/22. The home documented that resident #1 refused the 1:00pm medication. However, the home did not report the refusals to the prescriber.

Plan of Correction

Accept

The resident in question is a Cancer Survivor who can Self Administer [REDACTED] meds. [REDACTED] stated that [REDACTED] didn't need the extra pain medication. That he only required it twice daily not three times daily. If [REDACTED] needed it more, that [REDACTED] would let us know. [REDACTED] doctor had been called in the past and has been called again in an effort to get him to change the script to 3X's daily as needed. The Administrator will check daily for future compliance.

Completion Date: 05/26/2022

Document Submission

Implemented

The resident in question is a Cancer Survivor who can Self Administer [REDACTED] meds. [REDACTED] stated that [REDACTED] didn't need the extra pain medication. That he only required it twice daily not three times daily. If [REDACTED] needed it more, that [REDACTED] would let us know. [REDACTED] doctor had been called in the past and has been called again in an effort to get him to change the script to 3X's daily as needed. The Administrator will check daily for future compliance.