



Pennsylvania Department of Human Services

Sent via e-mail [REDACTED]
June 10, 2025

[REDACTED]
Administrator
Catholic Social Services

RE: Women of Hope
251 North Lawrence Street
Philadelphia, Pennsylvania 19106
License #: 17594

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department) review on May 19, 2025 and June 10, 2025 of the above facility, we have determined that your submitted plan of correction for the April 15, 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

Facility Information

Name: *WOMEN OF HOPE* License #: *17594* License Expiration: *02/05/2026*
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: *08/01/1998* Issued By: *City of Philadelphia*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *19* Waking Staff: *14*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *04/15/2025*

Inspection Dates and Department Representative

04/15/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *24* Residents Served: *19*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *13* Are 60 Years of Age or Older: *10*
Diagnosed with Mental Illness: *19* Diagnosed with Intellectual Disability: *19*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

04/15/2025 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/08/2025*

Inspections / Reviews *(continued)*

05/08/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 05/06/2025
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/13/2025

06/10/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 05/19/2025
Reviewer: [REDACTED] Follow-Up Type: Bypass Document Submission

06/10/2025 - Bypass Document Submission

Submitted By: [REDACTED] Date Submitted: 06/10/2025
Reviewer: [REDACTED] Follow-Up Type: Exception

15b - Supervisor Plan

1. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On 4/3/2025 at 3:40pm, there was an allegation of abuse involving staff person A and a resident of the home. The home did not suspend staff person A until [REDACTED]

Plan of Correction

Do Not Accept ([REDACTED] - 05/08/2025)

15b – Supervision Plan

Plan of Correction:

- Staff person A was accused of abuse and a supervision plan was put in place immediately, however the plan was not approved by Department because the supervisor was [REDACTED]. Staff person A was then placed on administrative leave on [REDACTED] until the investigation was completed.
- Moving forward, the administrator or director [REDACTED] will immediately submit to the Department's personal care home regional office a plan of supervision (and await plan approval) or a notice of suspension of the affected staff person.

Licensee's Proposed Overall Completion Date: 05/29/2025

Update: 05/08/2025

What are the home's measurable monitoring steps to ensure compliance in accordance with 2600.15.b?

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

Plan of Correction

Accept ([REDACTED] - 05/19/2025)

15b – Supervision Plan

Plan of Correction:

- Staff person A was accused of abuse and a supervision plan was put in place immediately, however the plan was not approved by Department because the supervisor was [REDACTED]. Staff person A was then placed on administrative leave on [REDACTED] until the investigation was completed.
- Moving forward, the administrator or director [REDACTED] will immediately submit to the Department's personal care home regional office a plan of supervision (and await plan approval) or a notice of suspension of the affected staff person.
- Assistant Director reviewed regulations on 4/10/25 with Program Director
- Program Director will contact Assistant Director immediately about any incidents involving staff and/or emergencies with residents starting 5/12/25.
- Bi-weekly supervision between Program Director and Assistant Director to address any incidents with staff and/or residents beginning 5/12/25
- Any allegations of abuse will result in immediate supervision plan or suspension (regardless of staff) until the Department of Human Services completes investigation beginning 5/12/25.
- Supervision plan will require immediate supervisor to be present (direct supervision) during the entire shift to monitor staff person beginning 5/12/25.
- If direct supervision is not feasible, staff person will be suspended until the Department of Human Services

15b - Supervisor Plan (continued)

completes its investigation beginning 5/12/25.

Licensee's Proposed Overall Completion Date: 05/19/2025

Bypass Document Submission

Not Implemented ([REDACTED] - 06/10/2025)