



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to DIVINITY MANOR LLC  
LEGAL ENTITY

To operate DIVINITY MANOR  
NAME OF FACILITY OR AGENCY

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

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE

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

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

Restrictions: \_\_\_\_\_

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

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

and shall remain in effect from September 9, 2016 until September 9, 2017,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 138740

Robert E. Robinson  
ISSUING OFFICER

Jay Baulk  
DEPUTY SECRETARY

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



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 12 2016

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

RE: Divinity Manor  
License #: 138740

Dear Ms. Sargent:

As a result of the Department of Human Services' licensing inspection on June 23, 2016 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

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

Jacqueline L. Rowe  
Director

Enclosures  
License  
License Inspection Summary

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

PCH Name: DIVINITY MANOR		License Number: 13874
Address: 932 34 NORTH 42ND STREET, PHILADELPHIA, PA 19104		County: Philadelphia
Administrator: Stephanie Sargent		Region: SOUTHEAST
Legal Entity Name: DIVINITY MANOR LLC		
Legal Entity Address: 932-34 NORTH 42ND STREET, PHILADELPHIA, PA 19104		
Certificate(s) of Occupancy C-3 SP 03/02/1987 City of Philadelphia L&I		
Staffing Hours Resident Support: 0	Total Dally Staff: 24	Waking Staff: 18
Type of Inspection: Full	BHA Docket Number: 034-15-0014	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Settlement		
On-Site Inspections Dates and Department Representatives On-Site 08/23/2016: Gray, Dean; Kazimer, Lauren		
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: 24 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: 23 Are 60 Years of Age or Older: 9 Have Mental Illness: 24 Have an Intellectual Disability: 24 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 13874 - 06/23/2016 - Gray, Dean  
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 6/23/16, the home's current license was not posted in a conspicuous and public place in the home.

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

The current license for the home has been posted on the board in the dining room for display. As the license renews and the home receives documentation, it will be posted immediately. Staff will be trained and know via checklist to keep an eye out for the presence and posting of the current licensure. Changes have been made effective on 6/27/16.

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

7/31/16

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

The above plan of correction is approved as of

*8/8/16*  
(Date)

Plan of correction implementation status as of

*8/8/16*  
(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 - 06/23/2016 - Gray, Dean  
PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa. Code §2600  
2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION  
Staff member A was hired [redacted] 16, without a criminal background check being completed.

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.

Staff member has brought in a recent criminal background check as of 6/10/16. Staff member is no longer employed by the home. In the future, home will do a criminal background check upon hire to ensure timeliness. All potential candidates for employment will be advised during the interview process to expect a criminal background check to be pulled by the home.

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

7/31/16

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*8/8/16*  
(Date)

Plan of correction implementation status as of

*8/8/16*  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

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

OK

Violation Report: 13874 - 06/23/2016 - Gray, Dean  
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 located in the kitchen has been replaced and remains there. A sign for staff has been posted above the trash can to remind not to remove the lid and to prevent another occurrence. Brief walk-thru training of the kitchen has been conducted on 6/28/16 to show all staff what the trash lid looks like and how it should properly be.

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

7/31/16

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

The above plan of correction is approved as of

*8/1/16*  
(Date)

Plan of correction implementation status as of

*8/1/16*  
(Date)

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

The above plan of correction was approved by

*[Signature]*  
(Initials)

OK

Violation Report: 13874 - 08/23/2016 - Gray, Dean  
PCH Name: DIVINITY MANOR

1. REGULATION 65 Pa.Code §2600  
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION  
- On 6/23/16, at 1:19 PM, the water temperature at the first floor hall bathroom measured 130.1 degrees Fahrenheit.  
- On 6/23/16, at 2:04 PM, the water temperature at the second floor men's bathroom measured 134.4 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.

By the end of day, 4pm, 6/23/16 the water temperature had gone down to 101°F. The hot water tanks were immediately turned down, adjusted to be cooler. There is already a water log daily to document and check water temperature and maintain regulated temperature.

The administration is responsible for maintaining continual compliance. Staff (maintenance) will be "re trained" to ensure compliance to the home and state's department's requirements. Train to be completed with in 15 days from approved POC. (W)

Repeat Violation: Yes      Date(s) of Previous Violation(s):      12/29/2015      08/26/2015

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

Printed Name and Title of Legal Entity Representative      Date  
(Required on EVERY Page)      Stephanie A. Sargent      7/31/16

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

The above plan of correction is approved as of *8/8/16*  
(Date)

Plan of correction implementation status as of *8/8/16*  
(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 - 06/23/2016 - Gray, Dean  
 PCH Name: DIVINITY MANOR

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

2a. DESCRIPTION OF VIOLATION  
 The men's bathroom on the third floor was clogged.

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.

Effective 6/23/16 the sink on third floor men's restroom has been unclogged. Maintenance has changed the water stopper in the sink so that there will be no more clogging or water backing up. Checking of the bathroom sinks will be added to the staff checklist to prevent any future instances.  
 Maintenance will be trained on the importance of completely regular maintenance checks throughout the home. Training to be completed within 75 days from the approval POC @  
 The administrator is responsible for continued compliance. @

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      Date  
 (Required on EVERY Page) *Stephanie A. Sargent*      *7/31/16*

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

The above plan of correction is approved as of *8/8/16* (Date)      Plan of correction implementation status as of *8/8/16* (Date)

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

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

OK

Violation Report: 13874 - 08/23/2016 - Gray, Dean  
 PCH Name: DIVINITY MANOR

1. REGULATION 65 Pa. Code § 2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION  
 The first aid kit did not include adhesive tape.

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.

Adhesive tape has been placed into the homes first-aid kit. Extras have been purchased in case the item depletes. Staff have been notified that first-aid kits required the specific items and if any are missing to notify the administrator immediately for replacement. One extra complete first aid kit has been purchased for home as well. Staff will receive training on the purpose of first aids and the required contents within 20 days of receipt of POC @. The administrator is responsible for continued compliance @.

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      Date  
 (Required on EVERY Page) *Stephanie A. Sargent*      *7/31/16*

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The above plan of correction is approved as of 8/8/16 (Date)      Plan of correction implementation status as of 8/8/16 (Date)

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

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

DC

Violation Report: 13874 - 06/23/2016 - Gray, Dean  
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  
Bedroom #11 has two residents but only one chair available.

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.

1 more chair has been placed in room 11 for the second resident. Daily 1 shift task sheet will include the presence of a chair for each resident, 2 per room for our shared rooms. Extra chairs are stored in the homes basement in case any chairs may come up missing from rooms.

Maintenance will be trained on the regulations regarding physical site within 30 days from receipt of POC.

The administrator is responsible for continued compliance @

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 7/31/16

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

The above plan of correction is approved as of 8/1/16 (Date)

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

Plan of correction implementation status as of 8/1/16 (Date)

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

014

Violation Report: 13874 - 08/23/2016 - Gray, Dean  
PCH Name: DIVINITY MANOR

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

2a. DESCRIPTION OF VIOLATION  
There was no soap in the dispenser, located in the 3rd floor men's bathroom.

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.

Soap has been refilled in the dispenser located in the 3rd floor men's bathroom. Staff will have on a daily checklist to check the dispensers in each bathroom on men's + women's sides, all levels. This will help realize when the soap is running low and be more aware of needing a refill.


Maintenance / Housekeeping will be trained on regulations regarding the home's physical site within 30 days from receipt of POC. The administrator is responsible for continued compliance.

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      Date  
(Required on EVERY Page) *Stephanie A. Sargent*      *7/31/16*

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

The above plan of correction is approved as of <u>8/8/16</u> (Date)	Plan of correction implementation status as of <u>8/8/16</u> (Date)
The above plan of correction was approved by  (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

or

Violation Report: 13874 - 06/23/2016 - Gray, Dean  
PCH Name: DIVINITY MANOR

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

2a. DESCRIPTION OF VIOLATION  
On 6/23/16, there was no thermometer in the small freezer located in the basement.

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

Maintenance has placed a thermometer in the small freezer, designated for only that freezer. Thermometer should not be removed from any freezers, as explained to staff at staff meeting held 7/19/16. Staff daily checklist will include to check for a present thermometer in every freezer in the home. Any missing will be replaced immediately. Dietary / Maintenance will be trained in the importance of thermometers as well as required food storage temperatures, with in 30 days for receipt of POC. The administrator is responsible for continued compliance.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 10/29/2015

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*      8/11/16

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

The above plan of correction is approved as of <u>8/8/16</u> (Date)	Plan of correction implementation status as of <u>8/16/16</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

Violation Report: 13874 - 08/23/2016 - Gray, Dean  
PCH Name: DIVINITY MANOR

1. REGULATION 55 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:  
- On 03/02/16; 2 minutes, 40 seconds,  
- On 06/20/16; 2 minutes, 35 seconds.  
Additionally, on 03/22/16, not all residents were evacuated.

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 has conducted a fire drill monitored by a fire safety specialist on 8/3/16 and has been designated and evacuation time. Paperwork from the fire safety specialist has been placed on the homes emergency + fire safety record. Home has been conducting fire drills more frequently to have residents and staff prepared to evacuate in the appropriate time frame. The administrator is responsible for continued compliance.

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

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

Printed Name and Title of Legal Entity Representative      Date  
(Required on EVERY Page) *Stephanie A. Sarzynski*      *8/5/16*

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

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

OK

Violation Report: 13874 - 06/23/2016 - Gray, Dean  
PCH 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 6/23/16 home did not have a current menu posted. The most recent posted menu was dated 6/18/16.

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.

Menus for the home are created and posted each week on time. Staff will check that the menu posted daily is the correct dated menu. When food shopping is done at the beginning of the month, menus will be made for the month and checked daily for postage.  
Director will be trained within 10 days of receipt of approved POC on the importance of menu posting and the regulation.  
The administrator is responsible for continued compliance @

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Stephanie A. Saracant*      Date *8/11/16*

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

The above plan of correction is approved as of *8/18/16*  
(Date)

Plan of correction implementation status as of *8/18/16*  
(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 - 06/23/2016 - Gray, Dean  
PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600  
2600.162(e) - A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

2a. DESCRIPTION OF VIOLATION  
The home does not provide notice to residents of menu changes in advance of the meal.

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.

Residents are offered an alternative meal menu and are notified at least 1 hour in advance of any meal changes. Staff have been trained briefly in a staff meeting about advising all residents of menu/meal changes due to allergies, diseases, and preference of residents. The home will train staff on importance of menus as well as the regulation requiring advance posting of changes. The training will be "full" training. The administrator is responsible for continued compliance. (m)

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 *8/11/16*

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

The above plan of correction is approved as of *8/8/16*  
(Date)

Plan of correction implementation status as of *8/8/16*  
(Date)

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

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

JK

Violation Report: 13874 - 06/29/2016 - Gray, Dean  
PCH Name: DIVINITY MANOR

1. REGULATION 56 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  
Resident #1's glucometer was not calibrated for the correct time.

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.

Nurse and med tech. have calibrated the glucometer for the resident. The nurse has it on her task list to check for correct time and readings/recordings each visit she makes. Staff administering meds are aware of monitoring and time that is read on each glucometer when used. The staff will be trained on glucometer calibration within 10 days of receipt of approved POC. The administrative is responsible for continued compliance (M)

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 Sargent*      Date *8/3/16*

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

The above plan of correction is approved as of *8/8/16*  
(Date)

Plan of correction implementation status as of *8/8/16*  
(Date)

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

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

Violation Report: 13874 - 08/23/2016 - Gray, Dean  
PCH Name: DIVINITY MANOR

1. REGULATION 56 Pa. Code §2600  
2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:
- (1) Resident's name.
  - (2) Drug allergies.
  - (3) Name of medication.
  - (4) Strength.
  - (5) Dosage form.
  - (6) Dose.
  - (7) Route of administration.
  - (8) Frequency of administration.
  - (9) Administration times.
  - (10) Duration of therapy, if applicable.
  - (11) Special precautions, if applicable.
  - (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
  - (13) Date and time of medication administration.
  - (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION  
The medication administration record for resident #2 does not include the diagnosis or purpose for the medication on the following medications;

- Divalproex 500 mg
- Quetiapine Fumerate 300 mg
- Lithium Carbonate 300 mg
- Vitamin D3 1000 units
- Tamsulosin HCL 0.4 mg
- Clonazepam 0.5 mg

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
*Includes 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 prescribing doctor for this resident has been called to obtain the appropriate diagnosis for each medication. Those Dx have been written on the residents MAR, and will continue to be for him, and others.

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 *8/13/16*

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

The above plan of correction is approved as of *[Signature]* (Date)

Plan of correction implementation status as of *[Signature]* (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 - 08/23/2016 - Gray, Dean PCH Name: DIVINITY MANOR	
1. REGULATION 55 Pa.Code §2600 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	
2a. DESCRIPTION OF VIOLATION The pre-admission screening form for resident #1, admitted [redacted] 16, does not include a determination that the home can meet the service needs of the resident.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.	
<p>The box to meet resident's need on the pre-admission screening has been checked. In the future, pre-admission form will be thoroughly completed and will indicate whether or not the home can meet the resident's needs. This will be done within the 30 day time period before the resident is expected to arrive to the home.</p> <p>Staff will be trained within 15 days of receipt of approved POC on pre admission screening forms. The administrator is responsible for continued compliance. @</p>	
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 8/14/16
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of 8/18/16 (Date)	Plan of correction implementation status as of 8/18/16 (Date)
The above plan of correction was approved by [Signature] (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13874 - 06/23/2016 - Gray, Dean  
PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2800  
2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION  
Resident #3 participated in the development of their support plan dated 07/02/15. The resident did not sign the support plan.

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

Support plans have been updated with residents and signed thereafter by residents at the time of completion. moving forward, residents will have support plan completed and signed at the same time in an appointment style setting. This will allow the resident to provide feedback and know what is being said in their profile. They are offered a copy if they desire. Staff will be trained on support plan, purpose, use and regulation requirements within 30 days of receipt of POC - The admissions team is responsible for continued compliance to

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 8/14/16

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

The above plan of correction is approved as of *8/14/16* (Date)

Plan of correction implementation status as of *8/14/16* (Date)

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

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