

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

August 14, 2025

[REDACTED], ADMINISTRATOR
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 07/02/2025 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: *07/22/2025*
 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: [REDACTED]

Phone: [REDACTED] Email: [REDACTED]

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: *4* Waking Staff: *3*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *07/02/2025*

Inspection Dates and Department Representative

07/02/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *10* Residents Served: *4*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *3* Are 60 Years of Age or Older: *3*
 Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

07/02/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/01/2025*

Inspections / Reviews *(continued)*

08/14/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/14/2025

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document
Submission*

08/14/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/14/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 7/2/2025 at 9:00 am, there was a camera monitoring the home's front entranceway, but there was no sign informing people they were being monitored.

Plan of Correction

Accept ([redacted]) - 08/14/2025)

On 7/5/25, direct care staff purchased signs from Lowes and had it installed.

7/6/25, the administrator advised all residents to be made aware of the camera system and signs were placed in the window near the front door, on the inside front door, and inside the living room. On 7/6/25, the administrator also met with all staff who were updated on procedures if a camera system is installed.

Starting immediately, direct care staff will monitor that the signs are in place.

Proposed Overall Completion Date: 07/31/2025

Licensee's Proposed Overall Completion Date: 07/31/2025

Implemented ([redacted]) - 08/14/2025)

88a - Surfaces

2. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 7/2/2025, the paint on the wall between the kitchen and second floor was chipped and uneven. There was a white patch of missing paint on the wall spanning three of the bottom steps, and several cracks at the top of the staircase, about eight inches above the top of the railing. There was a jagged crack running approximately one foot up the wall of the first-floor common area near the kitchen, next to an outlet, about a foot off the ground. Near the second-floor bathroom, the wall was missing a chunk of approximately two square feet surrounding a light switch; the wood beneath the wall was exposed in this area.

Plan of Correction

Accept ([redacted]) - 08/14/2025)

On 7/6/25 and 7/21/25, staff and local contractor repaired each of the physical site issues including; repainted the walls, filled in the cracks, and fixed the missing portion of the wall. (photos attached for verification)

On 7/6/25, all staff and administrators had a meeting and then walked around the facility looking for violations. Starting immediately, the administrator [redacted] will walk around weekly and check the physical condition of the house.

Proposed Overall Completion Date: 07/31/2025

Licensee's Proposed Overall Completion Date: 07/31/2025

Implemented ([redacted]) - 08/14/2025)

93a - Handrails

3. Requirements

2600.

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

On 7/2/2025, the railing between the first and second floors were not secure, as handrail on top was separating from its supporting beams.

Plan of Correction

Accept ([redacted]) - 08/14/2025)

On 7/21/25, a contractor secured the railing to ensure it is sturdy and safe for the residents.

On 7/6/25, all staff and administrators had a meeting and then walked around the facility looking for violations.

Starting immediately, the administrator ([redacted]) will walk around weekly and check the physical condition of the house and will fix all issues identified.

Proposed Overall Completion Date: 07/31/2025

Licensee's Proposed Overall Completion Date: 07/31/2025

Implemented ([redacted]) - 08/14/2025)

102k - No Common Towel

4. Requirements

2600.

102.k. Use of a common towel is prohibited.

Description of Violation

On 7/2/2025 at approximately 9:15 am, there were no paper towels, mechanical hand dryer, or other sanitary means of hand drying in the second-floor shared bathroom.

Plan of Correction

Accept ([redacted]) - 08/14/2025)

The Bathroom was being worked on and the hand towels were placed inside of the vanity so that they wouldn't get dusty. They were immediately produced for the inspector.

Starting 7/6/25 the administrator and the DC staff will check daily to make sure that they are available for use.

On 7/6/25, all staff and administrators had a meeting and then walked around the facility looking for violations.

Proposed Overall Completion Date: 07/31/2025

Licensee's Proposed Overall Completion Date: 07/31/2025

Implemented ([redacted]) - 08/14/2025)

162c - Menus Posted

5. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home uses a four-week rotation of menus. The menus displayed on 7/2/2025 were labeled with "Week 1", "Week 2", and so on, but the menus did not give dates or indicate which of the four weeks was current.

162c - Menus Posted (continued)

Plan of Correction

Accept ([REDACTED]) - 08/14/2025

On 7/6/25, the administrator relabeled the Menu's to reflect the title of Week 1 of Month, etc...

On 7/6/25, all staff and administrators had a meeting about the Menu situation.

Starting immediately, the administrator or direct care staff will monitor the menu to ensure the appropriate menu is posted.

Proposed Overall Completion Date: 07/31/2025

Licensee's Proposed Overall Completion Date: 07/31/2025

Implemented ([REDACTED]) - 08/14/2025

221c - Post Activity Calendar

6. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

On 7/2/2025 at 10:09 am, the home's activity calendar was mostly covered up by a ServSafe certification for staff member A.

Plan of Correction

Accept ([REDACTED]) - 08/14/2025

On 7/6/25, the administrator relocated the position of the activity calendar is now out in the open and not covered by any other postings.

Starting immediately the Administrator will check weekly for compliance that the activity calendar is easily available for the residents.

Proposed Overall Completion Date: 07/31/2025

Licensee's Proposed Overall Completion Date: 07/31/2025

Implemented ([REDACTED]) - 08/14/2025

251d - Resident Records on Premises

7. Requirements

2600.

251.d. Separate resident records shall be kept on the premises where the resident lives.

Description of Violation

Residents' records are not kept at the home. According to staff person [REDACTED], the home's administrator, and staff person C, they are kept several houses away at [REDACTED]

Plan of Correction

Accept ([REDACTED]) - 08/14/2025

On 7/15/25, the administrator replaced the broken laptop with a tablet. The records for the home are now accessible and available.

Starting immediately the Administrator will check weekly for compliance.

On 7/6/25, all staff and administrators had a meeting about the Records being accessible situation.

Proposed Overall Completion Date: 07/31/2025

251d - Resident Records on Premises *(continued)*

Licensee's Proposed Overall Completion Date: 07/31/2025

Implemented ([REDACTED]) - 08/14/2025