

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

December 5, 2025

[REDACTED], OWNER/ADMINISTRATOR
LABOR OF LOVE INC
[REDACTED]

RE: LABOR OF LOVE-BUILDING 1
2029 NORTH 62ND STREET
PHILADELPHIA, PA, 19151
LICENSE/COC#: 14557

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/20/2025 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 1 License #: 14557 License Expiration: 07/22/2026
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: City of Philadelphia L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 8 Waking Staff: 6

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 10/20/2025

Inspection Dates and Department Representative

10/20/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 11		Residents Served: 8	
Secured Dementia Care Unit			
In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 0			
Number of Residents Who:			
Receive Supplemental Security Income: 7		Are 60 Years of Age or Older: 7	
Diagnosed with Mental Illness: 0		Diagnosed with Intellectual Disability: 1	
Have Mobility Need: 0		Have Physical Disability: 0	

Inspections / Reviews

10/20/2025 - Full
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/17/2025

11/24/2025 - POC Submission
Submitted By: [REDACTED] Date Submitted: 12/05/2025
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/27/2025

Inspections / Reviews *(continued)*

12/05/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/05/2025

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document
Submission*

12/05/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/05/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

According to resident #1's interview, staff member A became verbally abusive, telling resident #1 in a loud voice to leave the kitchen and pushing them out as resident #1 was attempting to help with breakfast. The home did not submit an incident report to the Department.

Plan of Correction

Accept (█ - 11/24/2025)

Resident #1 was interviewed by Protective Services twice and by myself █ twice. █ denied to both of us that anything happened. I talked with my staff about Reportable Incidents and about abuse (Verbal, Sexual, & Financial). For Future compliance I will submit an Incident Report anytime Protective Services shows up. Our staff has had a Quality Management Meeting on Oct. 23, 2025 regarding this and the other violations.

Licensee's Proposed Overall Completion Date: 11/14/2025

Implemented (█ - 12/05/2025)

23b - Instrumental Activities of Daily Living Assistance

4. Requirements

2600.

23.b. A home shall provide each resident with assistance with IADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan for resident #1, dated █ indicates the resident requires assistance with laundry. On 10/20/25, the resident did not receive this assistance as required. According to the interview with resident #1, the resident has been waiting for laundry service for over three weeks.

Plan of Correction

Accept (█ - 11/24/2025)

We have a laundry list and we follow it weekly. To my knowledge no one has ever waited 3 weeks to have their clothes washed. Resident #1 was told that we will not wash a hand full of clothes. █ wanted us to wash █ that █ wanted to wear again the next day. █ was told that it had to be at least a half of a load of wash. For future compliance the administrator █ will continue to do walk throughs weekly and check the residents hampers. █ Our staff has had a Quality Management Meeting on Oct. 23, 2025 regarding this and the other violations.

Proposed Overall Completion Date: 11/14/2025

Licensee's Proposed Overall Completion Date: 11/14/2025

Implemented (█ - 12/05/2025)

85b - Infestation

5. Requirements

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

85b - Infestation (continued)

Description of Violation

On 10/20/25, roaches were observed in the dining room along the wall and in the kitchen near the stove.

Plan of Correction

Accept ([redacted] - 11/24/2025)

The exterminator was at our facility 4 days before the inspection. The invoice was shown to the inspector. They come out monthly and exterminate. From now on, we will call them twice per month for extermination as needed. Our staff has had a Quality Management Meeting on Oct. 23, 2025 regarding this and the other violations.

Licensee's Proposed Overall Completion Date: 11/14/2025

Implemented ([redacted] - 12/05/2025)

141a - Medical Evaluation

6. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #1, admitted on [redacted] had a medical evaluation completed on [redacted]. The medical evaluation was not complete within 60 days prior to admission or within 30 days after admission of the resident.

Plan of Correction

Accept ([redacted] - 12/05/2025)

[redacted]
Resident #1 was admitted on [redacted] and [redacted] Initial Medical Eval. is dated [redacted]. I will attach it. I have talked to all of my staff about the issue of having a Medical Eval. before being admitted, and The Director [redacted] and the Administrator [redacted] will double check and make sure that every new resident has an Medical Evaluation before being admitted

Proposed Overall Completion Date: 11/27/2025

Licensee's Proposed Overall Completion Date: 11/27/2025

Implemented ([redacted] - 12/05/2025)

225c - Additional Assessment

7. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #4's most recent assessment was completed on [redacted]. The assessment does not address the need for supervision and judgment. On [redacted], resident #4 [redacted]. The resident has a history [redacted]. The resident's support plan dated [redacted] does not document how this need will be met.

225c - Additional Assessment (continued)

Plan of Correction

Accepted ([redacted] - 11/24/2025)

We didn't think that Resident #4 had a need for supervision and/or judgment because according to [redacted] doctor [redacted]

[redacted]

We will update [redacted] RASP [redacted]

Our staff has had a Quality Management Meeting on Oct. 23, 2025 regarding this and the other violations.

Licensee's Proposed Overall Completion Date: 11/14/2025

Implemented ([redacted] - 12/05/2025)