



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: February 9, 2018**

Lea B. Sargent  
President/Owner  
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 December 21, 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,

A handwritten signature in black ink that reads "Dean Gray DK".

Dean Gray  
Acting Regional Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 13874 - 12/21/2017 - Parker, Shawn  
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600  
 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 # 1 participated in the development of their support plan on 06/27/17. 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.

Administrator will be responsible for making sure that all residents sign his/her support plan upon the completion and review of the document. Any resident who is unable to sign will have that noted on the plan and will still be informed about the details of the support plan. All administrators and employees will be trained on support plans and how significant it is for residents to sign and date is as well. This correction will occur 11/2/17. Resident #1 has signed his support plan immediately on 12/21/17.

2/1/18 COPIES OF TRAINING MATERIAL + ATTENDANCE SHEET REQUESTED. SEE FOR ATTACHMENT REC'D 2/1/18. RJA

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 *1/12/17*

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

The above plan of correction is approved as of *2/2/18*  
 (Date)

Plan of correction implementation status as of *2/2/18*  
 (Date)

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

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