



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JUN 23 2016

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

RE: Divinity Manor
License # 138740

Dear Ms. Sargent:

As a result of the Department of Human Services' licensing inspection on 3/17/2016 we conducted an on-site inspection of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Roslyn Brewer".

Roslyn Brewer
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 13874 - 03/17/2016 - Colon, Lissette
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 On 1/14/16, there was an altercation between resident #1 and resident #2, which resulted in resident #1 calling the police for assistance. The home did not report the incident by telephone or submitted an incident report to the Department.

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

The home will be sure to document all incidents that occur; when the police is called and when the ambulance has to come out and take a resident to the hospital. To be completely cautious, incidents in the home that take place and paramedics do not come out will also be documented. Incidents reported will be faxed to the Department of Human Services within 24 hours of the incident by the Administrator. Administrator will conduct a training on reporting incidents for staff by 5/1/2016. Moving forward, incidents reports will be stored along with confirmation of fax to the State Department. (effective 3-20-2016). Follow-up call with the Department will be made to ensure receipt of incident report faxed.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/25/2015
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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 4/20/16
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/5/16</u> (Date)	Plan of correction implementation status as of <u>5/5/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented