

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

November 19, 2025

[REDACTED]
CATHOLIC SOCIAL SERVICES
[REDACTED]

RE: WOMEN OF HOPE
251 NORTH LAWRENCE STREET
PHILADELPHIA, PA, 19106
LICENSE/COC#: 17594

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/07/2025 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: *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: *22* Waking Staff: *17*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *10/07/2025*

Inspection Dates and Department Representative

10/07/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *24* Residents Served: *22*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *0*
 Number of Residents Who:
 Receive Supplemental Security Income: *15* Are 60 Years of Age or Older: *9*
 Diagnosed with Mental Illness: *9* Diagnosed with Intellectual Disability: *2*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

10/07/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/31/2025*

10/30/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *11/05/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/04/2025*

Inspections / Reviews *(continued)*

11/05/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/05/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/10/2025

11/19/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/05/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted] most recent medical evaluation was completed on [redacted]. The resident's previous medical evaluation was completed on [redacted]

Plan of Correction

Accept [redacted] - 11/05/2025)

- On October 24, 2025, The Social Work Supervisor conducted an audit of all resident files to assess medical evaluations were conducted annually. Audit showed no discrepancies. (Audit attached)
- A case management meeting was conducted on 10/24/25 to review medical evaluations. Review attached Meeting Minutes. On 10/24/25, the Administrator conducted the meeting. The Case Management team and Social Work Supervisor attended.
- Moving forward, The Social Work Supervisor will maintain an annual chart that will detail upcoming medical evaluations that are due. This will be reviewed and updated monthly.
- Beginning 11/4/25, and monthly thereafter, chart audits will be conducted by the Social Work Supervisor.

Licensee's Proposed Overall Completion Date: 11/04/2025

Implemented [redacted] - 11/19/2025)

227g -Support Plan Signatures

2. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [redacted] participated in the development of [redacted] support plan on [redacted] however, the resident did not date their signature on the support plan.

Plan of Correction

Accept [redacted] - 11/05/2025)

- On 11/4/25, the Social Work Supervisor met with the resident, who signed a form acknowledging that the assessment had been reviewed on the original date but was not dated at that time. The acknowledgement form will be attached to the resident's assessment plan.
- On 10/10/25, the Social Work Supervisor completed the resident assessment audit.
- On 10/25/25, the Administrator conducted the Case Management meeting with the Case Management team and Social Work Supervisor present.
- On 10/29/25, the Social Work Supervisor established an annual chart. The chart will be reviewed monthly thereafter by the Social Work Supervisor.

Licensee's Proposed Overall Completion Date: 11/04/2025

Implemented [redacted] - 11/19/2025)