



Pennsylvania
Department of Human Services

Sent via e-mail [REDACTED]
May 27, 2025

[REDACTED]
Director
Labor of Love, Inc.
[REDACTED]
[REDACTED]

RE: Labor of Love – Building 1
2029 North 62nd Street
Philadelphia, Pennsylvania 19151
License #: 14557

Dear [REDACTED] -

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department) review on March 25, 2025 and May 1, 2025 of the above facility, we have determined that your submitted plan of correction for the February 19, 2025 inspection is not implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

[REDACTED]

Enclosure
Licensing Inspection Summary

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

Facility Information

Name: *LABOR OF LOVE BUILDING 1* License #: *14557* License Expiration: *07/22/2025*
Address: *2029 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: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C 3 SP* Date: *02/26/1987* Issued By: *L&I*

Staffing Hours

Resident Support Staff: [REDACTED] Total Daily Staff: *9* Waking Staff: *7*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
Reason: *Monitoring* Exit Conference Date: *02/19/2025*

Inspection Dates and Department Representative

02/19/2025 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: [REDACTED] Capacity: [REDACTED] Residents Served: [REDACTED]

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *8* Are 60 Years of Age or Older: *7*
Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

02/19/2025 - Partial

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *03/17/2025*

03/17/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/04/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 03/21/2025

03/25/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/04/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/30/2025

05/01/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/04/2025

Reviewer: [REDACTED]

Follow Up Type:

183c - Refrigerated Meds Locked

1. Requirements

2600.

183.c. Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

Description of Violation

On 2/19/2025 at 1:33pm, the below medications were stored in the kitchen refrigerator locked in a lockbox, however the key to the box was attached to the lockbox using a rubber band.

- Resident #1 is prescribed [REDACTED]
- Resident #2 is prescribed [REDACTED].

Plan of Correction

Directed ([REDACTED] - 03/25/2025)

The key was detached on the day of the inspection and placed on a set of keys that are being kept by our Live In staff member. All of our staff were notified of this change. The administer will check weekly for future compliance.

Proposed Overall Completion Date: 03/12/2025

Proposed Overall Completion Date: 03/19/2025

Directed Plan of Correction:

Within 5 days of the receipt of the acceptable plan of correction, the administrator shall educate all staff persons on the requirements of 183c.

Beginning 5 days from the receipt of the acceptable plan of correction, the administrator shall audit the home for the requirements of 183c weekly for four weeks and monthly thereafter.

Directed Completion Date: 03/30/2025

Not Implemented ([REDACTED] - 05/01/2025)

184a - Resident's Meds Labeled

2. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #3 is prescribed [REDACTED] The medication did have not the resident's name, name of the

184a - Resident's Meds Labeled (continued)

medication, date the prescription was issued, prescribed dosage, instructions for administration, and the name and title of the prescriber.

Plan of Correction**Directed (████ - 03/25/2025)**

The residents █████ came from the pharmacy as 3 bottles wrapped together with a rubber band. We have informed the pharmacy that in the future that all 3 bottles have to have a label on them. All of our staff were notified of this change. The administer will check all new meds that are delivered daily for future compliance.

Proposed Overall Completion Date: 03/19/2025

Directed Plan of Correction:

Immediately, the administrator shall complete an initial audit of medication carts and storage areas to ensure that prescription medications are labeled with a pharmacy label, to include the resident's name, medication name, date prescription issued, prescribed dosage and instructions for administration and name and title of the prescriber and match the prescription.

Within 10 days of receipt of the accepted plan of correction, the administrator shall educate all staff persons qualified to administer medications that all prescription medications are to be properly labeled with a pharmacy label, to include: the resident's name, medication name, date prescription issued, prescribed dosage and instructions for administration, and name and title of the prescriber. Staff persons administering medications shall be instructed to check the medication label prior to administering medication. Documentation of education will be kept.

Starting 10 days from the receipt of the acceptable plan of correction, the administrator shall complete a monthly audit of medication for 3 months.

Directed Completion Date: 03/29/2025

Not Implemented (████ - 05/01/2025)