



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**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

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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 **March 26,** **2015** until **September 26,** **2015**,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **138741**

*Robert E. Robinson*  
ISSUING OFFICER

*Matthew J. [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.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE:**

**MAR 26 2015**

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

RE: Divinity Manor  
License #: 138741

Dear Ms. Sargent:

As a result of the Department of Human Services' (Department) licensing inspection on November 5, 2014, February 16, 2015 and February 23, 2015 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #138740 dated March 10, 2015 to March 10, 2016 is REVOKED. A FIRST PROVISIONAL license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated March 10, 2015 to March 10, 2016 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

All violations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
132e	II	28	\$5	\$140	5 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

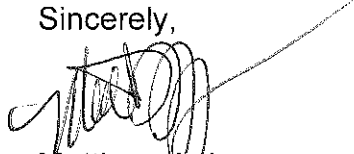
No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager  
Human Services Licensing  
Department of Human Services  
Room 631 Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew Jones", with a long horizontal line extending to the right.

Matthew Jones  
Director

Enclosures  
License  
Licensing Inspection Summary

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: DIVINITY MANOR		License Number: 13874
Address: 932 34 NORTH 42ND STREET, PHILADELPHIA, PA 19104		County: Philadelphia
Administrator: LEA SARGENT		Region: SOUTHEAST
Legal Entity Name: DIVINITY MANOR LLC		
Legal Entity Address: 932-34 NORTH 42ND STREET, PHILADELPHIA, PA 19104		
<b>Certificate(s) of Occupancy</b> R-3 06/17/2013 Labor & Industry		
<b>Staffing Hours</b>		
Resident Support:	Total Daily Staff:	Waking Staff:
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
11/05/2014: Braswell, Natasha; Colon, Lissette; McIlvain, Shawn		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:	Random Indicators:	
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 30 Number of Residents Served: 29 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	<b>Number of Residents who:</b> Receive Supplemental Security Income: 15 Are 60 Years of Age or Older: 15 Have Mental Illness: 20 Have an Intellectual Disability: 0 Have a Mobility Need: 3 Have a Physical Disability: 0	

Violation Report: 13874 - 11/05/2014 - Braswell, Natasha  
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600

2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

2a. DESCRIPTION OF VIOLATION

The home manages the finances for all the residents' and the financial records were not up to date and current.

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.*

The Administrator will ensure that all financial record are recorded properly and updated to maintain compliance.  
 Deposits.  
 Date.  
 Withdrawals and balances.

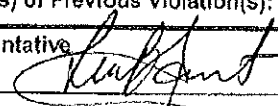
The administrator or designee will review the financial transactions with each resident on a monthly and quarterly basis, documenting accurate balances, date of withdrawals and maintaining copies of receipts for all expenditures completed on behalf of the residents, starting within 15 days of receipt of this plan of correction.

The administrator will maintain documentation of all financial transactions with resident signatures to indicate that the financial transactions are correct and have been reviewed. *per L.S.*



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
<i>Lea B. Sargent Owner</i>	<i>2/25/15</i>

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

The above plan of correction is approved as of 2/26/15  
 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 2/26/15  
 (Date)

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

Violation Report: 13874 - 11/05/2014 - Braswell, Natasha  
 PCH Name: DIVINITY MANOR


1. REGULATION 55 Pa.Code §2600  
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION  
 The contract for resident # 5 was not signed by the resident or present in the resident chart.

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.

The Administrator will be the designated person to ensure that all residents signs appropriate documents at the time of admission. The administrator will conduct monthly audits of residents files to maintain compliance.  
 Action is immediate.

Resident #5's contact will be signed by the resident, within 15 days of receipt of this plan of correction. The administrator will review all new admission records within 24 hours of admission to the home to ensure that all required documents are signed upon admission, starting within 15 days of receipt of this plan of correction.

per L.S. 


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 2/25/15

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 (Initials)

Plan of correction implementation status as of 2/26/15  
 (Date)

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Violation Report: 13874 - 11/05/2014 - Braswell, Natasha  
 PCH Name: DIVINITY MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

**2a. DESCRIPTION OF VIOLATION**

Resident # 5 record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

**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.*

The administrator of the home will immediately audit residents records with residents to ensure that all documents are signed and the residents receive his/her copy.

Resident #5 will sign the resident rights within 15 days of receipt of this plan of correction. The administrator will review all new admission records within 24 hours of admission to the home to ensure that all required documents are signed upon admission, starting within 15 days of receipt of this plan of correction. *per L.S.*

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>2/25/15</i>
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 (Date)

The above plan of correction was approved by *[Handwritten Initials]*  
 (Initials)

Plan of correction implementation status as of 2/26/15  
 (Date)

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


Violation Report: 13874 - 11/05/2014 - Braswell, Natasha  
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.63(b) - Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.

2a. DESCRIPTION OF VIOLATION  
 Staff persons A participated in an online training course for Certified Pulmonary Resuscitation. The training is not certified by a trainer, hospital, or recognized health care organization.

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.

This particular staff no longer work for the home.  
 The administrator will carefully review all documents submitted for employment to prevent falsified records in the employee records.  
 Immediate action taken, employee terminated.


*The administrator will review all STAFF CPR/FA training to ensure the training was completed by a recognized health care organization, within 30 days of receipt of this plan of correction. P.L.S.*  


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
<i>Lea b. Sargent</i>	<i>2/25/15</i>

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The above plan of correction was approved by <u></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 - 11/05/2014 - Braswell, Natasha  
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.


2a. DESCRIPTION OF VIOLATION  
 On 11/5/2014, at 10:15 am there was a malodorous smell throughout 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.

Owner of the home will ensure that all repairs are expeditiously handled and ensuring that the overall condition of the home is properly maintained. Immediate action.

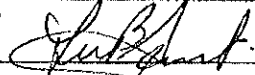
The administrator or designee will conduct daily physical site inspections to ensure that any noxious odors are eradicated by cleaning the area of the odor, starting within 15 days of receipt of this plan of correction.

The administrator will conduct training, with all staff, on how to maintain cleanliness of the home within 30 days of receipt of this plan of correction as a method of reducing any noxious odors in the home.

per L.S.  



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
Lois B. Sargent Owner	2/25/15

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The above plan of correction was approved by  (Initials)	

Violation Report: 13874 - 11/05/2014 - Braswell, Natasha  
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.85(b) - There may be no evidence of infestation of insects or rodents in the home.

2a. DESCRIPTION OF VIOLATION  
 In the bathrooms of the home there was a presence of infestation of black gnats flying near the drains and shower walls.

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.

The owner of the home will ensure that a license exterminator exterminate the home monthly to prevent any infestation in the home.  
 Immediate action..

The administrator or designee will conduct daily physical site inspections to ensure that there are no pests on the premises, starting within 15 days of receipt of this plan of correction. *per L.S.*

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
<i>Lea B. Sargent owner</i>	<i>2/25/15</i>

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 (Date)

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 (Initials)

Plan of correction implementation status as of *2/26/15*  
 (Date)

- Fully Implemented
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- Not Implemented

Violation Report: 13874 - 11/05/2014 - Braswell, Natasha  
 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 dresser in the male bedroom was missing a drawer.

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.

The owner of the home will upkeep all furniture in the home'  
 New furniture to be purchased on 2/28/15

The administrator or designee will conduct daily physical site inspections of the home to ensure that all furniture is in good repair, starting within 15 days of receipt of this plan of correction. By conducting an inspection of the physical site, the administrator will be able to correct or fix any furniture that is not in good repair, timely.

*pub. S.*  


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*

Date *2/25/15*

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 (Initials)

Plan of correction implementation status as of 2/26/15  
 (Date)

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Violation Report: 13874 - 11/05/2014 - Braswell, Natasha  
 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 lamps in the resident rooms were missing actual light bulbs.

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.

Maintenance will ensure weekly for missing bulbs and to communicate with the administrator to when to purchase supplies.  
 Immediate action..

The administrator will replace all of the light bulbs in resident rooms within 15 days of receipt of this plan of correction. The maintenance person will conduct weekly rounds of the home to ensure that all bedside lamps are operable, starting within 15 days of receipt of this plan of correction. *par. 5, ①*

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
<i>Lea B. Sargent owner.</i>	<i>2/25/15</i>

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 (Date)

The above plan of correction was approved by *ES*  
 (Initials)

Plan of correction implementation status as of 2/26/15  
 (Date)

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Violation Report: 13874 - 11/05/2014 - Braswell, Natasha  
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.102(e) - Privacy shall be provided for toilets, showers and bathtubs by partitions or doors.

2a. DESCRIPTION OF VIOLATION

The bathroom door on the second floor of the home did not have a door and the screws from the previous hinge were sticking out 3inches from the bracket.

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.

Immediate action- maintenance will conduct all repairs in the home immediately.

All repairs have been completed.  
 Maintenance will ensure that administration; Owners are notified.

The administrator or designee will conduct daily physical site inspections of the home to ensure that privacy is provided in the bathroom, starting within 15 days of receipt of this plan of correction.

per L.S.  
 SD

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)

Lee B. Sargent, Owner Date 2/25/15

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 (Date)

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 (Initials)

Plan of correction implementation status as of 2/26/15  
 (Date)

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- Not Implemented

Violation Report: 13874 - 11/05/2014 - Braswell, Natasha  
PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600  
2600.102(h) - Toilet paper shall be provided for every toilet.

2a. DESCRIPTION OF VIOLATION  
On 11/5/2014 at 9:45 am all the bathrooms in the home were missing toilet paper.

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.

Care staff will communicate with fellow staff and administrator in regards to when they are sick and cannot preform their job duties or if they need to leave work.  
Immediate action.

The administrator or designee will ensure that all bathrooms have toilet paper at all times and that additional replacement toilet rolls are available at all times, starting within 15 days of receipt of this plan of correction. The administrator or designee will conduct physical site inspections of the bathrooms at the start of each shift to ensure that adequate toilet paper is available, starting within 15 days of receipt of this plan of correction.

pa L.S.  
(Signature)

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

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

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(Date)

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

Violation Report: 13874 - 11/05/2014 - Braswell, Natasha  
 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

There was an unknown substance stored in a Tupperware container that was unsealed and not dated.

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.*

The owner will ensure to provide proper food storage and containers.  
 Please see attached receipt  
 Immediate action.

The Tupperware container was immediately thrown away during the inspection. The administrator or designee will check the homes refrigerator and cabinets on a daily basis to ensure that all food items are properly sealed and dated, starting within 15 days of receipt of this plan of correction.

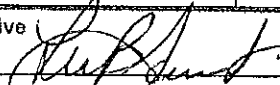
The administrator will conduct staff training in regard to the proper storage of food and how to identify spoiled food within 30 days of receipt of this plan of correction. A copy of the staff training will be maintained by the administrator.

per L.S.



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  
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Les B. Sargent OWNER Date 2/25/15

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 (Initials)

Violation Report: 13874 - 11/05/2014 - Braswell, Natasha  
 PCH Name: DIVINITY MANOR


1. REGULATION 55 Pa.Code §2600  
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION  
 On 11/5/2014 there were 5 heads of cabbage that displayed a brown color indicating spoilage; located in a plastic bag the refrigerator without a date or label.

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.

Each shift care staff will ensure that inventory is conducted daily to prevent non-compliance to the home,  
 Immediate action.

The administrator will conduct staff training in regard to the proper storage of food and how to identify spoiled food within 30 days of receipt of this plan of correction. A copy of the staff training will be maintained by the administrator.

per L.S.  



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
Lea B. Sargent	2/25/15

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

The above plan of correction is approved as of <u>2/26/15</u> (Date)	Plan of correction implementation status as of <u>2/26/15</u> (Date)
The above plan of correction was approved by <u></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 - 11/05/2014 - Braswell, Natasha  
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION

Fire drills were not completed in the home for the following months: January, February, June, July, August, September, and October in the year 2014.

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.*

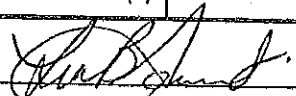
Administrator will ensure that monthly drill are conducted.  
 2/24/15 drill was conducted.  
 Immediate action.

The administrator or designee will conduct unannounced fire drills twice a month for the next 6 months to ensure that all residents and staff understand how to evacuate in the event of an emergency, starting in February, 2015. In addition, fire safety training will be conducted with both the residents and staff within 30 days of receipt of this plan of correction.

per L.S.  


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)	Date
Lea B. Sargent owner	2/25/15

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

Violation Report: 13874 - 11/05/2014 - Braswell, Natasha  
 PCH Name: DIVINITY MANOR


1. REGULATION 55 Pa.Code §2600  
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION  
 In the year 2014 a fire drill was not conducted by a fire safety expert.

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.

The owner of the home will ensure to upkeep contracts with fire safety company.  
 The owner has updated a contract with new company.  
 Fire drill conducted by the fire safety expert 2/24/15  
 Immediate action.

The administrator will schedule the 2016 and ongoing annual fire safety inspections and drills each January for February inspections/drill. The administrator has contracted with a fire safety company who will conduct the drills for the home starting 2/24/15.

*Ph L.S.*  


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative  
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*Lea B. Sargent Jones* Date *2/25/15*

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Violation Report: 13874 - 11/05/2014 - Braswell, Natasha  
 PCH Name: DIVINITY MANOR

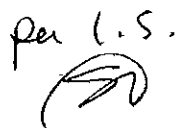
**1. REGULATION 55 Pa.Code §2600**  
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**2a. DESCRIPTION OF VIOLATION**  
 The fire drill conducted on 11/6/2013 only displayed 3 of 19 residents' participating in the monthly fire drill.

**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.*

The administrator will ensure that the proper documentation for fire drills are maintained for compliance.  
 Immediate action.

The administrator will document all fire drills and required information each time a fire drill is conducted starting 2/24/15. The administrator will review fire drill documentation on a monthly basis to ensure that all required information is recorded, starting within 30 days of receipt of this plan of correction.

*per l.s.*  



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)	Date
<i>Lea B Sargent</i>	<i>2/25/15</i>

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Violation Report: 13874 - 11/05/2014 - Braswell, Natasha  
 PCH Name: DIVINITY MANOR


1. REGULATION 55 Pa.Code §2600  
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION  
 The home had no record of conducting a fire drill during sleeping hours.

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.

Administrator will ensure that the home will conduct a fire drill will be conducted during the sleeping hours every six months.  
 Fire drill conducted on 2/25/15 at 12:30 am.  
 Immediate action.

The administrator will maintain a confidential calendar, noting that a fire drill must be held within the next 6 months during sleeping hours. The administrator will conduct an additional sleeping time fire drill within 3 months of receipt of this plan of correction.

per I.S.  


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)	Date
Lea B. Sayed owner	2/25/15

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Violation Report: 13874 - 11/05/2014 - Braswell, Natasha  
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION  
 During the fire drill conducted on 11/5/13 Resident # 1 refused to leave the home during a fire drill, the drill was not rescheduled.

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.

The administrator and care staff will ensure that all residents are out of the home during the fire drills. and if not document and reschedule the drill.  
 Immediate action.

The administrator will conduct training with all of the residents and staff on the importance of fire safety and evacuating during an emergency drill, in the event of a true emergency within 30 days of receipt of this plan of correction.

per L.S.  
 (S)

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) *Car B. Sweet own* Date *2/25/15*

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 (Initials)

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Fully Implemented  
 Partially Implemented - Adequate Progress  
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 Not Implemented

Violation Report: 13874 - 11/05/2014 - Braswell, Natasha  
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident# 2 dated 4/1/2013 DME evaluation content # 4 did not have the special health and dietary need checked off on the form.

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.*

The administrator will conduct monthly audits of residents record to maintain regulatory compliance.  
 Immediate action.

The medical evaluation for Resident #2 will be amended to include special health and dietary needs of the resident within 30 days of receipt of this plan of correction. The administrator or designee will review all newly completed medical evaluations for all residents to ensure all the required elements of this regulation are noted on the evaluation by the resident's physician. If the information is not correct or complete the administrator will contact the physician immediately to correct the medical evaluation form.

*per L.S.  
 (S)*

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 Braswell owner* Date *2/25/15*

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Violation Report: 13874 - 11/05/2014 - Braswell, Natasha  
 PCH Name: DIVINITY MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

**2a. DESCRIPTION OF VIOLATION**


Unable to determine if the dietary needs are being met for resident # 2; the box was not selected on the form.

**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.*

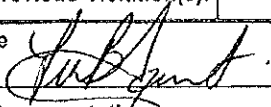
Administrator will audit residents record at the time of admission to ensure that all documents are in regulatory compliance.  
 Immediate action.

The medical evaluation for Resident #2 will be amended to include special health and dietary needs of the resident within 30 days of receipt of this plan of correction. The administrator or designee will review all newly completed medical evaluations for all residents to ensure all the required elements of this regulation are noted on the evaluation by the resident's physician. If the information is not correct or complete the administrator will contact the physician immediately to correct the medical evaluation form.

per L.S.  


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	2/25/15

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Violation Report: 13874 - 11/05/2014 - Braswell, Natasha  
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

On 11/5/2014, Percocet prescribed for resident # 1, had expired on 10/31/14; the medication was still present and stored in the cart.


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.*

The home med tech will ensure to call pharmacy to schedule medication pick up when residents leave the home..  
 Immediate action..

The administrator or designee will review each residents MAR by the first of every month in coordination with an audit of the medication on site to ensure that the proper medications are available for all residents or that discharged medications have been destroyed or returned to the pharmacy.

All staff of the home that administer medications will be trained on the importance of checking the medication for all residents on a daily basis to ensure that the proper medications are available for each resident within 30 days of receipt of this plan of correction. The training will be conducted by a Certified DHS Medication Train the Trainer person.

per L.S.  


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


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 2/25/15

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Violation Report: 13874 - 11/05/2014 - Braswell, Natasha  
 PCH Name: DIVINITY MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

**2a. DESCRIPTION OF VIOLATION**

The medication administration record for the home did not display the Master signature for the resident medication.

**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.*

The med tech will ensure to check daily for medication signatures.  
 Immediate action..

All staff will sign the master sign in sheet each month for the medication administrator record for all residents receiving medications.

All staff of the home that administers medications will be trained on the importance of signing/initialing the medication administration record or master sheet, within 30 days of receipt of this plan of correction. The training will be conducted by a Certified DHS Medication Train the Trainer person.

pu 1.5  
 (S)

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)

*Lea B. Sargent owner*

Date *2/25/15*

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

Violation Report: 13874 - 11/05/2014 - Braswell, Natasha  
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION


The home did not have a current weekly activity calendar for the month of November posted in a public and conspicuous 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.*

The activity care staff will ensure that the activity calendar is posted in advance to maintain regulatory compliance.  
 Immediate action.

The administrator will post the activity calendar in the home within 15 days of receipt of this plan of correction. The administrator or designee will conduct weekly checks of the home to ensure that the activity calendar is always posted, starting within 30 days of receipt of this plan of correction.

*per LIS*  



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)	Date
<i>Lea B. Sargent Director</i>	<i>2/25/15</i>

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Violation Report: 13874 - 11/05/2014 - Braswell, Nalasha  
 PCH Name: DIVINITY MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**2a. DESCRIPTION OF VIOLATION**

The pre-admission form for resident # 5 admitted on 12/23/13 which includes the determination that the home can meet the resident's service needs, was dated 12/24/13.

**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.*

The administrator will audit the residents records at the time of admission to ensure regulatory compliance.  
 Immediate action.

The administrator or designee will ensure that all pre-admission screening forms are completed prior to admission to the home, starting within 15 days of receipt of this plan of correction.

per L.S.

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
Lee B. Sargent, Owner	2/25/15

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Violation Report: 13874 - 11/05/2014 - Braswell, Natasha  
 PCH Name: DIVINITY MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

**2a. DESCRIPTION OF VIOLATION**

The support plan for resident # 5 was not present in the record and could not be reproduced for review to determine the resident's need for services.

**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.*

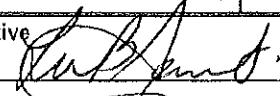
The administrator will audit residents records at the time of admission.  
 Immediate action,

The administrator or designee will complete the support plan for Resident #5 and place it in the resident record, within 15 days of receipt of this plan of correction.

*part 5*  
 (5)

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
<i>Leah B. Sargent owner</i>	<i>2/25/15</i>

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- Not Implemented

Violation Report: 13874 - 11/05/2014 - Braswell, Natasha  
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.251(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION

The DME was not present for Resident # 4 date of admission July 2013, the MA 51 was the substitute form in place of the actual department form.


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.

The administrator will ensure that DME is obtained by all residents medical PCP prior to admission.  
 Immediate action.

The administrator or designee will ensure that all resident medical evaluations are completed on the state required form. If the resident is admitted with a MA 51 form, the administrator will schedule a visit with the resident's primary physician within 30 days of admission to ensure that the required state form is completed timely.

The administrator or designee will conduct an audit of all resident medical evaluations to ensure that the evaluation is completed on the state required DME, starting within 15 days of receipt of this plan of correction.

*Per L.S.*  



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
<i>Len P. Sargent owner</i>	<i>2/26/15</i>

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Violation Report: 13874 - 11/05/2014 - Braswell, Natasha  
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.252 - Each resident's record must include the following information: (1) through (26)


2a. DESCRIPTION OF VIOLATION  
 The record for resident # 5 did not include a photograph of the resident.

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.

Administrator will ensure that all residents records are properly maintained at the time of admission.

A photo of Resident #5 will be placed in the resident record within 30 days of receipt of this plan of correction. The administrator or designee will conduct an audit of all resident records to ensure that each record includes a photo of the residents within 30 days of receipt of this plan of correction.

The administrator will ensure that all photos are less than 2 years old to maintain compliance with this regulation.

per S  



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
Lea B. Sargent Owner	2/25/15

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

The above plan of correction is approved as of <u>2/26/15</u> (Date)	Plan of correction implementation status as of <u>2/26/15</u> (Date)
The above plan of correction was approved by  (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  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: DIVINITY MANOR		License Number: 13874
Address: 932 34 NORTH 42ND STREET, PHILADELPHIA, PA 19104		County: Philadelphia
Administrator: Lea Sargent		Region: SOUTHEAST
Legal Entity Name: DIVINITY MANOR LLC		
Legal Entity Address: 932-34 NORTH 42ND STREET, PHILADELPHIA, PA 19104		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support:	Total Daily Staff: 28	Waking Staff: 21
Type of Inspection: Partial	BHA Docket Number:	Notice:
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 02/23/2015: McIlvain, Shawn		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 30	Number of Residents who:	
Number of Residents Served: 28	Receive Supplemental Security Income: 28	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 11	
Area:	Have Mental Illness: 28	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 2	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need:	
Number of Current Hospice Residents: 0	Have a Physical Disability:	
Number of Hospice Residents in past year: 0		

Violation Report: 13874 - 02/23/2015 - McIvain, Shawn  
 PCH Name: DIVINITY MANOR

**1. REGULATION 55 Pa.Code §2600**  
 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 section 2600.15 (relating to abuse reporting covered by law).

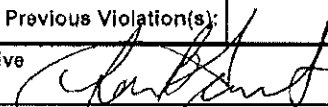
**2a. DESCRIPTION OF VIOLATION**  
 On December 18, 2014, the fire alarm panel was inoperable due to water damage. In addition, the monitoring of the fire alarm panel was discontinued due to non-payment in November, 2014. The home did not submit an incident report to the Department.

**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.

To whom it may concern. I was not aware of to submit a incident report to DHS. However. The Administrator will be the designee person to make sure that all reports are submitted to DHS. in the event that the fire alarm become inoperable. by 2/25/15 per L. Sergeant, administrator. SU


on 2/20/15 a training on incident report submission time frames and what needs to be reported will be conducting by the administrator. a sign in sheet noting staff attendance will be maintained as verification of the training. SU

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      Date  
 (Required on EVERY Page)      Lea B. Sergeant      2/24/15

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

Violation Report: 13874 - 02/23/2015 - McIlvain, Shawn  
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION  
 On 2/20/15, the Philadelphia L & I issued numerous serious fire safety violations to the home. The home was in violation of Philadelphia codes F-901.6, F-906.2, F-907.4.4, F-915.1 and F-907.20.5. As of 2/23/15, the violations have not been corrected.

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.

The Owner of the Home will ensure that the Home is in compliance with all code with the City of Philadelphia.  
 Please see attached Fire Watch Doc.  
 All fire safety work has been completed on 2/24/15.  
 The physical site violations will be completed by 3/26/15 per Phila Lt/I agreement. L.S. 

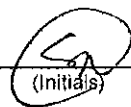
Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) 

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

Lea B. Sargent      2/24/15

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

Violation Report: 13874 - 02/23/2015 - McIlvain, Shawn  
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.127(a) - Portable space heaters are prohibited.

2a. DESCRIPTION OF VIOLATION  
 On 2/20/15 two portable space heaters were used by residents of the home, according to administrator staff A.

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.

*The Home was not aware of Resident bringing the heaters to the Home.*

*The administrator will ensure to monitor daily for Heater in resident room so Compliance can be maintained.*

*The administrator will host a community meeting on 2/25/15 with the residents to make them aware of the fire hazards that space heaters present in the home. pr L.S. (S)*

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 *2/24/15*

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

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The above plan of correction was approved by <i>[Signature]</i> (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 - 02/23/2015 - McIlvain, Shawn  
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.130(f) - Smoke detectors and fire alarms shall be tested for operability at least once per month. A written record of the monthly testing shall be kept.

2a. DESCRIPTION OF VIOLATION  
 The home's smoke detectors and fire alarms were not tested during the month of December, 2014 and January, 2015.

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.

The Administrator will ensure that Monthly Fire Drills and proper documentation are kept in compliance monthly.

Please see Fire Believing Procedures.  
 The smoke detector was engaged during fire drills conducted on 2/24/15 + 2/25/15 per L.S. (initials)

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

Signature of Legal Entity Representative (Required on EVERY Page) *Lea B. Sargent*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      Date 2/24/15  
*Lea B. Sargent*

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

Plan of correction implementation status as of 2/25/15 (Date)

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

Violation Report: 13874 - 02/23/2015 - McIlvain, Shawn  
 PCH Name: DIVINITY MANOR

**1. REGULATION 55 Pa.Code §2600**  
 2600.130(g) - If a smoke detector or fire alarm becomes inoperative, repair shall be completed within 48 hours of the time the detector or alarm was found to be inoperative.

**2a. DESCRIPTION OF VIOLATION**  
 -On 2/23/15, at 1:30pm, the home's fire alarm panel was found to be inoperative. The system has not been operable since December 18, 2014, when the panel sustained water damage according to administrator staff A.  
 -The heat detector located on the 2nd floor bathroom is inoperable.

**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.

*The administrator's staff will follow fire policy. Please see attach.*

*The administrator will conduct a fire watch along with all staff of the home.*

*Please see attach: Policy & Procedures*

*The administrator contracted with Keystone Fire Protection to correct the fire alarm panel and install new heat/fire detectors in the bathroom on 2/24/15*

*To ensure that all future repairs to the fire alarms will be fixed within 48 hrs, the home has contracted with a fire safety company to make repairs promptly as needed.*

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) *Lea B. Sargent*      Date *2/24/15*

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The above plan of correction was approved by <u>[Signature]</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 - 02/23/2015 - McIlvain, Shawn  
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.130(h) - The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

2a. DESCRIPTION OF VIOLATION  
 The home's emergency procedures were not implemented when the fire alarm panel became inoperable on December 18, 2014.

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.

*The administrator will. See that all. management and personnel. adhere to the. Inoperable. Fire Alarm. Policy; Procedures. Please see Attach.*

*Policy; Procedure.*

*The fire watch was implemented on 2/23/15 and has been conducted every hour until the fire alarm panel was corrected on 2/24/15. pr L.S.*

*The administrator will conduct staff training on 2/26/15 on the importance of implementing emergency procedures should smoke detectors or fire alarms become inoperable.*

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 (Signature) (Initials)

Plan of correction implementation status as of 2/25/15 (Date)

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

Violation Report: 13874 - 02/23/2015 - McIvain, Shawn  
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION  
 No fire drills were conducted during the months of December, 2014 and January, 2015.

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.

The home Administrator will be the designee person - to insure that monthly drills are conducted, unannounced starting 2/24/15.

The administrator conducted a sleeping fire drill on 2/25/15 @ 12:35am and the fire safety expert conducted a fire drill on 2/24/15 @ 3:30pm per fire drill records.

The administrator will conduct 2 unannounced fire drills each month for the next 6 months to ensure that all residents know how to evacuate in the event of an emergency starting February 24, 2015.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/05/2014	
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Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Lea B. Sargent*

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

Lea B. Sargent

Date 2/24/15

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

Violation Report: 13874 - 02/23/2015 - McIlvain, Shawn  
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION  
 There is no documentation to indicate that a fire safety inspection and drill were conducted by a fire safety expert during 2014 and 2015.

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.

*Fire safety expert conducted the annual drill on 2/24/15.*

*The owner will ensure that all payment schedules are made so the Home can be in compliance.*

*The administrator will schedule annual fire safety inspection and drill for 2016 + subsequent years every January for February inspections. Per L.S.*

Repeat Violation: No	Date(s) of Previous Violation(s):	11/05/2014
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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) *Leah Sargent* Date *2/24/15*

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The above plan of correction was approved by <u>[Signature]</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 - 02/23/2015 - McIlvain, Shawn  
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION  
 There is no record of a fire drill conducted during sleeping hours during 2014 or 2015.

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.

The administrator will conduct a fire drill on 2/25/15. 12:30 pm.

The administrator will ensure that sleeping hours drills are completed every six months.

The administrator will keep a confidential calendar to ensure that an unannounced sleeping time fire drill is conducted within 6 months per L.S.

The administrator will conduct an unannounced fire drill during sleeping hours within 3 months of receipt of this plan of correction per L.S.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 11/05/2014

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>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented