



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: APR 25 2017**

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

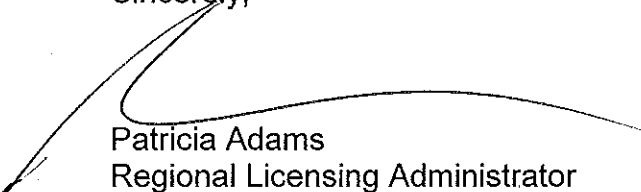
RE: Divinity Manor  
License #: 138740

Dear Ms. Sargent:

As a result of the Department of Human Services' licensing inspection on March 2, 2017 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,



Patricia Adams  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

MAR. 10. 2017 10:51AM

NO. 4862 P. 9

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

PGH 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 Other 09/18/2012 City of Philadelphia, L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 23 Working Staff: 17		
Type of Inspection: Partial BHA Docket Number: 034-15-0014 Notice: Unannounced		
Reason(s) for Inspection(s) Provisional, Complaint, Monitoring, Settlement		
On-Site Inspections Dates and Department Representatives On-Site 03/02/2017: Gray, Dean		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 30	Number of Residents who: Receive Supplemental Security Income: 23 Are 60 Years of Age or Older: 7 Have Mental Illness: 23 Have an Intellectual Disability: 23 Have a Mobility Need: 0 Have a Physical Disability: 0	
Number of Residents Served: 23		
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		

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NO. 4862 P. 10

**Violation Report: 13874 - 03/02/2017 - Gray, Dean**  
**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**

Two resident's annual medical evaluations were out of compliance;  
- Resident #1's most recent DME was completed on 10/15/16, prior years DME was done on 09/10/15.  
- Resident #2's most recent DME was completed on 10/15/16, prior years DME was done on 09/15/15.

**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.*

Although the home has been previous violated with this issue and there is no way of changing the actual dates of Medical Evaluations, the Administrator will be sure to have all annual medical evaluations and necessary document be completed and on file before OR on the appropriate annual date from the previous year. A tracking log will be created and followed with all expiration dates for each resident per document. This will ensure completion in a timely manner. Effective 3/16/17 the tracking log will be maintained for Department review. The administrator is responsible for continued compliance. *(Signature)*

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)**      Date  
*STEPHANIE A. SARGENT / Administrator*      *3/12/17*

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

The above plan of correction is approved as of *3/16/17*  
(Date)

Plan of correction implementation status as of *3/16/17*  
(Date)

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

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

MAR. 10. 2017 10:51AM

NO. 4862 P. 11

Violation Report: 13874 - 03/02/2017 - 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  
The home did not have any menus posted.

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 have weekly menus posted to reflect the meals scheduled for residents. Any changes will be posted and announced to residents at least 1 hour prior to the meal. Alternate meat menu will also be posted for residents' not wanting scheduled meals. Administrator will post menus timely, and create a checklist for staff to check postage of the menus daily. Training of the checklist will be held at the next staff meeting, 3/8/17. Effective 3/8/17. Documentation will be maintained per Department review (W)

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 Administrator Date 3/12/17

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

The above plan of correction is approved as of 3/16/17 (Date)  
The above plan of correction was approved by (Initials)  
Plan of correction implementation status as of 3/16/17 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

MAR. 10. 2017 10:51AM

NO. 4862 P. 12

Violation Report: 13874 - 03/02/2017 - Gray, Dean  
PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2800  
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 #3's glucometer was not calibrated to 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.

Resident #3's glucometer has been since recalibrated to the correct time. Administrator has created a daily checklist for staff to monitor the correct date & time of residents glucometers (those that have them). Staff will be trained on the checklist. If for any reason the calibration is off, medication administrator will recalibrate it as needed. Effective 3/2/17. The daily checklist documentation will be maintained for Department Review.

The administrator is responsible for continued compliance. *(Signature)*

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, Administrator Date 3/12/17

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

The above plan of correction is approved as of 3/16/17 (Date)

Plan of correction implementation status as of 3/16/17 (Date)

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

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