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

August 27, 2026

[redacted], ASSISTANT DIRECTOR
CATHOLIC SOCIAL SERVICES
[redacted]

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

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/14/2026 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**: *02/05/2027*

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**: *20* **Waking Staff**: *15*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *07/14/2026*

Inspection Dates and Department Representative

07/14/2026 - On-Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *24* **Residents Served**: *20*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *14* **Are 60 Years of Age or Older**: *8*

Diagnosed with Mental Illness: *20* **Diagnosed with Intellectual Disability**: *2*

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

07/14/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/08/2026*

08/11/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/21/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *08/21/2026*

Inspections / Reviews *(continued)*

08/27/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/21/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

18 - Compliance With Laws

1. Requirements

2600.
18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

According to the CARE FACILITY CARBON MONOXIDE ALARMS STANDARDS ACT - ENACTMENT Act of Jun. 23, 2016, Carbon monoxide alarms must be installed in proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance.
On 7/14/26, there was no carbon monoxide detected in the kitchen. The home uses a gas stove for cooking.

According to NFPA 96, Standards for Ventilation Control and Fire Protection of Commercial Cooking Operations, Chapter 12 Procedures for the Use, Inspection, Testing and Maintenance of Equipment: Maintenance of the fire-extinguishing systems and listed exhaust hoods containing a constant or fire-activated water system that is listed to extinguish a fire in the grease removal devices, hood exhaust plenums, and exhaust ducts shall be made by properly trained, qualified, and certified persons acceptable to the authority having jurisdiction at least every 6 months.
The vent duct was last serviced December 2025 and has not been serviced since.

Plan of Correction ***Accept ([redacted] - 08/11/2026)***

- *On 8/6/26, a licensed electrician installed a carbon monoxide detector in the appropriate location to meet regulatory requirements. (Invoice attached).*
- *On 8/6/26, the Administrator updated the Building Inspection Checklist to include verification of carbon monoxide detectors and verification that the kitchen exhaust is cleaned by a licensed professional every six months.*
- *The hood exhaust duct cleaning was completed on 7/23/26. Receipt attached.*
- *The administrator met with maintenance staff on 8/6/26 to review the updated inspection requirements and ensure ongoing compliance.*
- *Maintenance manager will conduct monthly environmental audits to ensure carbon monoxide detectors remain properly installed and operational. Monthly reviews will begin 9/1/26.*

Licensee's Proposed Overall Completion Date: *08/07/2026*

Implemented ([redacted] - 08/27/2026)

65f - Training Topics

2. Requirements

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:
1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.

65f - Training Topics *(continued)*

4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training on the personal care service needs of the resident during the training year from January 2025 to December 2025.

Direct care staff person B did not receive training in care for residents with dementia and cognitive impairments, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, safe management techniques during training year from January 2025 to December 2025.

Plan of Correction ***Accept ([redacted] - 08/11/2026)***

- *On 8/6/26, Staff Person A completed the required training on the personal care service needs of the residents. (attached record of training)*
- *On 8/21/26, Staff Person B will complete the required trainings on Dementia and Cognitive Impairments, Resident Needs, and Safe Management Techniques.*
- *On 8/5/26, the Administrator audited all staff training records to ensure required trainings are current and complete.*
- *The Administrator will review staff training records quarterly to monitor compliance and prevent future omissions. Next review is scheduled for October 2026.*

Licensee's Proposed Overall Completion Date: *08/21/2026*

Implemented ([redacted] - 08/27/2026)

65g - Annual Training Content

3. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person B did not receive training in falls and accident prevention during training year January 2025 to December 2025.

Plan of Correction ***Accept ([redacted] - 08/11/2026)***

65g Annual Training Content (continued)

- *On 8/21/26, Staff Person B will complete the required falls and accident prevention training.*
- *On 8/5/26, the Administrator audited all staff training records to ensure required trainings are current and complete.*
- *The Administrator will review staff training records quarterly to monitor compliance and prevent future omissions. Next review is scheduled for October 2026.*

Licensee's Proposed Overall Completion Date: *08/21/2026*

Implemented ([redacted] - 08/27/2026)

66b - Training Plan Content

4. Requirements

2600.
66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:
1. The name, position and duties of each direct care staff person.
2. The required training courses for each staff person.
3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The home's staff training plan does not include the required training courses for each staff person. The training plan for 2026 is missing the topic of the personal care service needs of the residents.

Plan of Correction ***Accept ([redacted] - 08/11/2026)***

- *On 7/22/26, the administrator reviewed and revised the 2026 Staff Training Plan to include training in the personal care service needs of residents.*
- *On 8/5/26, the Administrator audited all staff training records to ensure required trainings are current and complete.*
- *The Administrator will review the annual training plan prior to the beginning of each calendar year to ensure all required training topics are included and completed.*

Licensee's Proposed Overall Completion Date: *08/07/2026*

Implemented ([redacted] - 08/27/2026)

107d - Procedure Emergency Management Agency Submission

5. Requirements

2600.
107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been submitted and updated since 09/25/2024.

Plan of Correction ***Accept ([redacted] - 08/11/2026)***

107d Procedure Emergency Management Agency Submission (continued)

- *On 8/7/26, the Administrator reviewed and updated the emergency procedures and submitted them to the local Emergency Management Agency. Documentation of the submission and acknowledgment receipt is attached.*
- *The Administrator will review and update the home's written emergency procedures annually to ensure they remain current and are submitted to the local Emergency Management Agency as required.*
- *On 8/6/26, the administrator has established a tracking system to ensure annual review and submission deadlines are met.*
- *The emergency procedures will be reviewed with staff annually and during orientation for new hires. Documentation of staff training will be maintained in staff training records.*

Licensee's Proposed Overall Completion Date: *08/07/2026*

Implemented ([redacted] - 08/27/2026)

132c - Fire Drill Records

6. Requirements

2600.
132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on April 11, 2026, at 4:30 PM indicates there were 20 residents in the home however only 14 residents evacuated.

Repeated Violation - 07/22/2025

Plan of Correction ***Accept ([redacted] - 08/11/2026)***

- *Immediately, the Administrator will review all fire drill documentation monthly to ensure resident census and evacuation counts are accurate and complete.*
- *On 7/22/26, Staff were issued a memo clarifying fire drill procedures, including the requirement to account for all residents present in the home and to accurately document participation and any reason for non-participation. A copy of the memo is attached.*

Licensee's Proposed Overall Completion Date: *08/07/2026*

Implemented ([redacted] - 08/27/2026)

141b1 - Annual Medical Evaluation

7. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on [redacted] The resident's previous medical evaluation was completed on [redacted]

Repeated Violation - 10/07/2025

141b1 - Annual Medical Evaluation *(continued)*

Plan of Correction ***Accept ([redacted] - 08/11/2026)***

- *On 8/7/26, the administrator provided written guidance to case management staff regarding annual DME completion requirements and the importance of adhering to assessment due dates. (Review attached guidance)*
- *Effective immediately, the social work supervisor will conduct monthly audits of assessment due dates to ensure all annual DMEs are completed timely and in accordance with regulatory requirements. Next monthly audit will begin 9/1/26.*
- *Quarterly, the Social Work Supervisor conducts reviews of Resident Records. Next review is scheduled for October 2026.*

Licensee's Proposed Overall Completion Date: *08/07/2026*

Implemented ([redacted] - 08/27/2026)

190a - Completion Medication Course

8. Requirements

2600.
190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person C, who has not successfully completed the Department-approved medications administration course, administered medications to residents to include the following:
On 07/14/26, at 2:00 pm, staff person C administered the following medications to resident #2: Primidone 50 mg and Cyproheptadine 4 mg.

On 07/13/26, at 8:00 am, staff person C administered the following medications to resident #2: Cyproheptadine 4 mg, Primidone 50 mg, Vitamin E, Sodium Fluoride, Bupropion HCL XL 150 mg and Bupropion HCL XL 300 mg.

Plan of Correction ***Accept ([redacted] - 08/11/2026)***

- *Upon discovery of the violation, staff person C was immediately removed from all medication administration duties.*
- *Only staff who have successfully completed the Department-approved Medication Administration Course and maintain current certification will administer medications.*
- *To prevent recurrence, the administrator will maintain and review a monthly list of medication-certified staff and annual practicum completion dates to ensure only qualified staff are assigned medication administration responsibilities. Monthly reviews will begin 9/1/26.*
- *On 8/10/26, Staff person C is scheduled to begin the Department-approved medication Administration Course and will not administer medications until all training and certification requirements have been successfully completed.*

Licensee's Proposed Overall Completion Date: *08/07/2026*

190a - Completion Medication Course *(continued)*

Implemented ([redacted] - 08/27/2026)

190c - Record of Training

9. Requirements

2600.
190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record for staff person C does not include documentation of successful completion of the training. Staff person D's train-the-trainer certificate expires on 12/13/2025. However, the expired train-the-trainer certificate was used to complete the annual practicum for staff person C on 04/04/26.

Plan of Correction ***Accept ([redacted] - 08/11/2026)***

- *Immediately, Staff Person C was removed from medication administration duties until all training requirements are successfully completed.*
- *On 8/5/26, the administrator reviewed all medication administration training records and verified the certification status of staff responsible for conducting medication administration practicums.*
- *On 8/10/26, Staff person C will begin a new medication administration with a trainer whose train-the-Trainer certification is current. Documentation of successful completion will be maintained in the staff's file.*
- *To prevent recurrence, the Administrator will maintain and review monthly a list of certified staff, annual practicum completion dates, and Train-the-Trainer certification expiration dates to ensure only qualified staff conduct training and practicums. Monthly reviews will begin 9/1/26.*

Licensee's Proposed Overall Completion Date: *08/07/2026*

Implemented ([redacted] - 08/27/2026)