

Department of Human Services  
Bureau of Human Service Licensing

August 16, 2022

[REDACTED]  
CATHOLIC SOCIAL SERVICES  
[REDACTED]

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 07/07/2022, 07/14/2022 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 - PUBLIC

**Facility Information**

Name: *WOMEN OF HOPE* License #: *17594* License Expiration: *02/05/2023*  
Address: *251 NORTH LAWRENCE STREET, PHILADELPHIA, PA 19106*  
County: *PHILADELPHIA* Region: *SOUTHEAST*

**Administrator**

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

**Legal Entity**

Name: *CATHOLIC SOCIAL SERVICES*  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *Other* Date: *08/01/1988* Issued By: *Labor & Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *20* Working Staff: *15*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident* Exit Conference Date: *07/07/2022*

**Inspection Dates and Department Representative**

07/07/2022 On Site [REDACTED]  
07/14/2022 Off Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *24* Residents Served: *20*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *15* Are 60 Years of Age or Older: *8*  
Diagnosed with Mental Illness: *20* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

07/07/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/04/2022*

08/05/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/08/2022*

08/16/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

## 187d - Follow Prescriber's Orders

## 1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

**Description of Violation***Resident #1 is prescribed**However, these medications for resident #1 was not administered on /22 at pm.***Plan of Correction****Accept***Resident #1 was not in the building for staff to administer pm medication. The MAR reflected (Not Given) due to the resident not being in the building.**The prescriber was contacted asap the next morning and sent standing order instructions if this was to happen again.**The standing orders were placed in the residents file and Social Work Supervisor, notified all staff about the standing orders.**Please see documents attached.***Completion Date:** 07/15/2022**Document Submission****Implemented***Resident #1 was not in the building for staff to administer pm medication. The MAR reflected (Not Given) due to the resident not being in the building.**The prescriber was contacted asap the next morning and sent standing order instructions if this was to happen again.**The standing orders were placed in the residents file and Social Work Supervisor, notified all staff about the standing orders.**Please see documents attached.*

## 188c - Medication Error Documentation

## 1. Requirements

2600.

188.c. Documentation of medication errors and the prescriber's response shall be kept in the resident's record.

**Description of Violation***Resident #1 is prescribed**pm. However, resident #1 was not administered these medications on /22 at pm. There is no documentation of the error in the resident's record.***Plan of Correction****Accept***A copy of the incident report which documented the medication error due to resident #1 not being the building during pm medication.**The prescriber was contacted asap the next morning and sent documentation acknowledging the missed doses and instructions to resume same regimen. This document is also in resident file.**Social Work Supervisor, will audit all residents files that have had a medication error in past. The audit will be completed by 8/12/22.**Please see document attached.***Completion Date:** 08/12/2022

## 188c - Medication Error Documentation (continued)

**Document Submission****Implemented**

A copy of the incident report which documented the medication error due to resident #1 not being the building during █ pm medication.

The prescriber was contacted asap the next morning and sent documentation acknowledging the missed doses and instructions to resume same regimen. This document is also in resident file.

Social Work Supervisor, █ will audit all residents files that have had a medication error in past. The audit will be completed by 8/12/22.

Please see document attached.

An audit of all medication error was completed by Social Work Supervisor █ on 8/10/22 with no additional findings. See attached audit sheet.

## 225c - Additional Assessment

## 1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

**Description of Violation**

The assessment for resident #1, dated █/21, was not updated to include that the resident wandered off █. This incident occurred after another resident accused resident #1 of hitting █. This is a new behavior for the resident.

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

An addendum was completed on 7/7/2022 for resident #1 after █ recent behavior and elopement. The addendum has been added to █ file.

Resident #1 saw █ psychiatrist on █/2022 for an evaluation after █ episode of aggression and elopement. Psychiatrist increased █ medication.

Psychiatrist also completed an updated psych evaluation.

Social Work Supervisor, █ will complete an audit of all resident files to ensure all or any assessment and support plan updates and changes have been completed. Audit will be completed by 8/12/22.

Please see documents attached.

**Completion Date:** 08/12/2022

**Document Submission****Implemented**

An addendum was completed on 7/7/2022 for resident #1 after █ recent behavior and elopement. The addendum has been added to █ file.

Resident #1 saw █ psychiatrist on 7/13/2022 for an evaluation after █ episode of aggression and elopement. Psychiatrist increased █ medication.

Psychiatrist also completed an updated psych evaluation.

Social Work Supervisor, █ will complete an audit of all resident files to ensure all or any assessment

*225c - Additional Assessment (continued)*

*and support plan updates and changes have been completed. Audit will be completed by 8/12/22.*

*Please see documents attached.*

*Social Work Supervisor [REDACTED] conducted an audit of all resident RASPs to determine if any additional addendums are needed. No additional findings. See attached audit sheet.*