

Department of Human Services
Bureau of Human Service Licensing

August 18, 2022

[REDACTED], ADMINISTRATOR

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 07/29/2022 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

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]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *21* Total Daily Staff: *42* Waking Staff: *32*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *07/29/2022*

Inspection Dates and Department Representative

07/29/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *24* Residents Served: *21*

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: *11*
Diagnosed with Mental Illness: *21* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

07/29/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/15/2022*

08/17/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *08/22/2022*

08/18/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's, [REDACTED] medical evaluation did not include the completion of the medication addendum or a list of the resident's medications.

Plan of Correction

Accept

DME was sent from [REDACTED] where Resident #1 was hospitalized with a current orders medication list.

Social Work Supervisor will audit all resident DME's by [REDACTED] to ensure a completed medication list is present for each resident.

Please see attached medication list.

Completion Date: 08/26/2022

Document Submission

Implemented

DME was sent from [REDACTED] where Resident #1 was hospitalized with a current orders medication list.

Social Work Supervisor will audit all resident DME's by [REDACTED] to ensure a completed medication list is present for each resident.

Please see attached medication list.

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #2 is prescribed [REDACTED] twice a day. However, on [REDACTED] resident #2 was not administered the 8PM dose.

187d - Follow Prescriber's Orders (continued)**Plan of Correction****Accept**

Medication error procedures were followed at the time including:

- Staff informed provider and received written instructions (please see attached letter from prescriber)*
- Root cause analysis indicated need for staff review of procedures (See attached Error Reporting Form). Medication procedures were reviewed by Social Work Supervisor with the staff person who made the error on 6/2/22.*
- Medication procedures will be reviewed with all staff at the next Total Staff Meeting, scheduled for 9/16/22*

Completion Date: 09/16/2022

Document Submission**Implemented**

Medication error procedures were followed at the time including:

- Staff informed provider and received written instructions (please see attached letter from prescriber)*
- Root cause analysis indicated need for staff review of procedures (See attached Error Reporting Form). Medication procedures were reviewed by Social Work Supervisor with the staff person who made the error on 6/2/22.*
- Medication procedures will be reviewed with all staff at the next Total Staff Meeting, scheduled for 9/16/22*