



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

OCT 07 2015

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

Mr. Herman J. Weinrich, Esquire  
Timoney Knox, LLP  
400 Maryland Drive  
Fort Washington, Pennsylvania 19034

RE: Divinity Manor

Dear Ms. Sargent and Mr. Weinrich:

This is to acknowledge receipt of your request to appeal the Department's decision to REVOKE the license for Divinity Manor. Your request has been forwarded to the Department of Human Services, Bureau of Hearings and Appeals. You will be contacted regarding the date and time of the hearing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones".

Matthew J. Jones  
Director

cc: Pat Marano, Office of General Counsel

**DIVINITY MANOR, LLC**  
**932-34 North 42<sup>nd</sup> Street**  
**Philadelphia, PA 19104**

Telephone: 215-740-3430

Fax No. 215-222-3037

September 16, 2015

**Via Federal Express - Overnight Mail**  
**and Via Fax No. 1-717-783-5662**

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

**RECEIVED**

SEP 17 2015

Human Services Licensing

**RE:    Revocation of License #138741**  
**Lea B. Sargent and Divinity Manor, LLC**  
**NOTICE OF APPEAL AND REQUEST FOR HEARING**

Dear Mr. Herzing:

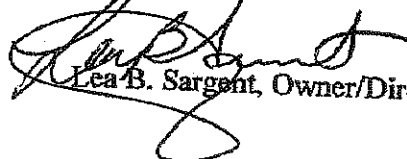
I am the Owner and Administrator of Divinity Manor, LLC located at 932-34 North 42<sup>nd</sup> Street, Philadelphia, Pennsylvania 19104. The purpose of this letter is to advise you of my request for an Appeal from the decision of the Department of Human Services to Revoke License No. 138741 to operate Divinity Manor and the ban on admissions as set forth in the letter of Matthew J. Jones, Director. The correspondence from Mr. Jones has a stamped mailing date of September 9, 2015. I enclose a copy of the letter for your reference.

My attorney, Herman J. Weinrich, is away on vacation and will notify your office of his representation when he returns to the office on September 23, 2015. Please forward all correspondence, notices and documents related to the appeal to my attention at the above address and also to the attention of my attorney as follows:

Herman J. Weinrich, Esquire  
TIMONEY KNOX, LLP  
400 Maryland Drive  
Fort Washington, PA 19034-7544

Kindly acknowledge receipt of this letter. If there is anything else required in order to perfect this appeal, please contact me at your earliest convenience.

Very truly yours,



Lea B. Sargent, Owner/Director

Enclosure



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE: SEP 09 2015**

Ms. Lea B. Sargent, Owner/Administrator  
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 inspections on April 22, 2015, May 21, 2015, July 1, 2015 and August 26, 2015 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

As a result of violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), the Department is REVOKING your license to operate the above facility. The decision to REVOKE your license is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa.Code § 20.71(a)(2); (6) (relating to conditions for denial, nonrenewal or revocation).

In accordance with 55 Pa.Code § 2600.269 (a)(3) (relating to ban on admissions) no new resident admissions are permitted after the date of this letter.

If you disagree with the decision to REVOKE your license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, 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

Ms. Lea B. Sargent

2

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.

~~The enclosed Licensing Inspection Summary specifies plans of correction and dates by which corrections must be made. If you choose to appeal, this plan of correction must be followed during your operation pending your appeal.~~

Sincerely,

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

Matthew J. Jones  
Director

Enclosures  
License  
Licensing Inspection Summary

JUL 20 2015 3:10PM

NO. 4050 P. 4

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2800**

Page 1 of 12

PCH Name: DIVINITY MANOR		License Number: 13874
Address: 932 34 NORTH 42ND STREET, PHILADELPHIA, PA 19104		County: Philadelphia
Administrator: LEA BARGENT		Region: SOUTHEAST
Legal Entity Name: DIVINITY MANOR LLC		
Legal Entity Address: 932-34 NORTH 42ND STREET, PHILADELPHIA, PA 19104		
Certificate(s) of Occupancy nm nm		
Staffing Hours Resident Support: 0	Total Daily Staff: 30	Working Staff: 23
Type of Inspection: Interim - Provisional	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s): Provisional, Monitoring, Fine		
On-Site Inspection Dates and Department Representatives On-Site 04/22/2015: Keely, Jennifer Kazimer, Lauren		
Off-Site Inspection Dates and Inspectors, if Applicable 04/27/2015: Keely, Jennifer		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Date		
Licensed Capacity: 30 Number of Residents Served: 30 Secured Dementia Care Unit 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	Number of Residents who: Receive Supplemental Security Income: 26 Are 60 Years of Age or Older: 15 Have Mental Illness: 30 Have an Intellectual Disability: 3 Have a Mobility Need: 0 Have a Physical Disability: 0	

JUL 20 2015 3:10PM

NO. 4050 P. 5

Page 2 of 12

Violation Report: 13874 - 04/22/2015 - Keely, Jennifer  
PCH Name: DIVINITY MANOR

1. REGULATION 65 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  
Incidents occurred on 3/8/2015, 3/19/2015, and 3/22/2015 and were not reported 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.

*Administrator will ensure that all 302 incidents. and fights in the residential community is. Fixed. with verification to the regional office. Has been completed.*

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/23/2015

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 7/21/15

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

The above plan of correction is approved as of 8/6/15 (Date)

Plan of correction implementation status as of 8/6/15 (Date)

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

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

JUL. 20. 2015 3:10PM

NO. 4050 P. 6

Page 3 of 12

Violation Report: 13874 - 04/22/2015 - Keely, Jennifer  
PCH Name: DIVINITY MANO

1. REGULATION 88 Pa.Code 2600  
2600.42(e) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION  
The home's video monitoring system records video images in the dining room, living room, and second and third floor hallways.

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 has posted video on premise throughout the facility. To assure that anyone who enters know that video monitoring is being conducted. The administrator has monthly community meeting, all residents are aware of video monitoring in the common areas.  
This been completed

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 D. Savant Date 7/24/15

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

The above plan of correction is approved as of 8/6/15 (Date) Plan of correction implementation status as of 8/6/15 (Date)

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

- Fully Implemented
- Partly Implemented - Adequate Progress
- Partly Implemented - Inadequate Progress
- Not Implemented

JUL. 20. 2015 3:10PM

NO. 4050 P. 7

Page 4 of 12

Violation Report: 13874 - 04/2/2015 - Kealty, Jennifer  
PCN Name: DIVINITY MANO

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  
The home does not have documentation of a current fire safety inspection 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 administrator has contracted  
The fire alarm company and received a  
copy for the facility.  
The Administrator will ensure that  
all documents are available for the  
state. HAS been completed

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/23/2015 11/06/2014

Signature of Legal Entity Representative *[Signature]*

Printed Name and Title of Legal Entity Representative Date *7/24/15*

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

The above plan of correction is approved as of *8/6/15*  
(Date)

Plan of correction implementation status as of *8/6/15*  
(Date)

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

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

JUL. 20. 2015 3:11PM

NO. 4050 P. 8

Page 5 of 12

Violation Report: 13874 - 04/22/2015 - Keely, Jennifer  
PCH Name: DIVINITY MANOR

1. REGULATION 65 Pa. Code 2600  
2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION  
The home does not have a designated evacuation time from 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 Administrator will ensure that all documentation from fire safety expert is available for State inspection. Administrator has received a copy from fire alarm company. Has been completed.

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

Signature of Legal Entity Representative (Required on EVERY Page)

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

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

The above plan of correction is approved as of [Signature] (Date) 7/16/15  
The above plan of correction was approved by [Signature] (Initials) RB  
Plan of correction implementation status as of [Signature] (Date) 8/12/15  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

JUL 20 2015 3:11PM

NO. 4050 P. 9

Page 6 of 12

Violation Report: 13874 - 04/2/2015 - Kealty, Jennifer  
PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa. Code 2600  
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
Resident # 1's last medical evaluation was completed on 8/30/2013.  
Resident # 2's last medical evaluation was completed on 1/27/2014.  
Resident # 3's last medical evaluation was completed on 10/2/2013.

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 ~~conduct~~ update MAST out DME yearly with residents and PCP. Administrator will also update records as needed provides that then charges before the year has ended.  
Has been completed

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)

Lisa B. Sargent

Date

7/21/15

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

The above plan of correction is approved as of

8/18/15  
(Date)

Plan of correction implementation status as of

8/18/15  
(Date)

The above plan of correction was approved by

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

Violation Report: 13874 - 04/20/2015 - Keely, Jennifer	
PCH Name: DIVINITY MANOR	
1. REGULATION 56 Pa.Code 2600 2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.	
2a. DESCRIPTION OF VIOLATION Resident # 1 self-administers Clindamycin Phosphate Lotion and Ketoconazole Cream but has not been assessed by a physician, physician's assistant or certified registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.	
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.	
<p>The Medical Tech. will insure that doctors documentation for the resident to self administer medications are available for review and properly kept in the residents records.</p> <p>The administrator will double check the Med. Tech.</p>	
Report Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Lea. B. Sargent</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>8/2/15</u> (Date)	Plan of correction implementation status as of <u>8/2/15</u> (Date)
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

JUL. 20. 2015 3:11PM

NO. 4050 P. 11

Page 8 of 12

Violation Report: 13874 - 04/22/2016 - Realy, Jennifer  
PCH Name: DIVINITY MANOR

1. REGULATION 68 Pa.Code 2800  
2800.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION  
On 4/22/2016, Resident # 3's Landus SoloStar Pen was opened and being stored in the refrigerator. The manufacturer's instructions state do not refrigerate after opening.

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 read all instruction for proper storage of all Landus, SoloStar Pens that Pharmacy brings for any residents at the Facility.  
All staff that administer medications will be retrained on all aspects of medication administration within 30 days of receipt of this plan of correction. (2)

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)

Lea B. Savant

Date ~~7/15/15~~ 7/21/15

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

The above plan of correction is approved as of 8/6/15 (Date)

Plan of correction implementation status as of 8/6/15 (Date)

The above plan of correction was approved by (Initials)

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

JUL 20 2015 3:11PM

NO. 4050 P. 12  
Page 9 of 12

Violation Report: 13974 - 04/22/2015 - Keely, Jennifer	
PCH Name: DIVINITY MANOR	
1. REGULATION 58 Pa.Code 2600 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	
2a. DESCRIPTION OF VIOLATION On 4/22/2015, Resident # 1's Percocet 5/325 mg, as needed, was not present 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.	
<p>Medication that Pharmacy delivers to Facility will be checked by Med Techs and Administrator to ensure that Medication on MARs sheet match medication received.</p>	
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	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
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The above plan of correction was approved by	
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Violation Report: 13874 - 04/22/2015 - Keaty, Jennifer  
 PCH Name: DIVINITY MANOR

**1. REGULATION 56 Pa.Code § 600**

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**

On 4/22/2015, the medication administration record for Resident # 1's Nicotine patch has "Resident Refuse Nicotine Patch" written across the entire date and initial section, indicating that the resident refused medication on dates that had not occurred yet (4/23/2015 through 4/30/2015).

Resident # 4's blood glucose level was tested with the glucometer on 4/17/2015 through 4/22/2015 and was not recorded on the medication administration record.

**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.

*Medi Tech. will conduct Audits on Medication books. Twice daily. Ensure proper administration. Medication book and documentation will be checked daily by Management.*

Repeat Violation: No      Date(s) of Previous Violation(s): 11/08/2014

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 *7/21/15*

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

The above plan of correction is approved as of *[Signature]* (Date) *8/6/15*      Plan of correction implementation status as of *[Signature]* (Date) *8/6/15*

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

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

JUL. 20. 2015 3:12PM

NO. 4050 P. 14

Page 11 of 12

Violation Report: 13874 - 04/22/2015 - Kealy, Jennifer PCH Name: DIVINITY MANOR	
1. REGULATION #5 Pa. Code 2600 2600.225(c) - The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the department upon cause to believe that an update is required.	
2a. DESCRIPTION OF VIOLATION The most recent assessment for Resident # 1 was completed on 8/2/2014. The most recent assessment for Resident # 3 was completed on 9/1/2013. The most recent assessment for Resident # 4 was completed on 8/1/2013.	
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.	
<p><i>All resident assessment will be completed by 7/24/15. Administrator will ensure that all assessment for the residents are updated yearly providing that they are not checks.</i></p>	
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	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction was approved as of	Plan of correction implementation status as of
<i>[Signature]</i> (Date)	<i>[Signature]</i> (Date)
The above plan of correction was approved by	<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
<i>[Signature]</i> (Initials)	

JUL 20 2015 3:12PM

NO. 4050 P. 15

Page 12 of 12

Violation Report: 13874 - 04/22/2015 - Kealty, Jennifer	
PCH Name: DIVINITY MANOR	
1. REGULATION 55 Pa. Code 2600.2600 2600.252 - Each resident's record must include the following information: (1) through (26)	
2a. DESCRIPTION OF VIOLATION Resident # 4's record does not include documentation of a medical evaluation.	
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.	
<p>All resident medical forms have been updated by their AP and Administrator. Administrator will ensure that all medical forms are updated yearly.</p>	
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	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of	Plan of correction implementation status as of
<i>[Signature]</i> (Date)	<i>[Signature]</i> (Date)
The above plan of correction was approved by	<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
<i>[Signature]</i> (Initials)	



Violation Report: 13874 - 05/21/2015 - McIlvain, Shawn  
 PCH Name: Divinity Manor

1. REGULATION 55 Pa.Code §2600

2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION

The home's records were not accessible on 5/21/15, from 9:00 am until 12:30 pm. The staff did not have access to the records.

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.

Work shifts will be changed so that there will be a designee with access to residents records at all times. All designee's will have appropriate training by 8/28/15 on the significance of residents files and accessibility. Administrator will be responsible for this change and training.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Stephanie A. Sargent*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>STEPHANIE A. SARGENT</i>	Date <i>8/13/15</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8/14/15  
 (Date)

Plan of correction implementation status as of 8/14/15  
 (Date)

The above plan of correction was approved by   
 (Initials)

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

Violation Report: 13874 - 05/21/2015 - McIlvain, Shawn  
 PCH Name: Divinity Manor

**1. REGULATION 55 Pa.Code §2600**

~~2600.57(a) - At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services.~~

**2a. DESCRIPTION OF VIOLATION**

On May 21, 2015, from 9:00 AM till 12:30 PM there was no designee present.

**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.*

Administration has appointed a designee for the facility. There will be a designee present at the facility at all times. Will be trained the required functions of the job.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Stephanie A. Sargent*

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

STEPHANIE A. SARGENT

Date

8/13/15

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

The above plan of correction is approved as of

*8/19/15*  
 (Date)

Plan of correction implementation status as of

*8/14/15*  
 (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 - 05/21/2015 - Mollvain, Shawn  
PCH Name: Divinity Manor

1. REGULATION 55 Pa.Code §2600  
2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION  
The trash can in the kitchen does not have a lid.

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.

Trash can lid has been placed on the kitchen trash. Staff has been notified/warned not to remove the lid from the trash can. Staff had been trained on kitchen safety and the trash can lid importance on 7/1/2015

Repeat Violation: Yes      Date(s) of Previous Violation(s): 11/05/2015

Signature of Legal Entity Representative  
(Required on EVERY Page) *Stephanie A. Sargent*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)      Date  
*STEPHANIE A. SARGENT*      8/13/15

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

The above plan of correction is approved as of *8/14/15*  
(Date)

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

Plan of correction implementation status as of *8/14/15*  
(Date)

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

Violation Report: 13874 - 05/21/2015 - McIlvain, Shawn  
 PCH Name: Divinity Manor

1. REGULATION 55 Pa.Code §2600  
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION  
 There was missing floor tile in the 3rd floor hallway where the two buildings connect.

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 has replaced all floor tile that had been missing. There are ~~not~~ more missing floor tiles. It is understood that missing floor tiles are dangerous and hazardous to residents and staff as someone could fall or trip. It is also displeasing from a quality standpoint. There will be weekly monitoring, by maintenance, to check that all tiles on the floor are in place and to prevent this issue from reoccurring in the home. A checklist will be used to document and training will be completed by 8/28/2015.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/15/2015
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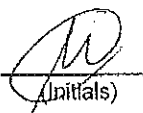
Signature of Legal Entity Representative  
 (Required on EVERY Page) *Stephanie A. Sargent*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) STEPHANIE A. SARGENT	Date 8/13/15
--	-----------------

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

The above plan of correction is approved as of 8/14/15  
 (Date)

Plan of correction implementation status as of 8/14/15  
 (Date)

The above plan of correction was approved by   
 (Initials)

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

Violation Report: 13874 - 05/21/2015 - McIvain, Shawn

PCH Name: Divinity Manor

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The left side of the window in room #4 was held open with a piece of board.

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 has fixed window fixtures to ensure the piece of board being removed. The board is no longer in the window, as it stays open on its own. The piece of board could have become a hazard if residents got a hold of it the wrong way. Maintenance will check all windows frequently <sup>daily</sup> to be sure they are working and to make sure nothing is placed in any window again. <sup>Monitoring</sup> ~~Schedule~~ <sup>checklist</sup> will prevent this issue. There will be a training by 8/28/15 for this staff member.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Stephanie A. Sargent*

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

STEPHANIE A. SARGENT

Date

8/13/15

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

The above plan of correction is approved as of

8/14/15  
(Date)

Plan of correction implementation status as of

8/14/15  
(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 - 05/21/2015 - McIlvain, Shawn  
 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

- On May 21, 2015 the 3rd floor back bedroom had a broken ceiling light fixture, that was inoperable from the wall light switch.
- The four drawer dresser, located in the 3rd floor back bedroom was missing one drawer and the side of the dresser was caved in.
- The kitchen refrigerator door is held closed using 4 wooden shims.

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 and administration has replaced broken furniture. Light fixture cover has been replaced. Any issues found will be taken care of immediately and a checklist will be taken around daily for this. The dresser was removed and replaced with a durable dresser. Once furniture begins to appear worn, it will be repaired or replaced. Kitchen appliances will be monitored with a checklist daily. Maintenance will be responsible and training will be given by 8/28/15.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

01/11/5205

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Stephanie A. Sargent*

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

Stephanie A. Sargent

Date

8/13/15

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The above plan of correction is approved as of

*8/14/15*  
 (Date)

Plan of correction implementation status as of

*8/14/15*  
 (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 - 05/21/2015 - McIvain, Shawn

PCH Name: Divinity Manor

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

On May 21, 2015, room #2 did not have a chair.

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

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

Maintenance and Administration has ensured that each room and each bedside has a chair for use. Administration is aware of the <sup>regulation</sup> codes that a chair must be provided for each resident. There will be extra chairs stored in the facility basement closet to provide and missing chairs that arise. The chairs in rooms will be checked daily and replaced if any are missing. There will be a checklist daily and training by 8/28/15 on this issue.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 11/15/2015

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Stephanie A. Sargent*

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

Stephanie A. Sargent

Date: 8/13/15

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8/14/15  
(Date)

Plan of correction implementation status as of

8/14/15  
(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 - 05/21/2015 - McIlvain, Shawn

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**

On May 21, 2015 room #5, on the third floor, was missing a bedside lamp.

**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 and Administration has provided lights to be placed at each bedside. There are no missing lamps by any bedside.

There are extra lamps stored in the basement supply closet to make sure no rooms go without a light. It is vital for each resident to have their own light. There will be daily checks to make sure each resident has a bedside lamp. If one is missing, it will be replaced immediately to prevent recurring issue. There will be a checklist daily and training by 8/28/15 about bedside lamps.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

11/16/2015

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Stephanie A. Sargent*

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

STEPHANIE A. SARGENT

Date

8/13/15

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The above plan of correction is approved as of

*8/14/15*  
(Date)

Plan of correction implementation status as of

*8/14/15*  
(Date)

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

The above plan of correction was approved by

*(Signature)*  
(Initials)

Violation Report: 13874 - 05/21/2015 - McIlvain, Shawn  
 PCH Name: Divinity Manor

1. REGULATION 55 Pa.Code §2600  
 2600.101(q) - Space for storage of personal property shall be provided in a dry, protected area.

2a. DESCRIPTION OF VIOLATION  
 The home does not provide a protected area for the storage of resident belongings.

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 has provided clear storage bins for resident's belongings (seasonal, etc.) and has placed belongings in the designated area located in the home's basement. It is important that residents can store their belongings in a protected area for privacy. There will be a specific area for resident belongings only and direct care staff will be informed through a future training about where and how to store all residents belongings. Training will be given by 8/28/15. ~~and there will be a sign~~ to all staff.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Stephanie A. Sargent*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) STEPHANIE A. SARGENT Date 8/13/15

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

The above plan of correction is approved as of <u>8/14/15</u> (Date)  The above plan of correction was approved by <i>[Signature]</i> (Initials)	Plan of correction implementation status as of <u>8/14/15</u> (Date)  <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 13874 - 05/21/2015 - McIlvain, Shawn  
 PCH Name: Divinity Manor

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

2a. DESCRIPTION OF VIOLATION  
 An unlabeled common towel was found in room #2. Two residents share the room.

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

Maintenance has labeled all towel and specific items for bathing section in residents rooms. Towels will be hang at the appropriate, labeled <sup>(name)</sup> hook for each resident. Resident's will receive an in-house service training on how to place their personal belongings, including towels, ~~sops~~ <sup>sops</sup> washcloths, etc. on their labeled hook. Maintenance and staff will follow up daily to check that all residents items are labeled and in the correct place according to residents personal space. Training to all staff & residents will be by 8/28/15 and have a checklist that name holes are still hanging on racks.


Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/15/2015
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Stephanie A. Sargent*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) **STEPHANIE A. SARGENT** Date **8/13/15**

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

The above plan of correction is approved as of 8/14/15  
 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 8/14/15  
 (Date)

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

Violation Report: 13874 - 05/21/2015 - McIlvain, Shawn  
 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  
 On May 21, 2015, a plastic bag containing chicken parts was observed in the refrigerator unsealed.

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


Kitchen staff has removed and disposed of all unlabeled and unsealed food items. All food items are now sealed securely and labeled correctly with dates & initials. There will be training provided about food protocol by 8/28/15 and a checklist will be posted on the refrigerator.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/15/2015
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Stephanie A. Sargent*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <b>STEPHANIE A. SARGENT</b>	Date 8/13/15
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>8/14/15</u> (Date)  The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>8/14/15</u> (Date)  <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 13874 - 05/21/2015 - Mellvain, Shawn  
 PCH Name: Divinity Manor

1. REGULATION 55 Pa.Code §2600

2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2a. DESCRIPTION OF VIOLATION

On May 21, 2015, There is no exit sign over the side exit door. The home currently serves 28 residents.

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

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

Electrician installed exit signs that light up at each exit, for everyone to see. Exit signs will be checked weekly and there will be a checklist for the status. Bulbs will be replaced as needed. Administrator oversees maintenance and maintenance will be responsible for checking lights. Training on exit signs will be held by 8/28/15.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Stephanie A. Sargent*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>STEPHANIE A. SARGENT</i>	Date <i>8/13/15</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8/14/15</u> (Date)	Plan of correction implementation status as of <u>8/14/15</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></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 - 05/21/2015 - McIlvain, Shawn  
 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 records for residents does not include a signature page.

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.


Administrators will provide master signature page. Signature page will be at the front of MAR book for residents. Nurse at facility will check that medication <sup>Technicians</sup> administrators are signing the sheet monthly. Training will be given to all medication administrators by 8/28/15. All staff administering medications (medication + travel) will sign the signature page (u)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Stephanie A. Sargent*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <b>STEPHANIE A. SARGENT.</b>	Date <b>8/13/15</b>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>8/14/15</u> (Date)	Plan of correction implementation status as of <u>8/14/15</u> (Date)
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**  
**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 B.SARGENT		Region: SOUTHEAST
Legal Entity Name: DIVINITY MANOR, LLC		
Legal Entity Address: 932-34 NORTH 42ND STREET, PHILADELPHIA, PA 19104		
Certificate(s) of Occupancy R-3 06/17/2013 Philadelphia L&I		
Staffing Hours	Total Daily Staff: 31	Waking Staff: 23
Resident Support: 0		Notice: Unannounced
Type of Inspection: Full	BHA Docket Number:	
Reason(s) for Inspection(s) Renewal, Provisional		
On-Site Inspections Dates and Department Representatives On-Site 07/01/2015: Colon, Lissette; Keelty, Jennifer		
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 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		Number of Residents who: Receive Supplemental Security Income: 29 Are 60 Years of Age or Older: 11 Have Mental Illness: 26 Have an Intellectual Disability: 0 Have a Mobility Need: 2 Have a Physical Disability: 0

Violation Report: 13874 - 07/01/2015 - Colon, Lissette  
PCH Name: DIVINITY MANOR

1. REGULATION 65 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 7/1/15, the home's most current violation report posted was dated 11/1/2013.

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 reports are posted on Dining room bulletin board, and common areas.

Administrator will update bulletin board as reports given. From state.

Administrator will ensure that all reports are available for review at all time.

A check list has been provided for administrator.

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/owner*      Date *8/13/15*

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

The above plan of correction is approved as of *8/26/15*  
(Date)

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

Plan of correction implementation status as of *8/26/15*  
(Date)

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

Violation Report: 13874 - 07/01/2015 - Colon, Lissette  
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 # 1 was not signed by the administrator, resident, and the payer.

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.

a checklist will be placed in all residents files to ensure contracts are signed on a timely manner.

The Administrator will audit the resident files of new residents ~~admission~~ admission with 24 hrs of admission.

Training on contracts and residents docs will be given by 8/28/15. Administrator will be responsible.

Repeat Violation: Yes

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

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 8/13/15

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 8/24/15  
(Date)

Plan of correction implementation status as of 8/26/15  
(Date)

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

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

Violation Report: 13874 - 07/01/2015 - Colon, Lissette

PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa. Code §2600

2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION

The home does not have a quality management 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.

Administrator will be responsible for implementing a quality management plan for the facility. There will be a checklist present at the front of the Book in order to track each document in the plan. Training on quality management planning will be provided by 8/28/15

The home will conduct a quarterly management meeting by 8/28/15 @

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

*[Handwritten Signature]*

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

Lea B Sargent / owner

Date 8/13/15

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

The above plan of correction is approved as of 8/15/15 (Date)

Plan of correction implementation status as of 8/26/15 (Date)

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

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

Violation Report: 13874 - 07/01/2015 - Colon, Lissette  
 PCH Name: DIVINITY MANOR

1. REGULATION 56 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 #1's 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.

*There will be a checklist at the front of the residents files that indicates residents signatures on all documents. Administrator will ensure that all residents are educated and signed off acknowledged rec. of documents.*

*Training will be conducted by 8/28/15 on residents documents.*

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)

*[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Rose / Lea B. Sargent</i>	<i>8/13/15</i>

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

The above plan of correction is approved as of 8/26/15  
 (Date)

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

Plan of correction implementation status as of 8/26/15  
 (Date)

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

Violation Report: 13874 - 07/01/2015 - Colon, Lissette  
PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2500  
2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION  
The following staff members did not have criminal history checks:  
- Staff member A, the home's administrator, hired on 8/16/08  
- Staff member B hired on 1/20/15  
- Staff member C hired on 4/20/15

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.

Administrator has obtained criminal history checks for all staff. A checklist has been created for the front of the staff book to ensure all forms are obtained and up to date.

Administrator will obtain before hire.

Administrator will receive training on Older Adult Protective Services act within <sup>30</sup>75 days from receipt of POC. @

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/owner*      Date *8/13/15*

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

The above plan of correction is approved as of 8/26/15 (Date)

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

Plan of correction implementation status as of 8/26/15 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 13874 - 07/01/2015 - Colon, Lisselle  
PCH Name: DIVINITY MANOR

1. REGULATION 65 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
  - (i) Safe management techniques.
  - (ii) ADLs and IADLs.
  - (iii) Personal hygiene.
  - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
  - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - (vi) Implementation of the initial assessment, annual assessment and support plan.
  - (vii) Nutrition, food handling and sanitation.
  - (viii) Recreation, socialization, community resources, social services and activities in the community.
  - (ix) Gerontology.
  - (x) Staff person supervision, if applicable.
  - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
  - (xii) Safety management and hazard prevention.
  - (xiii) Universal precautions.
  - (xiv) The requirements of this chapter.
  - (xv) Infection control.
  - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff member C, hired on 4/20/15, has not completed the Department-approved direct care training course and competency test.

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.

Administration will ensure that all staff hired at the Facility - paperwork and test are complete before they can start working in the Facility; Administrator will be responsible for staff completing competency test before working. Checklist will be on staff hire record & training by 8/28/15

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 Jones*      Date *8/13/15*

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

The above plan of correction is approved as of *8/24/15* (Date)

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

Plan of correction implementation status as of *8/24/15* (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 13874 - 07/01/2015 - Colon, Liesette  
PCH Name: DIVINITY MANOR

1. REGULATION 66 Pa.Code §2600  
2600.66(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 members D and E did not received 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.

~~Administration will ensure that all staff personal file and paperwork are available to be review by all interest parties.~~

Administrator will be responsible for making a checklist of all staff training and training hours. There will be pre-planned trainings for staff to complete. There will be an in-service training by 8/28/15 to go over the importance of 12 hours of needed training annually.

Staff training will be reviewed quarterly by the administrator. Evaluation 30 days from date of POC. Home will complete 2014 Training within 1.60 days from receipt of POC.

100%

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 8/13/15

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(Date)

Plan of correction implementation status as of 8/26/15  
(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 - 07/01/2015 - Colon, Lissette  
PCH Name: DIVINITY MANOR

1. REGULATION 85 Pa.Code §2600

2600.66(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 D and E 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.

Administration will ensure that all "Step 15 documentation" is available for review by all interest parties for review.

Administrator will be responsible for making a checklist of topics of training permitted by regulation for each staff. There will be an in-service training by 8/26/15 about the importance of annual staff training.

Administration will review staff file quarterly for continued compliance. effective 30 days from the date of POC (10/15)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Signature]*

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

*Lee B Sargent / owner*

Date

*8/13/15*

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*8/26/15*  
(Date)

Plan of correction implementation status as of

*8/26/15*  
(Date)

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

The above plan of correction was approved by

*[Initials]*  
(Initials)

Violation Report: 13874 - 07/01/2015 - Colon, Lissette

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 D and E 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.

Administration will ensure that all of staff Personal Files are completed and available for review by all interest parties. Administrator will be responsible for making a checklist of all staff training and training hours. There will be pre-planned trainings for staff to complete. In-service training will be held by 8/28/15 to enforce the significance of annual training hours. Administration will audit files quarterly for compliance. Effective 60 days prior date of POC.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Len B. Sargent / owner* Date *8/13/15*

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The above plan of correction is approved as of <u>8/24/15</u> (Date)  The above plan of correction was approved by <u>[Signature]</u> (Initials)	Plan of correction implementation status as of <u>8/26/15</u> (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented
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Violation Report: 13874 - 07/01/2015 - Colon, Lissette  
PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600  
2600.66(a) - A staff training plan shall be developed annually.

2a. DESCRIPTION OF VIOLATION  
The home does not have a staff training plan for 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.

Administration has conducted Staff training for 2015 for the Facility. Administration will ensure that all staff Personal Files are available.

For review by interest parties -  
Administration will adjust train. plan as indicated to meet needs of residents  
Administrator will be responsible for planning out 2015 trainings. A checklist of pre-planned trainings will be made and placed in staff record & training files. In-service on training importance will be held by 8/28/15.

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 8/13/15

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

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(Date)

Plan of correction implementation status as of 8/26/15  
(Date)

The above plan of correction was approved by  
(Initials)

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

Violation Report: 13874 - 07/01/2015 - Colon, Lissette

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

Bedroom # 6 had bedbugs crawling on the wall under rear window.

The bed near the window, inside the middle bedroom on the second floor, had large crawling bed bugs on the mattress.

The mattress inside the front bedroom located on the 3rd floor, had six tiny bedbugs and two large bedbugs. There were also dead bed bugs on the floor under the bed.

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 work directly with maintenance and staff to make sure residents are trained and aware of bed bugs on public transportation, programs, and outdoor locations. This will help residents become aware to prevent bringing the pests in. A checklist will be made by 8131 to go around and observe/check if bed bugs are present in each room/bed (yes/no) and if so, how many. Exterminator has been coming out every month and foggers are being used in-between extermination visits during G.I. Sheets are being dried, washed, then dried again and changed every week. Maintenance will prepare an alcohol solution using 90% alcohol substance. Staff will be informed/trained about bed bugs regularly for additional learned knowledge, and thoroughly by 8131. Bed covers/protectors have been placed on ALL beds between 7/2 - 8/17, 2015.

Action taken will be necessary to rid of bed bugs and prevent the spread. Also to maintain bedbug free once they're gone.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

11/05/2014

Signature of Legal Entity Representative

(Required on EVERY Page)

Stephanie A. Sargent

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

STEPHANIE A. SARGENT

Date

8/26/2015

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The above plan of correction is approved as of

8/26/15 (Date)

Plan of correction implementation status as of

8/26/15 (Date)

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

The above plan of correction was approved by

(Initials)

Violation Report: 13874 - 07/01/2016 - Colon, Lissette  
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 7/1/15, at 10:00 am, the water temperature inside the resident's bathroom on the first floor measured 125.7° degrees Fahrenheit.  
On 7/1/15, at 10:20 am, the water temperature inside the 2nd floor male bathroom measured 129.0° degrees Fahrenheit.  
On 7/1/15, at 10:24 am, the water temperature inside the 2nd floor female bathroom measured 146.3° degrees Fahrenheit.  
On 7/1/15, at 10:30 am, the water temperature inside the 3rd floor female bathroom measured 146.6° 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.

Maintenance: ~~They~~ will ensure that water temperature is at ~~117.5~~ 120.0° degrees at all times.

Administrator has provided thermometer and temperature checklist for maintenance to check temperature 2 times per day. Training on water temperature will be held by 8/28/15 for all staff.

Adjustment to the H<sub>2</sub>O temperature will be made as required. @

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) *Les B. Sargent/owner*      Date *8/13/15*

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

The above plan of correction is approved as of *8/26/15* (Date)

Plan of correction implementation status as of *8/26/15* (Date)

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

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

Violation Report: 13874 - 07/01/2015 - Colon, Lissette  
PCH Name: DIVINITY MANOR

1. REGULATION 65 Pa.Code §2800  
2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION  
The telephones located throughout the home did not have emergency service numbers posted nearby.

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

Maintenance will ensure that all postings are up by telephones daily. Administration will ensure to talk to residents about taking down postings.

Administrator will provide maintenance with emergency numbers form for posting. There will be a checklist to monitor each week that the numbers are still posted. Training on the numbers and the locations will be given by 8/28/15.

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 / owner*      Date *8/13/15*

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The above plan of correction is approved as of *8/24/15*  
(Date)

Plan of correction implementation status as of *8/20/15*  
(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 - 07/01/2015 - Colon, Lissette  
PGH Name: DIVINITY MANOR

1. REGULATION 65 Pa.Code §2600  
2600.101(j)(3) - Each resident shall have the following in the bedroom: Pillows, bed linens and blankets that are clean and in good repair.

2a. DESCRIPTION OF VIOLATION  
The beds inside the middle bedroom, located on the 2nd floor in the male only area of the home, had no sheets on either mattress, and one of the mattresses had stains from bed bugs.

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.

*Laundry staff will ensure that all beds are made before staff washes are being done.*

*Administration will provide a checklist for staff to check that every bed has clean sheets on them at all times. Training on beds/sheets and residents rooms will be held by 8/26/15*

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 is approved as of 8/26/15  
(Date)

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

Plan of correction implementation status as of 8/26/15  
(Date)

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

Violation Report: 13874 - 07/01/2015 - Colon, Lieselle  
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 bed near the window inside the 2nd floor middle bedroom, does not have a source of light that can be turned on/off from bedside.  
The two beds inside the front bedroom on the 3rd floor, does not have a source of light that can be turned on/off from bedside.

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.

Administration has purchased additional light fixtures for facility. Maintenance will ensure and check all rooms in the facility.

Maintenance has placed a light at each bedside. A daily checklist will be provided to make sure the rooms have bedside lights at all times. Training on bedside lamps and items will be held by 8/25/15  
replaced

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Steph B. ... / ...*      Date 8/13/15

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 8/24/15 (Date)

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

Plan of correction implementation status as of 8/24/15 (Date)

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

Violation Report: 13874 - 07/01/2015 - Colon, Lissette  
PCH Name: DIVINITY MANOR

1. REGULATION 65 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home does not have a designated evacuation time from a fire safety expert. The home's fire drill evacuation times are:

- 04/30/15 - 3.5 min.
- 05/22/15 - 3 min.
- 06/06/15 - 4 min.
- 06/21/15 - 3.5 min.

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.

Administration will ensure that all fire documentation for the Facility is available to all interest parties at all times. Documentation is in the fire safety book.

Administration will provide designated evacuation time. There will be a checklist of when fire drills are on the right time. Training on fire safety has been conducted by SHHS. By Administrator; Fire Co. A fire safety expert will provide the home to a designated evacuation time, effective immediately.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 04/22/2015

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)      Date 8/13/15

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The above plan of correction is approved as of 8/26/15 (Date)

Plan of correction implementation status as of 8/26/15 (Date)

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

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

Violation Report: 13874 - 07/01/2015 - Colon, Lissette  
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.

*Administration and Medical Department has ensured that all residents Medical Files are updated and complete to be reviewed by all interest parties.*

*Administrator is responsible for sending all form to provider to have information filled out entirely. checklist will go in residents files to indicate form (Medical) completion. Training on resident forms will be given by 8/28/15 to staff.*

*The home will complete all or a portion of the SMC prior to the on-person evaluation as permitted by 2600.141(a)(1)(W)*

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

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, owner*      Date *8/13/15*

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

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

Violation Report: 13874 - 07/01/2015 - Colon, Lissette  
PGH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600  
2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION  
On 7/1/15, the home's menu for 4/19/15 and 4/27/15 was still posted on the wall.

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.

Administration and Dietary has completed and updated all menus for facility. Dietary will ensure that menus are available at all times.

Administrator will be responsible for providing current menus to dietary staff. There will be a checklist to be sure the current menu is posted each week. Training on menus and checklist will be given by 8/28/15.

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) *Len B. Sargent/owner*      Date *8/13/15*

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The above plan of correction is approved as of *8/26/15*  
(Date)

- Plan of correction implementation status as of *8/26/15*  
(Date)
- Fully Implemented
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  - Partially Implemented - Inadequate Progress
  - Not Implemented

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

Violation Report: 13874 - 07/01/2015 - Colon, Lisselle.  
 PCH Name: DIVINITY MANOR

1. REGULATION 65 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION  
 Resident #3's Miralax Powder was not in the home's medication cart.  
 Resident #4's Cogentin 1 mg tablets were not in the home's medication 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.

*Medical Department will ensure that medication are delivered on a timely manner. Medical will ensure that residents' medications are available at all times.*

*Administrator will provide a medication monitoring checklist to keep track of all PRN meds and narcotics. Daily, medication will be checked and documented on the checklist. Training will be held by 8/28/15 for Med. Tech. & Staff Nurse. Medications will be audited weekly by the staff nurse. (nw)*

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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Plan of correction implementation status as of 8/26/15 (Date)

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

Violation Report: 13874 - 07/01/2015 - Colon, Lissette  
PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600  
2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION

On 7/1/15 an error in resident # 3's medication administration occurred involving the 8am dose of Miralax Powder, in which the resident did not receive. The error was not reported to the resident, resident's designated person or the prescriber.

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.

*Medical Department will ensure that all medication errors are reported to all interested parties.*

*Med Tech. will have training on how to properly report med. errors. and how to prevent them. by 8/26/15. There will be a daily check by house nurse that all medications are administered and documented correctly. Training to be completed within 30 days. Final date of receipt of POC @*

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) *Les B. Sargent / Owner*      Date *8/13/15*

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The above plan of correction is approved as of *8/26/15* (Date)

Plan of correction implementation status as of *8/26/15* (Date)

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

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

Violation Report: 13874 - 07/01/2015 - Colon, Lissette  
PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2800

2800.130(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Direct care staff member F, has not successfully completed the Department-approved medications administration course, and has administered medications to residents of the home. However, according to the home's administrator, Direct care staff member F has completed both trainings recently with a train-the-trainer instructor. Documentation was not provided to verify this information.

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.

Administration will ensure that all Staff - personal files and documents are available to all interest parties. Administration will make sure that all annual practitioners are up-to-date for the Medical Department.

All staff training for medication administration will go into staff record. Checklist will include the certification is on file. Documentation will be provided by 8/28/15.

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. Eargent*      Date *8/13/15*

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The above plan of correction is approved as of 8/26/15 (Date)

Plan of correction implementation status as of 8/26/15 (Date)

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

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

Violation Report: 13874 - 07/01/2015 - Colon, Lissette  
PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600

2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

2a. DESCRIPTION OF VIOLATION

Direct care staff member F has not successfully completed the Department-approved diabetes patient education program within the past 12 months, and has administered insulin to residents with diabetes. However, according to the home's administrator, Direct care staff member F had recently received the diabetes patient education program by a train-the-trainer instructor. Documents were not provided to verify this information.

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.

Administration will ~~also~~ make sure that all parties in Medical Department has up dated training that all documentation are available at all times.

Staff will obtain proof of diabetes patient education program. Administrator will have checklist complete that the document has been received. Training will be provided by 8/28/15 about the importance of this documentation.

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, Director

Date 8/13/15

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The above plan of correction is approved as of

8/24/15  
(Date)

Plan of correction implementation status as of 8/24/15  
(Date)

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

The above plan of correction was approved by

*[Signature]*  
(Initials)

Violation Report: 13874 - 07/01/2015 - Colon, Lissette

PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa. Code §2600

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.

Administration will make sure that all singel. doccments are available to review. Administration will make sure that all residents are educated with their needs.

Administration and Med Tech + house nurse will provide residents with education that they have the right to refuse medication if they believe there may be an error. This will be documented and signed by all parties. Training will be provided by 8/26/15 to residents and staff.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

*[Handwritten Signature]*

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

Les B Sargent / owner

Date

8/13/15

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The above plan of correction is approved as of

8/24/15 (Date)

Plan of correction implementation status as of

8/24/15 (Date)

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

The above plan of correction was approved by

*[Handwritten Initials]* (Initials)

Violation Report: 13874 - 07/01/2015 - Colon, Lissette

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

There is no preadmission screening form for Resident # 1, admitted 6/3/15.

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.

Administration has ensured that all residents paper work has been updated and are checked every six months and yearly. Administration will ensure that pre screening ~~are~~ are reviewed quarterly.

Pre-admission screening will be <sup>contained in</sup> complete. Checklist of completed documents will be placed in residents records. Training about resident documents will be held by 8/28/15. Staff and Administrator.

The Administrator is responsible for ensuring all resident records contain a complete preadmission screening form. (u)

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) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lea B. Sargent / owner* Date *8/13/15*

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The above plan of correction is approved as of *8/26/15* (Date)

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

Plan of correction implementation status as of *8/26/15* (Date)

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

Violation Report: 13874 - 07/01/2015 - Colon, Lisette

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 completed an initial assessment for resident # 1, admitted 5/3/15.

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.

Administrator has ensured that all residents - files and paperwork has been completed. Administrator will ensure that all residents documents are updated yearly.

Administrator will be responsible for completing assessment for all residents. Checklist of completed document will be provided in resident chart. Training on assessment plan will be given by steps to staff. The assessment will be complete within 15 days of admission. The administrator will audit new resident files to ensure compliance.

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 Sweet / owner Date 8/13/15

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The above plan of correction is approved as of 8/26/15 (Date)

Plan of correction implementation status as of 8/24/15 (Date)

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

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

Violation Report: 13874 - 07/01/2015 - Colon, Lissette  
PCH Name: DIVINITY MANOR

1. REGULATION 56 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.

Administration will ensure that all residents documents are updated yearly. Administration will ensure that all residents files are updated yearly and available for review.

Support plan for resident will be completed by administration. A checklist of the completed document will be placed in residents file annually. Training on completing support plan will be held by 8/28/15. The support plan will be completed in 30 days of admission. The administrator will audit new admission file to ensure compliance (D)

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. Sampson / owner*      Date *8/13/15*

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The above plan of correction is approved as of *8/24/15* (Date)

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

Plan of correction implementation status as of *8/24/15* (Date)

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

Violation Report: 13874 - 07/01/2015 - Colon, Lisselle

PCH Name: DIVINITY MANOR

1. REGULATION 56 Pa.Code §2500

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 and Resident # 3. 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.

Administrator has ensured that all residents files are updated. Administrator will review all residents files six months and annually. Administrator will ensure that the documents are available for review.

All assessments for residents will be completed. A checklist for the completed documents will be placed at the beginning of residents file. By 8/28/15 there will be a staff training on assessment plans. The administrator will audit resident file at least quarterly to ensure compliance. (P)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

[Handwritten Signature]

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

Leah B. Sargent Jones

Date

8/13/15

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The above plan of correction is approved as of

8/26/15 (Date)

Plan of correction implementation status as of

8/26/15 (Date)

- Fully Implemented
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- Not Implemented

The above plan of correction was approved by

[Handwritten Initials]

Violation Report: 13874 - 07/01/2015 - Colon, Lissette  
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 following residents did not have support plans indicating their needs for service and how the needs will be met:

- Resident # 1
- Resident # 2
- Resident # 3

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

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

*Administration will update all residents files six months at a minimum for compliance and support. Administration will ensure that all residents services are created in writing and understood.*

*Support plan for all residents will be completed by administration. A checklist of the completed documents will be placed in residents files annually. Training on completing support plans will be held by 8/28/15*

*The administrator will audit new resident file monthly to ensure compliance @*

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) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lea B. Sarput</i>	Date <i>8/13/15</i>
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The above plan of correction is approved as of *8/26/15*  
(Date)

Plan of correction implementation status as of *8/26/15*  
(Date)

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

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

Violation Report: 13874 - 07/01/2015 - Colon, Lleselle  
PCH Name: DIVINITY MANOR

1. REGULATION 55 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.

Administration will ensure that all documents are signed in all appropriate areas and updated for review by all interest parties.

All pre admission screenings and documents will be dated. A checklist will be made to indicate all components of forms are complete, including dates.

Training on how to complete pre-admission screening will be held by 8/28/15  
The administrator will audit new residents file monthly.

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 8/13/15

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The above plan of correction was approved by (Initials)

Violation Report: 13874 - 07/01/2015 - Colon, Lissette  
PCH Name: DIVINITY MANOR

1. REGULATION 65 Pa. Code §2600  
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION  
Resident # 2's record does not include documentation of a medical examination.  
Resident # 3's record does not include documentation of a medical examination.  
Residents #1, #2, and #3's record did 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.

*Administration and Medical Department  
has ensured that All residents  
medical and ~~and~~ forms are complete  
for the Facility. Administration  
will also ensure that all documents  
are available for review.*

*All residents will have medical evaluations and support  
plans complete and dated. Checklist will be provided to  
ensure all forms are complete. Training on how to  
have forms complete will be held before 8/28/15.*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/22/2015	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) *Lee B. Saragout - Director* Date *8/13/15*

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The above plan of correction is approved as of *8/24/15*  
(Date)

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

Plan of correction implementation status as of *8/26/15*  
(Date)

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- Not Implemented