

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

October 11, 2023

[REDACTED]
LABOR OF LOVE INC
[REDACTED]

RE: LABOR OF LOVE-BUILDING 2
2037 NORTH 62ND STREET
PHILADELPHIA, PA, 19151
LICENSE/COC#: 11637

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/14/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: LABOR OF LOVE-BUILDING 2 License #: 11637 License Expiration: 07/22/2023
Address: 2037 NORTH 62ND STREET, PHILADELPHIA, PA 19151
County: PHILADELPHIA Region: SOUTHEAST

Administrator

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

Legal Entity

Name: LABOR OF LOVE INC
Address: 2029 NORTH 62ND STREET, PHILADELPHIA, PA, 19151
Phone: 2159212935 Email: xrbc2@aol.com

Certificate(s) of Occupancy

Type: C-3 SP Date: 01/29/1985 Issued By: City of Philadelphia

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 7 Waking Staff: 5

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Incident Exit Conference Date: 07/14/2023

Inspection Dates and Department Representative

07/14/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 10	Residents Served: 7		
Secured Dementia Care Unit			
In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 0			
Number of Residents Who:			
Receive Supplemental Security Income: 6	Are 60 Years of Age or Older: 5		
Diagnosed with Mental Illness: 6	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 0	Have Physical Disability: 0		

Inspections / Reviews

07/14/2023 - Full
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/10/2023

08/10/2023 - POC Submission
Submitted By: [REDACTED] Date Submitted: 10/09/2023
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/15/2023

Inspections / Reviews (*continued*)

08/22/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/09/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/21/2023

10/11/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/09/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The dryer vent in the basement is attached to an indoor venting box. The box is damaged and has an accumulation of dirt and lint/debris on the surface of the box. The lid to the box is being held in place by a plastic zip tie.

The bathroom sink on the second floor was clogged, and the water would not drain.

Plan of Correction

Accept (████) 08/22/2023)

A new dryer vent was installed on 7/21/23 to replace the old one. The Administrator will check the Dryer Vent condition Weekly on Fridays for future compliance. We've had a Staff Meeting on Monday July 17th to discuss this and all of the current violations. The bathroom sink has been unclogged. The plumber came on the day that the inspectors were here. The administrator will continue to check the sink status daily for future compliance.

Licensee's Proposed Overall Completion Date: 08/20/2023

Implemented (████) - 10/11/2023)

96a - First Aid Kit

2. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the medication cabinet does not include a thermometer.

Plan of Correction

Accept (████) - 08/22/2023)

The thermometer was replaced in the first aid kit on Saturday July 15th. We have developed a log for the first aid kit on Monday July 17th that will have staff submit what they used out of the kit. The administrator will check the first aid kit weekly on Fridays for compliance.

Licensee's Proposed Overall Completion Date: 08/20/2023

Implemented (████) - 10/11/2023)

132e - Fire Drill Sleeping Hours

3. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 03/28/22 at 11:15 pm. The previous sleeping hours fire drill was conducted in September of 2021.

Plan of Correction

Accept (████) 08/22/2023)

We did a sleeping hours drill at 10:23pm on 3/15/23. We told the inspector that most of our residents go to bed at 8:30pm and that the last resident comes in at 9:00pm and goes to bed. We had previous drills done on 9/25/22 @ 10:25pm. We believe that we were (and are) in compliance with this regulation since more than half (all but one)

132e - Fire Drill Sleeping Hours (continued)

of our residents are in bed by 8:30pm and the drills were done more than 2 hours later. We've had a Staff Meeting on Monday July 17th to discuss this and all of the current violations. We've also conducted our sleeping hours drill in August after 11pm. The Administrator will check weekly for future compliance.

Licensee's Proposed Overall Completion Date: 08/20/2023

Implemented () - 10/11/2023)

132g - Fire Drills Days/Times**4. Requirements**

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely holds fire drills at the last week of the month, as evidenced by the following drills: January 28, 2023, at 2:35pm, February 27, 2023, at 9:40am, April 26, 2023, at 10:43am, and May 26, 2023, at 1:40 pm.

Plan of Correction

Accept () - 08/22/2023)

We've had a Staff Meeting on Monday July 17th to discuss this and all of the current violations. For future compliance, the administrator will check the fire drill log for drill times weekly on Fridays from now on, not just at the end of the month. We've also conducted our fire drills in August during the 2nd week.

Licensee's Proposed Overall Completion Date: 08/20/2023

Implemented () - 10/11/2023)

182b - Prescription Medication**5. Requirements**

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

Description of Violation

Per medication administration record for the month of July at 6:30 am and 6:30 pm, staff person A and staff person B administered medications to all residents of the home. Staff person A and staff person B are not a staff persons who have completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Plan of Correction

Accept () - 08/22/2023)

Staff Person B () has just completed () Med-Admin Recert in July 2023. Staff Person A () and Staff Person B () have both completed the Medication Administration Train the Trainer Course, initially in 2009 and 2011 respectively. We were never sited for or knew that we had to have an Annual Practicum as Trainers. We have since done and observed a Medication Administration Observation and reviewed each other's Medication Record Review in July 2023 and another in August 2023. () will each check Quarterly to make sure of the dates that our Annual Practicum's are due from now on for future compliance.

Licensee's Proposed Overall Completion Date: 08/20/2023

182b - Prescription Medication (continued)

Implemented [REDACTED] - 10/11/2023)

186a - Authorized Prescriber

6. Requirements

2600.

186.a. Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

Description of Violation

The prescription medication [REDACTED] belonging to resident #1 were ordered by an an authorized prescriber. According to Staff member A, the medications were obtained by a verbal order the home did not have a written order. None of the staff members at the home are permitted to accept verbal orders for medications or medication changes.

Plan of Correction

Accept [REDACTED] - 08/22/2023)

The medications were not obtained by a verbal order. The were sent to our pharmacy. We contacted the [REDACTED] at [REDACTED] and requested a written order for the medication. The [REDACTED] said that [REDACTED] didn't have the time for this and hung up the phone on me. [REDACTED] then sent an order on a piece of paper with no heading and no signature to us. We called [REDACTED] supervisor [REDACTED] and we also talked with the Clinical Director [REDACTED] [REDACTED] about the incident. Both of them promised to help but to no avail. Clinical Director [REDACTED] has been fired from [REDACTED]. Our pharmacy could give us the prescribing order but not the discontinuation order of the other meds. We've had a Staff Meeting on Monday July 17th to discuss this and all of the current violations, and starting July 17th for future compliance, the administrator will obtain the prescribing order for new or changed meds from our pharmacy.

Licensee's Proposed Overall Completion Date: 08/20/2023

Implemented ([REDACTED] - 10/11/2023)