



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 November 13, 2017 until May 13, 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **138741**

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

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: NOV 14 2017

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

RE: Divinity Manor
License #: 138741

Dear Ms. Sargent:

As a result of the Department of Human Services' Personal Care Homes licensing inspections on June 1, 2017, June 2, 2017, August 16, 2017, August 17, 2017 and September 8, 2017 of the above facility, the violations specified on the enclosed License Inspection Summary were found.

A PROVISIONAL license is being issued based on the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

All violations specified on the 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.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license or, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacqueline Rowe, Bureau Director
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.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe". The signature is fluid and cursive, with the first letter "J" being particularly large and stylized.

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

Violation Report: 13874 - 06/01/2017 - Freeman, Sabrina
 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

On 6/1/17, at 9:15 AM & 4:15 PM, the licensing representative requested a current list of staff persons including substitute personnel and volunteers.

Staff person A refused to provide a current list of staff persons including substitute personnel and volunteers. Staff person A stated that was never requested in the past during inspections. Also he stated that he would have to ask the owner in regards to the request.

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 implemented a current list of staff, which has been placed in a designated binder. The list includes staff members' names, dates of hire, and title. Telephone numbers are also available. If any volunteers are accepted, there will be a list for them as well. A staff meeting and training has been held on 6/15/17 and the staff have been instructed to be aware of the staff list and knowing where it is located at all times for requests. To prevent this from occurring again in the future, copies of the staff list has been placed in designated ~~the~~ area and accessible to staff at any given time.

The administrator will discuss access for BHSL staff to all Divinity Staff at monthly staff meetings for the next 6 months, starting immediately. (6/10/20/17)

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): *Stephanic A. Sargent (Administrator)* Date: *7/25/17*

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

The above plan of correction is approved as of *9/22/17* (Date)

Plan of correction implementation status as of *9/22/17* (Date)

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

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

Violation Report: 13874 - 08/01/2017 - Freeman, Sabrina
 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
 The home's gas was shut-off on 5/31/17. During the inspection, the licensing representative told the home to submit an incident report to the Department. The home submitted the incident report to the Department on 6/1/17 at 5:29PM.

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

Administrator has created a checklist for daily cases of possible incidents. When an incident occurs, the administrator will be responsible for submitting an incident report immediately. The gas for the home has been restored as of 6/2/17 at 10am. The owner is in charge of the bill and keeps record monthly to ensure timely payment is sent. This will prevent any future shut-off incidents for the gas. The staff have been trained on how to write and report incidents in the case of the administrator's absence. This training took place on 6/22/17. All are aware of the severity of incidents and the state regulation for reporting them in a timely manner.

The administrator will discuss the incident reporting process to staff during monthly staff meeting for the next 6 months, starting immediately @ 10/20/17

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 Administrator 7/27/17

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

The above plan of correction is approved as of <u>9/2/17</u> (Date)	Plan of correction implementation status as of <u>9/2/17</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 - 06/01/2017 - Freeman, Sabrina
 PCH Name: DIVINITY MANOR

1. REGULATION 66 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
 The home did not have a carbon monoxide detector. Staff person A stated that they were not aware or told that the home needed a carbon monoxide detector.

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.

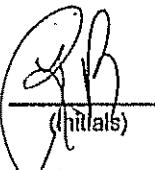
The home has placed a carbon monoxide detector in the facility on 9/22/17. The residents and staff have been notified, and staff has been trained on the location and operation of the detector on. A checklist has been made including monitoring the battery operation in the detector on a weekly basis. This will ensure that the detector ~~is~~ remains in operation and allows staff to check on the detector being present in the home at all times.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Stephanic A. Sargent</i>	Date <i>7/28/17</i>
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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

Violation Report: 13874 - 06/01/2017 - Freeman, Sabrina
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.20(b)(9) - A copy of the itemized account shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION
 The home failed to document or provide a copy of the quarterly financial account for resident #1.

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 downloaded and printed copies of the quarterly financial summary form to be placed in all residents profiles. On 6/3/17, a form has been placed in all residents profiles that the home monitors finances for, since this is an unfamiliar form, it has been filled out to the administrator's best ability reflecting the first quarter of the year. Administrator has trained staff on 6/14/17 about the form, that it must be in all profiles, and what it should reflect. They have been aware that financials for residents are confidential. Administrator will be responsible for ensuring this form is kept updated and present henceforth.

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 Administrator 7/28/17

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 (Date)

Plan of correction implementation status as of *9/22/17*
 (Date)

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 (Initials)

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- Not Implemented

Violation Report: 13874 - 06/01/2017 - Freeman, Sabrina
 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. The last quality management review was conducted 4/14/16.

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.

Administrator has reimplemented a quality management plan + schedule to follow. Each month, a quality management plan shall be evaluated. Staff has been trained on quality management plans on 6/15/17. The training included staff practicing a quality management plan. The administrator will be responsible for making sure the plan is being followed and documented on a monthly basis. This frequency will be documented + monitored by a checklist. Effective June, 2017.

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, Administrator	Date 7/28/17
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 (Date)

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 (Initials)

Plan of correction implementation status as of 9/22/17
 (Date)

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

Violation Report: 13874 - 08/01/2017 - Freeman, Sabrina
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.62 - The administrator shall maintain a current list of the names, addresses, and telephone numbers of staff persons including substitute personnel and volunteers.

2a. DESCRIPTION OF VIOLATION

On 6/1/17, at 9:15 AM & 4:15 PM, the licensing representative requested a current list of staff persons including substitute personnel and volunteers.

Staff person A refused to provide a current list of staff persons including substitute personnel and volunteers. Staff person A stated that was never requested in the past during inspections. Also he stated that he would have to ask the owner in regards to the request.

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 implemented a current list of staff, which has been placed in a designated binder. The list includes staff members names, dates of hire, and titles. Telephone numbers are also available. If any volunteers are accepted, there will be a list for them as well. A staff meeting and training has been held on 6/15/17 and the staff have been instructed to be aware of the staff list and knowing where it is located at all times per requests. To prevent this from occurring in the future, copies of the staff list has been placed in designated areas and made accessible to staff at any given time.

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 *Administrator*
 (Required on EVERY Page) *Stephanie A. Sargent* Date *7/28/17*

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

The above plan of correction is approved as of *9/28/17*
 (Date)

Plan of correction implementation status as of *9/28/17*
 (Date)

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

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13874 - 06/01/2017 - Freeman, Sabrina
 PCH Name: DIVINITY MANOR

1. REGULATION 56 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

Based on a review of the home's staff schedule, specifically on the date of 5/29/17, and CPR & First Aid certificates, the home failed to provide CPR and First Aid certification for staff persons on this date.

The home provided CPR and First Aid certification to all staff persons on 5/30/17.

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.

CPR and First Aid trainings and certifications have been completed and obtained as of 6/2/17. A copy of each staff members certification has been placed in their profiles. All staff members were present in a brief group huddle to discuss the significance of maintaining CPR + First Aid qualifications while employed with the home. All that are employed after expiration of certificate will receive an updated training. Administrator will be responsible for staying on top of this. Effective 6/2/17.

The administrator will develop a tracking tool to ensure all CPR/FA training are completed timely, starting immediately. The administrator will review the tracking tool at least bi-annually to ensure there are no expired training. 6/10/17

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 Administrator

(Required on EVERY Page) Stephanie A. Sargent

Date 7/28/17

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The above plan-of correction is approved as of

[Signature]
 (Date)

Plan of correction implementation status as of

- Fully Implemented
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- Not Implemented

[Signature]
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

Violation Report: 13874 - 06/01/2017 - Freeman, Sabrina
 PCH Name: DIVINITY MANOR

1. REGULATION 65 Pa.Code §2600
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
 The home failed to ensure that direct care staff person B received at least 12 hours of annual training for the 2016 training year.

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.

Moving forward, the Administrator will seek opportunities of training for staff throughout the year to ensure 12 hours are completed annually. This will take effect for the 2017 year, and each year thereafter. A training checklist has been created to monitor any completed trainings and the amount of hours for each staff member (including administrators(24)). Staff have been made aware, via a group huddle, how many hours of training they are required to maintain each year. The administrator will track all staff training and review the checklist created, at least bi-annually, starting immediately. @ 10/20/17

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 Administrator
 (Required on EVERY Page) Stephanie A. Sargent Date 7/28/17

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Plan of correction Implementation status as of 9/22/17
 (Date)

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- Not Implemented

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

Violation Report: 13874 - 06/01/2017 - Freeman, Sabrina
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
 (1) Medication self-administration training.
 (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 (3) Care for residents with dementia and cognitive impairments.
 (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 (5) Personal care service needs of the resident.
 (6) Safe management techniques.
 (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
 The home failed to ensure that direct care staff person B received the following annual training for the 2016 training year:
 1. medication self-administration
 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 impairment
 4. infection control & general principles of cleanliness and hygiene and areas associated with immobility and 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

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 included on the staff annual training checklist all of the specified trainings listed above to ensure that each staff has completed those in particular. This list has been created on 6/15/17. Staff have been notified in group huddle of these topics of training and will receive them out throughout the year for 2017 and thereafter annually.

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> Administrator	Date <i>7/28/17</i>
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The above plan of correction was approved by <i>AS</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

Violation Report: 13874 - 06/01/2017 - Freeman, Sabrina
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Codo §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
 The home failed to ensure that direct care staff person B received the following annual training for the 2016 training year:
 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
 5. falls & accident prevention

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 included on the staff annual training checklist all of the specified training topics listed above to ensure that each staff has completed those in particular. This list has been created on 6/5/17. Staff have been notified in a group huddle of these topics of training and will receive them all throughout the year. effective for 2017 and annually thereafter. The administrator will check the checklist bi-annually to ensure the training have been completed. @ 10/20/17

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 *Administrator* Date *7/28/17*
 (Required on EVERY Page) *Stephanie A. Sargent*

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Plan of correction implementation status as of 9/28/17
 (Date)

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 (Initials)

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- Not Implemented

Violation Report: 13874 - 06/01/2017 - Freeman, Sabrina
 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
 The paint was peeling on the ceiling and wall in the women's bathroom on the 2nd floor.

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 ceiling and wall in 2nd fl. women's bathroom has been scraped of paint and repainted as of 6/14/17. Each bathroom and around the facility has been inspected by maintenance manager for any other areas of peeling or chipped paint. Administrator has created a maintenance checklist with paint monitoring included. The staff has been trained on daily monitoring of the facilities condition on 6/15/17. Administrator will be responsible to make sure maintenance has completed any repairs by checking the physical site at least monthly, starting immediately @ 10/20/17

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 Administrator
 (Required on EVERY Page) Stephanie A. Sargent Date 7/28/17

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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<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

Violation Report: 13874 - 06/01/2017 - Freeman, Sabrina
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.89(a) - The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

2a. DESCRIPTION OF VIOLATION
 On 6/1/17, the home did not have hot water under pressure. The home's gas was shut-off, as a result there was no hot water 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 gas in the home has been turned back on as of 6/2/17. The hot water has been restored in response of this. Daily temperature checks are conducted to be sure the water is not too hot or too cold. These checks are on a checklist for daily monitoring. Staff have been trained on 6/15/17 on water temperature and how to monitor it daily for compliance. Administrator will distribute checklist to staff each shift for appropriate monitoring effective 6/16/17.

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 Date
 (Required on EVERY Page) Stephanie A. Sargent Administrator 7/25/17

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

Plan of correction implementation status as of 10/19/17
 (Date)

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

Violation Report: 13874 - 06/01/2017 - Freeman, Sabrina
 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
 At the time of inspection, bedroom 5 did not have a source of light that could be turned on/off from the 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.

Facility maintenance has shifted the bed to be underneath the light for easy accessibility. All beds will be located within arms reach to a source of light effective 6/2/17. The administrator has included this on the checklist for when staff do room checks daily, to view and document that the source of light is reachable from the bed and operable. Staff has been trained on this protocol 6/15/17.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Stephanie A. Sargent</i>	Date <i>7/28/17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>[Signature]</i> (Date) <i>6/2/17</i>	Plan of correction implementation status as of <i>[Signature]</i> (Date) <i>6/2/17</i> <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
The above plan of correction was approved by <i>[Signature]</i> (Initials) <i>[Initials]</i>	

Violation Report: 13874 - 06/01/2017 - Freeman, Sabrina
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.102(d)(2) - Bathtubs and showers must have slip-resistant surfaces.

2a. DESCRIPTION OF VIOLATION
 The bathtub on the 2nd floor in the women's bathroom does not have a slip-resistant surface.

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 2nd fl. women's bathroom has a slip resistant mat placed inside of the tub on 6/2/17. The home has done the same for all bathroom tubs. In the future, the home will replace the mats with the adhesive semi-permanent grips. The administrator has conducted a tour training for staff about the slip-grip mats in the tubs on 6/15/17. Staff are to report via checklist if any bathroom has a missing slip-grip mat for immediate replacement.

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* *7/28/17*

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

The above plan of correction is approved as of *7/22/17*
 (Date)

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

Plan of correction implementation status as of *7/27/17*
 (Date)

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

Violation Report: 13874 - 06/01/2017 - Freeman, Sabrina
 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 6/1/17, at 9:30AM, the refrigerator temperature was 60 degrees farenheit. It should be noted, the refrigerator door did not close properly.
 At the time of inspection, the small white deep freezer in the basement did not have a thermometer.

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 refrigerator door has been readjusted to shut properly and keep in the coolness of the temperature. The small deep freezer has a new thermometer in it and will be monitored daily via a staff checklist, to make sure it is always present. Administrator has advised all staff in training/meeting on 6/15/17 about the refrigerators and freezers needing thermometers in them. If any do not, this should be reported immediately. Effective 6/2/17.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/23/2016
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Stephanie B. Sargent*

Printed Name and Title of Legal Entity Representative Administrator
 (Required on EVERY Page) Stephanie B. Sargent Date 7/28/17

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

The above plan of correction is approved as of <i>7/24/17</i> (Date)	Plan of correction implementation status as of <i>10/19/17</i> (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

Violation Report: 13874 - 08/01/2017 - Freeman, Sabrina
PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600.
2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION

The home's written emergency procedures have not been reviewed, updated or submitted to the municipal emergency management agency since February 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 has reviewed and updated the written emergency procedures and has submitted them to the municipal emergency management agency July 26, 2017. This is a new system, therefore once approval is received, the protocol will be on an annual basis. An administrative checklist has been created for following and keeping timely updates with files on an annual (or as needed) basis. Administrator will be responsible for this upkeep effective 7/26/17 and so on, by checking the posting at least monthly. @ 10/20/17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Steph A. Sabunt*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Stephane A. Sabunt Administrator* Date *7/28/17*

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

The above plan of correction is approved as of *9/22/17* (Date)

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

Plan of correction implementation status as of *9/22/17* (Date)

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

Violation Report: 13874 - 06/01/2017 - Freeman, Sabrina
 PCH Name: DIVINITY MANOR

1. REGULATION 65 Pa.Code §2600
 2600.131(c) - A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher meets the requirements for one floor as required in § 2600.131(a).

2a. DESCRIPTION OF VIOLATION
 The home does not have a fire extinguisher in the kitchen.

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 fire extinguisher (kitchen appropriate with 2A) has been retrieved and placed in the kitchen. The extinguisher will be monitored and dated monthly as the other facility extinguishers. Administrator has also put on a checklist to have staff check that the extinguisher is present in the kitchen daily. Staff have received training on the extinguisher 6/15/17 and are aware of how to properly use it in necessary cases. Administrator will make sure extinguisher is replaced is removed. Effective 6/15/17.

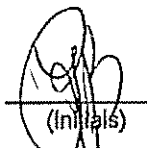
Repeat Violation: No Date(s) of Previous Violation(s):

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 7/28/17

DEPARTMENT USE ONLY HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9/22/17 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 9/22/17 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 13874 - 06/01/2017 - Freeman, Sabrina
 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 home failed to document resident #2's ability to self-administer medications on the 10/15/16 medical evaluation form.

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.

Administrative will be responsible for making sure that all DME and resident profiles will reflect that the resident is unable to self-administer medications. If any residents can administer medications, this will also be documented. The box on the DME forms will be checked off clearly. Any party filling out/completing these forms will be instructed on how to thoroughly complete all portions of the document. This will be in effect 8/1/2017. The administration will check all of the DME's to ensure all required elements are documented, starting immediately @ 10/20/17

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 *8/1/17*

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

The above plan of correction is approved as of *[Signature]* (Date) *8/22/17*

Plan of correction implementation status as of *[Signature]* (Date) *8/22/17*

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 - 06/01/2017 - Freeman, Sabrina
 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

On 6/1/17, the food listed on the menu for lunch was not served. Peanut butter & jelly sandwiches and potato chips was served instead. No notice was provided to the residents 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.

Administrator has implemented a menu change notification system to advise residents of any meal changes. The new menu is posted in the dining room for all residents to see and verbal notification is provided for all menu changes. This allows residents to make decisions on what they would prefer. Staff have been trained on this protocol and know that administrator will help with sign postage. This has taken effect 6/11/2017. Administrator will be responsible for protocol upkeep, by checking the food is available in accordance with the menu. 10/20/17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/23/2016
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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) *Administrator Stephanie A Sargent* Date *7/28/17*

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

The above plan of correction is approved as of *9/21/17* (Date)

Plan of correction implementation status as of *9/21/17* (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress

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

Violation Report: 13874 - 06/01/2017 - Freeman, Sabrina
 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.

Resident has been properly educated about her right to refuse medication if she believes there may be a medication error. Resident has signed to form indicating that she has been educated. Administrator has included the form in pre-made admission packets for future resident admissions. This is an initial step for residency. This has also been placed on the administrator's checklist for resident profiles. Administrator will be responsible for making sure all residents are educated on this matter moving forward. Effective 6/11/17.

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* *7/26/17*

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

The above plan of correction is approved as of *9/26/17*
 (Date)

Plan of correction implementation status as of *9/26/17*
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress

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

Violation Report: 13874 - 09/08/2017 - Freeman, Sabrina

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

On 8/16/17 & 8/17/17, the Department of Human Service licensing representative, requested access to the home to conduct the settlement inspection & the plan of correction. On both days, there was no staff person available to provide assistance in conducting the inspection.

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 given access to a designated staff member to access files and documentation for state inspections. In the event that she is not at the facility, this will ensure that the state inspection can be conducted at any given day and time with or without the administrator. This has taken effect as of 10/1/17, and all staff members have been made aware. Access to BHSL will be discussed a monthly staff meetings for the next 6 months, starting immediately. (See 10/20/17)

Repeat Violation:

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Stephanic A. Sargent

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Stephanic A. Sargent, Administrator

Date

10/9/17

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

The above plan of correction is approved as of

10/10/17
(Date)

Plan of correction implementation status as of

10/19/17
(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 - 09/08/2017 - Freeman, Sabrina
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

The floor in the women's bathroom on the second floor was uneven and lumpy and was a potential tripping hazard. Also in this bathroom, there were exposed pipes on the side of the sink or behind the shower wall. A piece of the wall was missing or there was a hole behind the shower 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.

The tile has been replaced in the second floor women's bathroom. The hole exposing pipes behind the shower has been boarded up. These areas have been placed on the daily staff checklist to keep track on conditions for fixing. And to prevent injury from ~~unsafe~~ safety hazards, staff have been notified of the repair and action of prevention. Effective 10/11/17.

The administrator will conduct weekly physical site checks of the home, starting immediately. @ 10/13/17

Repeat Violation: _____ 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 10/9/17

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

The above plan of correction is approved as of 10/12/17
(Date)

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

Plan of correction implementation status as of 10/19/17
(Date)

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

Violation Report: 13874 - 09/08/2017 - Freeman, Sabrina
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 9/8/17, at approximately 10:30 AM, the water temperature in the women's bathroom on the 2nd floor measured 125.7 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.

The home currently has a water log system. Each shift as the water is tested, the temperature is adjusted accordingly. If the water is too hot, the heater is turned down. There has not been consistency in the stable temperature due to weather changes, so staff - maintenance will stay on top of temperature adjustments, ^{by checking weekly.} All staff have been trained 10/11/17 on how to adjust the water temperature.

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

10/9/17

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

The above plan of correction is approved as of

10/10/17
(Date)

Plan of correction implementation status as of

10/19/17
(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 - 09/08/2017 - Freeman, Sabrina
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 9/8/17, at approximately 10:45AM, the temperature in the small white deep freezer in the basement was 20 degrees Farenheit.

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 thermometer in the deep freezer has been changed and currently reads the appropriate below 0°F temp. All food in this freezer is always thoroughly frozen. Thermometers will be checked daily to monitor for correct temperature readings. This is on a staff provided checklist. Administrator will follow up with weekly checks. Effective 10/11/17.

Repeat Violation: Yes Date(s) of Previous Violation(s): 6/23/2016

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 10/9/17

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

The above plan of correction is approved as of 10/10/17 (Date)

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

Plan of correction implementation status as of 10/13/17 (Date)

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

Violation Report: 13874 - 09/08/2017 - Freeman, Sabrina
PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

A medical evaluation has not been complete for resident #1, admitted on [redacted] 17.

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 that was recently admitted had expired transfer documents with no recent exam evaluations medically. Doctor will evaluate resident and complete DME form during scheduled doctor's visit on 10/17/17. Thereafter, resident will have annual updated medical evaluation while residing at the home. All admitted residents will be prompted to obtain a current medical evaluation upon admission, or within 30 days after.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Stephanie A. Sarant

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Stephanie A. Sarant

Administrator

Date

10/9/17

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

The above plan of correction is approved as of

10/17/17
(Date)

Plan of correction implementation status as of

10/9/17
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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