



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]  
August 15, 2018

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
August 15, 2018

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

RE: Divinity Manor  
License #: 138740

Dear Ms. Sargent:

As a result of the Department's Bureau of Human Services Licensing inspection on March 14, 2018 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 cursive script that reads "Shawn Parker".

Shawn Parker  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 13874 - 03/14/2018 - Parker, Shawn  
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees:

2a. DESCRIPTION OF VIOLATION  
 The contracts for residents # 1 and # 2 were not signed by the residents.

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.

Both residents 1 + 2 have signed their contracts per regulation requirements. Residents and staff have been informed about the importance of resident signing home contracts in a formal setting. Each resident contract has a checklist to ensure that there is a signature on all contracts by the resident (profile). Admitted residents will be prompted to sign the contract upon admission, which is standard protocol. Any resident refusing to sign the contract will be encouraged of the importance, and advised that a new home may work best if the signature requirement is an issue. Administrator will be responsible for this all effective 5/21/18.

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 5/23/18
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 5/24/18  
 (Date)

Plan of correction implementation status as of 5/24/18  
 (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 - 03/14/2018 - Parker, Shawn  
PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600

2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Residents # 1 and # 2 records did not contain a statement signed by the residents acknowledging receipt of a copy of the resident rights and complaint procedures.

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.

Both residents have signed a copy of the residents rights and have been offered a copy for themselves. The residents rights + complaint procedure will be explained and requested for signature for each resident as they are admitted. Each resident profile has a checklist to monitor monthly if the document is signed as required by regulations. Administrator will be responsible for providing residents with residents rights + complaint procedures, explaining each document, and obtaining resident signature effective 5/21/18

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Stephanie A. Surgent / Administrator      Date 5/23/18

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(Initials)

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Violation Report: 13874 - 03/14/2018 - Parker, Shawn

PCH Name: DIVINITY MANOR

1. REGULATION 55 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

On 03/04/18 at 7:42 am resident # 3's glucometer had a reading of 125. The home recorded 91 on the medication administration record.

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.

Daily glucometer checks are made, for residents who have them, making sure the date & time are correct and matching the reading with the recorded blood sugar chart. All staff have been trained on medication (state) on <sup>approved</sup> 4/18/18, and have been trained on house medication protocol. This includes how to check glucometers, and emphasizing patience and accuracy while checking/recording sugar levels. Administrator will be responsible that staff are compliant effective 5/21/18.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

*Stephen A. Sargent*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Stephanie A. Sargent/Administrator

Date

5/22/18

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5/24/18  
(Date)

Plan of correction implementation status as of

5/24/18  
(Date)

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*[Signature]*  
(Initials)

Violation Report: 13874 - 03/14/2018 - Parker, Shawn  
 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

Residents # 1 and # 2 have 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.*

Both residents were educated to the resident's right to refuse medication if the resident believes the ~~medication~~ may be an error on 3/14/18.

Residents have agreed and signed the document. The document has been placed in the residents profile. Administrator will make sure all newly admitted residents are educated on this matter, and that the document is signed + placed in profile immediately. A checklist is also in residents profiles to check monthly that the document is still present. Protocol effective 5/21/18.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Stephanie A. Sargent / Admin.	Date 5/23/18
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