



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: DEC 02 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 #: 138740

Dear Ms. Sargent:

As a result of the Department of Human Services' licensing inspection on August 26, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Patricia Adams', written over a horizontal line.

Patricia Adams  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

<b>PCH Name:</b> Divinity Manor		<b>License Number:</b> 13874
<b>Address:</b> 932-34 North 42nd Street, Philadelphia, PA 19104		<b>County:</b> Philadelphia
<b>Administrator:</b> Lea Sargent		<b>Region:</b> SOUTHEAST
<b>Legal Entity Name:</b>		
<b>Legal Entity Address:</b> 932-34 NORTH 42ND STREET, PHILADELPHIA, PA		
<b>Certificate(s) of Occupancy</b>		
<b>Staffing Hours</b>		
<b>Resident Support:</b>	<b>Total Daily Staff:</b> 29	<b>Waking Staff:</b> 22
<b>Type of Inspection:</b> Interim - POC	<b>BHA Docket Number:</b>	<b>Notice:</b> Unannounced
<b>Reason(s) for Inspection(s)</b> Interim		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 08/26/2015: Adams, Patricia		
<b>Off-Site Inspection Dates and Inspectors, If Applicable</b>		
<b>Other Details</b>		
<b>Partial or Full Triggers:</b>		<b>Random Indicators:</b>
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 30 <b>Number of Residents Served:</b> 28 <b>Secured Dementia Care Unit in Home:</b> No <b>Area:</b> <b>Secured Dementia Unit Capacity, if Applicable:</b> <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> <b>Number of Current Hospice Residents:</b> 0 <b>Number of Hospice Residents in past year:</b> 0	<b>Number of Residents who:</b> <b>Receive Supplemental Security Income:</b> 28 <b>Are 60 Years of Age or Older:</b> 11 <b>Have Mental Illness:</b> 28 <b>Have an Intellectual Disability:</b> 28 <b>Have a Mobility Need:</b> 1 <b>Have a Physical Disability:</b> 1	

Violation Report: 13874 - 08/26/2015 - Adams, Patricia  
PCH Name: Divinity Manor

1. REGULATION 55 Pa.Code §2600  
2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION  
Direct care staff person A and B did not receive any hours of annual training in training 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.

Direct Staff A & B has completed the  
make up training by Administrator  
on 8/29/15.

Administrator has created Training Schedule  
for the year 2015 and 2016 moving  
forward.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 07/01/2015

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 *9/30/15*

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

The above plan of correction is approved as of 11/5/15  
(Date)

Plan of correction implementation status as of 11/5/15  
(Date)

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

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

Violation Report: 13874 - 08/26/2015 - Adams, Patricia  
PCH Name: Divinity Manor

1. REGULATION 55 Pa.Code §2800

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff members A and B did not receive the annual training on the topics permitted by the regulation.

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.

*All of 2014 has been completed for all staff at Divinity Manor. Make up training was held by Administrator on 8/29/15.*

The home will review, and adjust as necessary, the staff training plan monthly to maintain continued compliance. *(Signature)*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 07/01/2015

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Leah B Sargent*      Date *9/30/15*

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The above plan of correction is approved as of *11/2/15* (Date)

Plan of correction implementation status as of *11/2/15* (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
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Violation Report: 13874 - 08/26/2015 - Adams, Patricia  
PCH Name: Divinity Manor

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

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

2a. DESCRIPTION OF VIOLATION

Direct care staff members A and B did not have a record of annual training during training 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.

Direct Care Staff <sup>(u)</sup>  
 Resident A & B has made up and completed  
 the 2014. Required training.  
 Training was held by - Administrator on  
 8/29/14.

The home will review, and adjust as necessary, the staff training plan monthly to maintain continued compliance. <sup>(u)</sup>

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/01/2015		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>[Signature]</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Lea B. Sargent</i>	<i>9/30/15</i>

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(Initials)

Violation Report: 13874 - 08/26/2015 - Adams, Patricia  
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 8/26/15, the water temperature inside the 2nd floor female bathroom measured 130 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.

Daily check list has been created to ensure proper water pressure and measured degrees.

Training was held by administrator on 8/26/15 and 8/29/15.

Maintenance will ensure that check list is available for all shifts.

Administrator will audit files to ensure continued compliance

Repeat Violation: Yes      Date(s) of Previous Violation(s): 07/01/2015

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Les B Sargent      Date 9/30/15

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Violation Report: 13874 - 08/26/2015 - Adams, Patricia  
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 #1, dated 5/5/15, does not include the following missing elements:

- (1) General Physical Examination
- (4) Special Health or Dietary Needs
- (6) Immunization History
- (7) Medications
- (10) Mobility Needs assessment

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.

All Residents Medical Evaluation has been completed - and its in their files. .  
 a Check list has been created to ensure that yearly examinations are completed for all residents.  
 Administrator will audit residents files every six months to ensure compliance.  
 Training was held by administrator on - 8/28/15.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/01/2015	
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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) *Les B Sargent* Date *9/30/15*

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Violation Report: 13874 - 08/26/2015 - Adams, Patricia  
PCH Name: Divinity Manor

1. REGULATION 55 Pa.Code §2800

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

Resident #1 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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.

*All resident education has been placed in their file. a check list has been created to ensure that all residents are educated of rights to refusal.*

*Training was held by administrator on 8/24/15.*

Repeat Violation: Yes

Date(s) of Previous Violation(s):

07/01/2015

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

*9/30/15*

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*11/5/15*  
(Date)

Plan of correction implementation status as of

*11/5/15*  
(Date)

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The above plan of correction was approved by

*(Signature)*  
(Initials)

Violation Report: 13874 - 08/26/2015 - Adams, Patricia  
PCH Name: Divinity Manor

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The home has not complete an initial assessment for resident #1, admitted [redacted] 15.

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.

Assessment @  
Support Plan for all residents has been completed. Check list has been created to ensure that all documents are signed. Completed at the time of admission.  
Administrator has completed training on 8/26/15.

Administrator will audit resident records to ensure continued compliance. (Signature)

Repeat Violation: Yes      Date(s) of Previous Violation(s): 07/01/2015

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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Violation Report: 13874 - 08/26/2015 - Adams, Patricia  
PCH Name: Divinity Manor

1. REGULATION 55 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on 5/3/15. The home has not developed a support plan for 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.

Support plans are completed for all residents files. Checklist has been created by Administrator to ensure that all documents are signed-dated and completed upon admission.  
Training was held on 8/28/15.

Administrator will audit resident records to ensure continued compliance

Repeat Violation: Yes

Date(s) of Previous Violation(s):

07/01/2015

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

Date

9/30/15

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11/2/15  
(Date)

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The above plan of correction was approved by

*[Handwritten Initials]*  
(Initials)

Violation Report: 13874 - 08/26/2015 - Adams, Patricia  
PCH Name: Divinity Manor

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

The home did not complete an annual assessment for resident #2. There were no other assessments on file.

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.

all. Residents files has been completed with support plans.

Check list has been created to ensure that Residents are completed at the time of admission.

Training was conducted on 8/28/15.

Administrator will audit resident records to ensure continued compliance.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

07/01/2015

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

Les Bryant

Date

9/30/15

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11/2/15  
(Date)

Plan of correction implementation status as of

11/2/15  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

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(Initials)

Violation Report: 13874 - 08/26/2015 - Adams, Patricia  
PCH Name: Divinity Manor

1. REGULATION #5 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

On 7/1/15, resident #1 did not have a support plan indicating their needs for service and how the needs will be met.

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.

All Support plans have been completed signed and dated. Check list has been created to ensure the support plans and residents are completed and signed upon admission.  
Training was held by admin. straton on 8/28/15.

Administrator will audit records to ensure continued compliance.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

07/01/2015

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

9/30/15

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(Date)

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(Initials)

Violation Report: 13874 - 08/26/2015 - Adams, Patricia  
PCH Name: Divinity Manor

1. REGULATION 65 Pa.Code §2600  
2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION  
Resident #2's preadmission screening form was completed, however it was 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.

Administrator has created a checklist on 8/28/15 to ensure that all documents are completed and signed at the time of admission.

Training was held by administrator on 8/28/15.

Administrator will audit all new admission records to ensure continued compliance. *(Signature)*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 07/01/2015

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 *9/30/15*

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Violation Report: 13874 - 08/26/2015 - Adams, Patricia  
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

- Resident #2' and #3's records does not include documentation of a medical examination.
- Resident #1's records does not include documentation of a support plan.

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.

Support Plans & PNE for all residents has been completed by administration. A check list of completed documents has been placed in all residents files.

Training for PNE & Support Plans has been completed on 8/24/15

Administrator will audit new residents files monthly. to ensure compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/01/2015	
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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 Date 9/30/15

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