

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to DIVINITY MANOR LLC
LEGAL ENTITY

To operate DIVINITY MANOR
NAME OF FACILITY OR AGENCY

Located at 932-34 NORTH 42ND STREET, PHILADELPHIA, PA 19104
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 30
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967 P.L. 31 as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from July 29, 2013 until January 29, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 138741

Robert E. Robinson

ISSUING OFFICER

[Signature]

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 30 2013

Ms. Lea B. Sargent, President/Owner
Divinity Manor PCH, LLC
932-34 North 42nd Street
Philadelphia, Pennsylvania 19104

Dear Ms. Sargent:

As a result of the Department of Public Welfare's (Department) licensing inspection on June 17, 2013, of the above personal care home, we have found that your personal care home is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (related to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed personal care home will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, violations on the enclosed Violation Report were found. All violations specified on the Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Your PROVISIONAL license is enclosed, based on substantial but not complete complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 13874 - 06/17/2013 - Foulkes, Kimberl
 PCH Name: Divinity Manor

1. REGULATION 66 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
 The boiler on the 932 side does not have a Certificate of Boiler or Pressure Vessel Operation Issued by the PA Department of Labor and Industry.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

There is not a boiler on 932, there is a furnace

Withdrawn 7/23/13 C.M.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

[Signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Leo B. Sargent (Owner)</i>	<i>7/19/13</i>

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of _____ (Date) The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 13874 - 06/17/2013 - Foulkes, Kimberl
 PCH Name: Divinity Manor

1. REGULATION 65 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

Two containers of interior paint, with a manufacturer's label indicating "If swallowed, get medical attention immediately", were unlocked and accessible to residents in the prep room for the kitchen. Residents of the home, including residents #1, have not been assessed capable of recognizing and using poisons safely. Also, a bottle of flea and tick killer spray, with a manufacturer's label indicating "If swallowed, immediately call a poison control center or doctor," was unlocked and accessible on the mantle in this room.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Specific Change: A file cabinet was immediately purchased.
 Who will make the change: The administrator and staff.
 When will change be made: The change was made on 6/19/13.
 How is changed made: All poisonous materials will be placed in the cabinet in the basement, which is not accessible to the residents.
 System implemented to make sure violation will not occur: Poisonous material is kept under lock and key.
 Training provided to staff: Training has been giving to staff on how to properly handle and put away hazardous materials under lock and key.

All staff will monitor daily for compliance

7/24/13
 CM

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Signature]

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Lee B. Sargent (Owner)

Date *7/19/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

7/24/13
 (Date)

Plan of correction implementation status as of

7/26/13
 (Date)

The above plan of correction was approved by

CM
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13874 - 06/17/2013 - Foulkes, Kimberl
PGH Name: Divinity Manor

1. REGULATION 56 Pa.Code §2600
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
The window at the foot of the bed on the far right corner of room 9 has a 6 inch crack at the bottom right corner. The integrity of the window is compromised allowing it to be easily broken posing a danger to the residents.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Specific change: New window was purchased and installed.
Who will make the changes: Administrator and off by owner.
When will change be made: Change was made on 06/13/13.
How is changed made: By purchasing a new window.
System implemented to make sure violation will not occur: Staff will check windows daily for any broken, frayed or removed screens.
Training provided to staff: Weekly training will be provided to staff by the administrator to log a maintenance log.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Date

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The above plan of correction was approved by CM (Initials)

Plan of correction implementation status as of 7/25/13 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13874 - 06/17/2013 - Foulkes, Kimberil
 PCH Name: Divinity Manor

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 - On 6/17/13, at 1:10 pm, the water temperature at the sink in the second floor bathroom of the 932 side measured 122.1 degrees Fahrenheit.
 - On 6/17/13, at 1:18 pm, the water temperature at the sink in the third floor bathroom of the 932 side measured 123 degrees Fahrenheit.
 - On 06/17/13, at 1:50 pm, the water temperature at the the sink in the second floor bathroom on the 934 side measured 126.3 degrees Fahrenheit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Specific change: A water thermometer was purchased on 07/01/13
 Who will make the changes: Administrator and the owner
 When will change be made: Change was made on 07/13/13.
 How is changed made: By purchasing a thermometer and having a contractor lower the t temperature to 118 degrees
 System implemented to make sure violation will not occur: Daily inspections are made.
 Training provided to staff: Administrator trained staff how to properly use water thermometer for accurate readings.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Claire B. Sargent (owner) Date 7/19/13

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Violation Report: 13874 - 06/17/2013 - Foulkes, Kimberl

PCH Name: Divinly Manor

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

- The telephone in the second floor hallway of the 934 side does not have emergency numbers posted nearby.
- The telephone in the third floor hallway of the 934 side does not have emergency numbers posted nearby.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

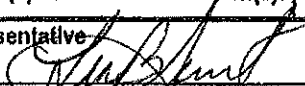
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Specific change: Emergency phone numbers were posted.
 Who will make the changes: Administrator and staff
 When will change be made: Change was made immediately.
 How is changed made: By posting the emergency numbers by each phone.
 System implemented to make sure violation will not occur: Staff will check the posted emergency numbers daily.
 Training provided to staff: Staff is trained by administrator to make routine checks .

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Len B. Sargent (owner)

Date 7/19/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

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(Date)

Plan of correction implementation status as of 7/25/13
(Date)

The above plan of correction was approved by em
(initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13874 - 06/17/2013 - Foulkes, Kimberli
 PCH Name: Divinity Manor

1. REGULATION 65 Pa.Code §2600

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

- The window in the bathroom on the third floor 934 side was open and did not have a screen.
- The window in room #9 on the second floor across from the entrance to the room was open and did not have a screen.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Specific change: Screens were purchased *and installed.*

Who will make the changes: Administrator and the owner

When will change be made: Change was made on 07/01/13.

How is changed made: By purchasing the screens

System implemented to make sure violation will not occur: Weekly inspections will be made by staff for frayed or broken window screens.

Training provided to staff: Weekly training will be provided to all staff .

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Lea B Sargent (owner)

Date *7/19/13*

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 (Date)

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 (Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 13874 - 06/17/2013 - Foulkes, Kimberli
 PCH Name: Divinity Manor

1. REGULATION 55 Pa.Code §2600
 2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION
 - The exterior steps off of the back porch, do not have a handrail.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Specific change: Railings 7/01/13 were installed.
 Who will make the changes: Administrator and owner.
 When will change be made: Change was made on 07/01/13
 How is change made: Change was made by contractor, who installed the railings.
 System implemented to make sure violation will not occur: Having staff do monthly inspection of exterior and interior of the building.
 Training provided to staff: Administrator has implemented monthly training on interior and exterior inspection.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Len B. Sargent (Owner)	7/19/13

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Violation Report: 13874 - 06/17/2013 - Foulkes, Kimberli
 PCH Name: Divinity Manor

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

- The mirror attached to the dresser in room 1 is not secure and could fall on a resident.
- The top of the tank to the toilet in the bathroom on the third floor 932 side is chipped with sharp edges posing a hazard to the residents:
- The mirror attached to the dresser in room 8 is not secure and could fall on a resident.
- The toilet in the bathroom on the third floor 932 side was missing a toilet seat.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Specific Changes: The mirror in room #1 has been removed. The toilet has been replaced. The mirror in room #8, was properly secured with new hinges and screws. A new toilet was replaced with a new seat.

Who will make the changes: Administrator and owner.
 when will change be made: Change was made July 13, 2013.

How is change made: Dresser in room, was removed, new toilet was purchased, the mirror in room # 8 was secured and toilet on the third floor on 932 was purchased. *and replaced.*

System Implemented to make sure violation will not occur: Staff will be making daily inspections for missing fixtures throughout the facility.

Training provided to staff: Staff is trained by administrator to make weekly checks.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lea B. Sargent (owner)</i>	Date <i>7/19/13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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The above plan of correction was approved by <u>CM</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13874 - 06/17/2013 - Foulkes, Kimberl
 PCH Name: Divinity Manor

1. REGULATION 55 Pa.Code §2600
 2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
 The first aid kit in the staff office does not include a thermometer, protective eye coverings, or a CPR breathing shield.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Specific Changes: Thermometer, protective eye covering, and CPR breathing shield was purchased.
 Who will make the changes: Administrator and owner
 when will change be made: change was made on 7/1/13.
 How is change made: Change was made by purchasing missing items.
 System implemented to make sure violation will not occur: Routine check by the administrator will be completed.
 Training provided to staff: Staff and administrator will check weekly to make sure the first aid kit is complete.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Lea B. Sargent (owner)* Date *7/19/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/23/13
 (Date) Plan of correction implementation status as of 7/25/13
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by CW
 (Initials)

Violation Report: 13874 - 06/17/2013 - Foulkes, Kimberli
 PCH Name: Divinity Manor

1. REGULATION 56 Pa.Code §2600

2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.

2a. DESCRIPTION OF VIOLATION

- Bedroom 1 has two residents but only one chair.
- Bedroom 5 has two residents but no chairs.
- Bedroom 8 has two residents but only 1 chair.
- Bedroom 11 has three residents but only one chair.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Specific Changes: Another chair was placed in bedroom #1, another chair was placed in bedroom # 5, 2 chairs were placed in bedroom #8 and two more chairs were placed in room # 11.

Who will make the changes: Staff

when will change be made: The chairs were placed in the room on 06/19/13.

How is change made: Administrator and the owner.

System implemented to make sure violation will not occur: Staff will check daily for the correct amount of chairs in each room.

Training provided to staff: Staff have been trained to check rooms daily for the correct amount of chairs in the rooms.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Lois B. Sargent (owner) Date 7/19/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/23/13
 (Date)

Plan of correction Implementation status as of 7/25/13
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by CM
 (Initials)

Violation Report: 13874 - 06/17/2013 - Foulkes, Kimberil
 PCH Name: Divinly Manor

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(3) - Each resident shall have the following in the bedroom: Pillows, bed linens and blankets that are clean and in good repair.

2a. DESCRIPTION OF VIOLATION
 - There are two beds in room 5, none of which had pillows.
 - There are three beds in room 12, none of which had pillows.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Specific Changes: Pillows were purchased
 Who will make the changes: Owner and administrator
 when will change be made: Change was made on 07/01/13
 How is change made: Pillows were placed in room # 5 and room # 12
 System implemented to make sure violation will not occur: Routine checks by staff will be made staff.
 Training provided to staff: Staff will check every morning for pillows in residents rooms

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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The above plan of correction was approved by <u>AM</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13874 - 08/17/2013 - Foulkes, Kimberil
 PCH Name: Divinity Manor

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.

2a. DESCRIPTION OF VIOLATION
 There is no bedside table or shelf beside the three beds in room 3.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Specific Changes: Bedside table were placed in room 3
 Who will make the changes: Owner and Administration
 when will change be made: Changes were made on 06/19/13
 How is change made: Mirrors were placed in room 10 and 11. *MS*
 System Implemented to make sure violation will not occur: Staff will make daily inspections of the rooms
 Training provided to staff: staff had training on how to inspect rooms for missing bedside tables

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lea B. Sargent (Owner)</i>	Date <i>7/19/13</i>
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Violation Report: 13874 - 06/17/2013 - Foulkes, Kimberl
 PCH Name: Divinity Manor

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(6) - Each resident shall have the following in the bedroom: A mirror.

2a. DESCRIPTION OF VIOLATION

- There is no mirror in the bedroom of room 10.
- There is only one mirror for three residents in room 11.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Specific Changes: A mirror was placed in bedroom # 10. 2 mirrors were placed in room # 11.
 Who will make the changes: Staff and administrator
 when will change be made: change was made on 07/01/13
 How is change made: Mirrors were placed in room # 10 and room # 11
 System implemented to make sure violation will not occur: Routine inspections for mirrors were put into place
 Training provided to staff: Staff will make weekly inspections for broken and removed mirrors.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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| The above plan of correction was approved by <u>CM</u>
(Initials) | <input type="checkbox"/> Fully Implemented
<input checked="" type="checkbox"/> Partially Implemented - Adequate Progress
<input type="checkbox"/> Partially Implemented - Inadequate Progress
<input type="checkbox"/> Not Implemented |
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Violation Report: 13874 - 06/17/2013 - Foulikes, Kimberli
 PCH Name: Divinity Manor

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

- The beds in room 3 do not have a source of light that can be turned on/off from bedside.
- The beds in room 4 do not have a source of light that can be turned on/off from bedside.
- The beds in room 8 do not have a source of light that can be turned on/off from bedside.
- There are three bedside lights in room 12. Of these lamps, two are not operable.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Specific Changes: Lamps were purchased for room 3,4,8 and two lamps were replaced in room 12
 Who will make the changes: Administration and staff
 when will change be made: change was made on 7/1/13
~~How is change made: Mirrors were placed in room 10 and room 11~~ *was*
 System implemented to make sure violation will not occur: Daily checks of the lamps are done by staff.
 Training provided to staff: Staff are trained to check residents lamps daily

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Leah B Sargent (owner)* Date *7/19/13*

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The above plan of correction was approved by <u>CM</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13874 - 06/17/2013 - Foulkes, Kimberl
 PCH Name: Divinity Manor

1. REGULATION 55 Pa.Code §2600
 2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION
 There is no soap available at the sink in the bathroom on the second floor 932 side.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Specific Changes: Liquid soap has been placed in the sink at blg 932
 Who will make the changes: Owner and administrator
 when will change be made: change was made on 6/17/13
 How is change made: By placing soap in the soap dispenser
 System implemented to make sure violation will not occur: Dispensers were purchased
 Training provided to staff: Staff is trained to inspect the dispenser on every shift and replenished the dispenser.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Len B. Sargent (owner)* Date *7/19/13*

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13874 - 06/17/2013 - Foulkes, Kimberil
 PCH Name: Divinity Manor

1. REGULATION 55 Pa.Code §2600
 2600.102(k) - Use of a common towel is prohibited.

2a. DESCRIPTION OF VIOLATION

There were no paper towels, mechanical air blower hand dryer, or individually labeled cloth towels in the bathroom on the second floor of the 932 side.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Specific Changes: The paper towel dispenser was purchased

Who will make the changes: Owner and administrator

when will change be made: Changes were made on 07/13/13

How is change made: Dispensers were purchased

System implemented to make sure violation will not occur: Daily inspection in bathrooms for broken or removed dispenser

Training provided to staff: Staff has been trained to make daily inspection of bathrooms

Housekeeping will be responsible to replenish towels in the dispenser.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Lea B Sargent (owner)* Date *7/19/13*

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Violation Report: 13874 - 06/17/2013 - Foulkes, Kimberl
 PCH Name: Divinity Manor

1. REGULATION 55 Pa.Code §2600
 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION
 - An opened bag of sausages and a bowl of macaroni salad in the main refrigerator were not labeled and dated. Also, a container of baked beans was not labeled and dated.
 - Four to five bags of meat products were not labeled or dated in the main freezer.
 - A plastic container of what appeared to be oatmeal, a bag of bulgar wheat, and yellow and red filled squirt bottles were not labeled or dated on a shelf in the prep room.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Specific Changes: Labels, containers and plastic food storage bags were purchased
 Who will make the changes: Owner and administrator
 when will change be made: Change was made on 7/1/13
 How is change made: All open food were placed in sealed containers and labeled
 System implemented to make sure violation will not occur: Staff is to inspect food areas daily for unlabeled or food not properly stored daily
 Training provided to staff: Staff is trained weekly on properly storing food
 All staff is responsible to label and properly storage opened food.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Lea D. Sargent (owner) Date 7/19/13

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Violation Report: 13874 - 06/17/2013 - Foulkes, Kimberli
 PCH Name: Divinity Manor

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 On 6/17/13 there was no thermometer in the main refrigerator and freezer in the kitchen. There was no thermometer in the small upright freezer in the basement, also.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Specific Changes: Thermometers were placed in the refrigerator, freezer and upright freezer.
 Who will make the changes: Owner and administrator
 when will change be made: The change was made on 06/17/13
 How is change made: Thermometers were placed in all areas
 System implemented to make sure violation will not occur: Staff is to check the refrigerator and freezer on each shift.
 Training provided to staff: Staff is trained monthly for broken or removed thermometers
 System is consist of. Check list that freezers & Refrigerators were checked.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 13874 - 06/17/2013 - Foulkes, Kimberl
 PCH Name: Divinity Manor

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

- A box of mashed potatoes and a package of crackers on the shelves in the prep area was opened and unsealed.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Specific Changes: Mashed potatoes were labeled, dated, and placed in sealed storage bag

Who will make the changes: Staff

when will change be made: Change was made on 06/18/13.

How is change made: Change is being made by purchasing proper storage bags.

System implemented to make sure violation will not occur: By purchasing proper storage bags and containers for proper food storage

Training provided to staff: Administrator will train staff on how to store food properly by the regulatory compliance guide

Administrator will monitor daily 7/24/13 cm

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
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Lea B. Sargent (owner)

Date: 7/19/13

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Violation Report: 13874 - 06/17/2013 - Foulkes, Kimberl
 PCH Name: Divinity Manor

1. REGULATION 65 Pa.Code §2600
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
 On 6/17/13, there was an accumulation of lint in the lint trap of the top of the stacked dryers in the basement.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Specific Changes: Lint was removed
 Who will make the changes: Administrator and staff
 when will change be made: Change was made on 06/17/13
 How is change made: The lint was removed
 System implemented to make sure violation will not occur: The lint trap is checked after each load of clothes that is dried
 Training provided to staff: Staff is trained to check the lint trap.
Laundry person will be responsible to clean lint trap after each used of Dryers.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Lea B. Sargent (owner)* Date *7/19/13*

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Violation Report: 13874 - 06/17/2013 - Foulkes, Kimberl
 PCH Name: Divinity Manor

1. REGULATION 55 Pa.Code §2600

2a. DESCRIPTION OF VIOLATION
 The duct for the bottom stacked dryer was not hooked up to the outside vent.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Specific Changes: The dryer was cleaned, resealed and attached to outside vent
 Who will make the changes: Staff third shift (designated.)
 when will change be made: change was made on 6/18/13
 How is change made: Dryer was attached up to outside vent
 System implemented to make sure violation will not occur: Dryer is inspected on a daily basis
 Training provided to staff: Weekly training is provided to staff on the inspection of the dryer

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Len B. Sargent Date 7/19/13

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Violation Report: 13874 - 06/17/2013 - Foulkes, Kimberll
 PCH Name: Divinity Manor

1. REGULATION 55 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
 On 6/17/13, an 18 by 12 inch heavy piece of concrete was blocking the sidewalk on the 934 side of the home that allows exit from the property.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Specific Changes: Contractor removed the concrete
 Who will make the changes: The construction company
 when will change be made: Change was made on 6/23/13
 How is change made: The company who was completing construction removed the concrete
 System implemented to make sure violation will not occur: Staff will check the exterior of the facility *Daily*
 Training provided to staff: Monthly staff training for proper inspection of the exterior is implemented

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Lee B. Sargent* Date *7/19/13*

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Violation Report: 13874 - 06/17/2013 - Foulkes, Kimberil
 PCH Name: Divinity Manor

1. REGULATION 55 Pa.Code §2600
 2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home's emergency procedures are not posted in a conspicuous and public place in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Specific Changes: Emergency procedures are posted throughout the building
 Who will make the changes: Administrator *GA*
 when will change be made: Change was made on 06/17/13
 How is change made: Administrator posted procedures on the board
 System implemented to make sure violation will not occur: Check monthly to ensure posting is in place
 Training provided to staff: Monthly inspection will be done by staff

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Lee B. Sargent (owner)* Date *7/19/13*

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Violation Report: 13874 - 06/17/2013 - Foulkes, Kimberil
 PCH Name: Divinity Manor

1. REGULATION 55 Pa.Code §2600

2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION

The home has three floors. The home does not have emergency evacuation diagrams on any of the floors.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Specific Changes: Emergency diagram has been placed on each floor

Who will make the changes: Administrator

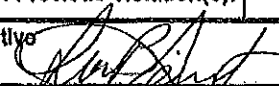
when will change be made: Change was made on 6/17/13

How is change made: By placing emergency evacuation diagram on all floors

System implemented to make sure violation will not occur: Daily inspection of diagrams posted

Training provided to staff: Staff is trained the importance of daily routine checks of posting

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Lea B. Sargent (owner) Date 7/19/13.

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Violation Report: 13874 - 06/17/2013 - Foulkes, Kimberl
 PCH Name: Divinly Menor

1. REGULATION 55 Pa.Code §2600

2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The last inspection of the oil burning furnace was conducted on 8/19/10.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Specific Changes: An inspection of the oil burner was conducted on 2/13. A copy of the inspection receipt was e-mailed to DPW

Who will make the changes: Owner

when will change be made: Change was made on 2/13

How is change made: Change was made by furnace being cleaned and inspected.

System implemented to make sure violation will not occur: Oil furnace is inspected yearly and properly logged

Training provided to staff: Staff is trained on how to log and document the yearly inspection

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Lee B Sargent (owner)* Date *7/19/13*

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Violation Report: 13874 - 06/17/2013 - Foulkes, Kimberil
 PCH Name: Divinily Manor

1. REGULATION 55 Pa.Code §2600
 2600.133(a)(2) - If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

2a. DESCRIPTION OF VIOLATION

- The second and third floors where the 932 and 934 sides meet, does not have a direct visual line to the nearest exit. There are no signs marking the line of travel to the exits.
- The exit from the third to second floor on the 934 side does not have a sign marking the line of travel to the exits.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Specific Changes: 8x10 exit signs were placed and posted

Who will make the changes: Administrator

when will change be made: Change was made on 6/19/13

How is change made: By purchasing the 8x10 exit signs

System implemented to make sure violation will not occur: Daily inspection are made for visibility of exit signs

Training provided to staff: Staff is trained weekly to ensure the exit signs are visible

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lee B. Sargent (owner)</i>	Date <i>7/19/13</i>
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Violation Report: 13874 - 06/17/2013 - Foulkes, Kimberl
 PCH Name: Divinity Manor

1. REGULATION 55 Pa.Code §2600
 2600.133(a)(3) - If the home serves nine or more residents, exit sign letters must be at least 6 inches in height with the principal strokes of letters at least 3/4 inch wide.

2a. DESCRIPTION OF VIOLATION
 The letters on the exit sign at the third floor that leads to the second floor on the 932 side are only 2 inches by 1 1/4 inches.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Specific Changes: 8x10 exit sign was purchased and posted
 Specific Changes:
 Who will make the changes:
 when will change be made:
 How is change made:
 System implemented to make sure violation will not occur:
 Training provided to staff: Who will make the changes: Administrator
 when will change be made: Changed was made on 06/17/13
 How is change made: An 8x10 exit sign was posted on the second floor on the 932 side of the facility
 System implemented to make sure violation will not occur: Daily inspection in made, to ensure the sign has not been removed
 Training provided to staff: Staff is trained to make weekly inspections to make sure the 8x10 signs stays in place

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 13874 - 06/17/2013 - Foulkes, Kimberl
 PCH Name: Divinity Manor

1. REGULATION 55 Pa.Code §2600
 2600.183(c) - Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

2a. DESCRIPTION OF VIOLATION

On 6/17/13, two packages of Risperdal Consta 37.5 mg prescribed for resident #1, was unlocked and accessible in the refrigerator in the home's kitchen.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Specific Changes: Medication refrigerator has been purchased
 Who will make the changes: Owner
 when will change be made: Change was made on 7/13/13
 How is change made: A refrigerator was purchased for medication
 System implemented to make sure violation will not occur: Staff will ensure medication is placed under lock and key. The refrigerator is ~~not~~ accessible to the residents. Medication is placed in the refrigerator at all times. Refrigerator is in a locked cabinet 7/24/13 CM
 Training provided to staff: Staff will make daily inspection, to ensure medication is refrigerated

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

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