



Sent via e-mail xrbc2@aol.com
November 22, 2024

[REDACTED]
Director
Labor of Love, Inc.

RE: Labor of Love – Building 3
1140 North 63rd Street
Philadelphia, Pennsylvania 19151
License #: 10189

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department) review on October 29, 2024 and November 22, 2024 of the above facility, we have determined that your submitted plan of correction for the September 26, 2024 inspection is not fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

[REDACTED]

Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

Facility Information

Name: *LABOR OF LOVE BUILDING 3* License #: *10189* License Expiration: *06/18/2024*
Address: *1140 NORTH 63RD STREET, PHILADELPHIA, PA 19151*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *LABOR OF LOVE INC*
Address: [REDACTED]

Certificate(s) of Occupancy

Type: *1 1* Date: *12/10/1998* Issued By: *City of Phila.*

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/26/2024*

Inspection Dates and Department Representative

09/26/2024 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *12* 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: *5* Are 60 Years of Age or Older: *5*
Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

09/26/2024 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *10/19/2024*

10/17/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/30/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 10/22/2024

10/29/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/30/2024

[REDACTED]

Follow Up Type: Document Submission

Follow Up Date: 11/08/2024

11/22/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/30/2024

Reviewer: [REDACTED]

Follow Up Type: Exception

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 9/26/2024, both residents in the third-floor front bedroom lacked access to a source of light that could be turned on/off at bedside. Resident #1's lamp was unplugged, while resident #2 had a push-button light attached to the wall which was inoperable.

Plan of Correction

Do Not Accept () - 10/17/2024)

Both Violations were corrected at time of inspection. Resident#1 had unplugged his lamp the previous night. The Administrator has started and will continue to do daily checks for lighting problems.

Licensee's Proposed Overall Completion Date: 10/17/2024

Update: 10/17/2024

Please indicate the date the daily checks began.

Plan of Correction

Accept () - 10/29/2024)

Both Violations were corrected at time of inspection. Resident#1 had unplugged his lamp the previous night. The Administrator started on Sept. 27, 2024 and will continue to do daily checks for lighting problems.

Licensee's Proposed Overall Completion Date: 10/28/2024

Evidence of Completion

Implemented () - 11/22/2024)

Both Violations were corrected at time of inspection. Resident#1 had unplugged his lamp the previous night. The Administrator started on Sept. 27, 2024 and will continue to do daily checks for lighting problems.

132b - Safety Inspection/Fire Drill

2. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire drill observed by a fire safety expert was conducted on 12/21/2023. However, the previous supervised fire drill was on 10/28/22, more than one year prior.

Plan of Correction

Accept () - 10/17/2024)

Engine 54 (The fire company) two blocks away, were called and scheduled to observe our yearly drill several earlier times. They were actually here for our yearly drill on two different dates, but unfortunately, they were called away on real emergencies. Administrator will start to schedule even earlier for our yearly observed fire drills.

Licensee's Proposed Overall Completion Date: 10/17/2024

Evidence of Completion

Implemented () - 11/22/2024)

Engine 54 (The fire company) two blocks away, were called and scheduled to observe our yearly drill several earlier times. They were actually here for our yearly drill on two different dates, but unfortunately, they were called away on real emergencies. Administrator will start to schedule even earlier for our yearly observed fire drills.

224a - Preadmission Screen Form

3. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1 was admitted to the home on [REDACTED]. The resident's preadmission screening form was never completed.

Plan of Correction

Do Not Accept ([REDACTED] - 10/17/2024)

Resident #1 was admitted as an emergency closing of Bethesda Court on [REDACTED]. We were called by DHS on that date and asked to come out immediately to help with the relocation of 80 residents. We have always and will continue to do Preadmission Screenings for all incoming transfers to our facility.

Licensee's Proposed Overall Completion Date: 10/17/2024

Update: 10/17/2024

Please indicate the immediate action that was taken to correct the violation.

Please indicate any additional steps/actions that will be put into place to monitor or audit for ongoing compliance.

This could be specific audits, reviews, spot checks, etc. Please include detailed information regarding start dates, frequencies and titles of person responsible for each step.

Plan of Correction

Directed ([REDACTED] - 10/29/2024)

Resident #1 was admitted as an emergency closing of Bethesda Court on [REDACTED]. We were called by DHS on that date and asked to come out immediately to help with the relocation of 80 residents. The Administrator will continue to do Preadmission Screenings for all incoming transfers to our facility. As of Sept. 27, 2024 the Administrator will request something in writing from DHS if there is an emergency closing that we are called to stating that a Pre-Admission Screening could not be done.

Proposed Overall Completion Date: 10/28/2024

Directed step:

Within 3 days of receipt of this plan of correction: The administrator or designated staff person shall review all resident records to ensure all residents have a preadmission screening completed and present in each resident file.

Directed Completion Date: 11/01/2024

Evidence of Completion

Not Implemented ([REDACTED] - 11/22/2024)

The Administrator checked all resident records on Sept. 30, 2024 for Pre-Admission screenings. All residents had the required Pre-Admission screenings except for the 4 residents that were placed here from the emergency closing of Bethesda Court on 3/25/24. For future compliance Administrator will request something in writing from DHS if there is an emergency closing stating that a Pre-Admission Screening could not be done.