



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 Human Services 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 January 17, 2019 until January 17, 2020,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **138740**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
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

JAN 17 2019

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 annual inspection on April 17, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

A regular license is being issued based on the enclosed violation report. Your license is enclosed.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

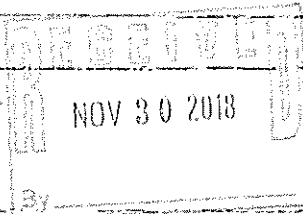
Sincerely,

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

Jacqueline L. Rowe
Director

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2800

PCH Name: DIVINITY MANOR		License Number: 13874
Address: 932 34 NORTH 42ND STREET, PHILADELPHIA, PA 19104		County: Philadelphia
Administrator: Mrs. Stephenie 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 03/02/2018 Phila L&I		
Staffing Hours		
Resident Support: 26	Total Daily Staff: 52	Working Staff: 39
Type of Inspection: Full	BAH Locket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Provisional		
On-Site Inspections Dates and Department Representatives On-Site 04/17/2018: Carron, David; Wilson, Kenneth		
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:	
Number of Residents Served: 26	Receive Supplemental Security Income: 26	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 10	
Area:	Have Mental Illness: 26	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 26	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Issue: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

Violation Report: 13874 - 04/17/2018 - Carlton, David
 PCH Name: DIVINITY MANOR

1. REGULATION 66 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A and B do not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

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.

Since staff members A+B received education outside of the U.S., a waiver will be requested for the two employees. Administrator will obtain all educational documents for staff members upon hire. If staff members are unable to provide proof of education, and a waiver does not suffice, staff will be replaced. Upon interviewing new employee candidates, questions regarding education + obtainability will be asked prior to hire. This process will take effect July 1, 2018.

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* administrator

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Stephanic A. Sargent* Date *7/1/18*

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

The above plan of correction is approved as of *7/1/18*
 (Date)

Plan of correction implementation status as of *7/1/18*
 (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: 13074 - 04/17/2018 - Carrion, David
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600

2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION

On 4/7/18 and 4/8/18, a total of 19.5 hours of direct care was required. However, only 16 of the required hours.

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 recurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Administrator has reviewed the staff schedule. The schedule reflects all required working hours, sleep + waking hours, and the shifts + staff who are to cover. All hours are reflective and cover the required amount of hours for both needs. Moving forward, all schedules will align with the appropriate amount of waking hours necessary. All staff will be notified in our monthly staff meeting about schedules + required amount of hours needed per resident during waking hours. This will take effect 7/1/18.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Stephanie A. Sargent Administrator

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Stephanie A. Sargent

Date

7/1/18

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

The above plan of correction is approved as of

12/11/18
 (Date)

Plan of correction implementation status as of

12/11/18
 (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: 13574 - 047172018 - Carrlon, David
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §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

Direct care person C's documentation for the required trainings and are not initialed during training year 2017.

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 C began working as a nurse for the home in February of 2018. She has her training in the above topics from another agency affiliated with the hospital. She has participated in the home's fire safety training in April of 2018. All staff shall receive training on all above topics during initial orientation for new hires. All of the trainings will also be on the annual training list for all staff persons. Administrator will be responsible effective 7/11/18 - Home will audit training logs to ensure compliance - person's maintenance department reviewed 12/11/18

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/01/2017	Department reviewed 12/11/18
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Stephanie A Sargent Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Stephanie A Sargent* Date *7/11/18*

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

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 (Date)

Plan of correction implementation status as of *12/11/18*
 (Date)

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

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

Violation Report: 13874 - 04/17/2018 - Carrion, David
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa. Code §2600

2600.65(l) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's record of direct care staff training does not include the orientation form for staff person C. The initials are missing from the 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.

Staff member C did not receive the DC's new hire orientation because she is a nurse. The nurse has gone over all DC's orientation topics as of 6/11/18 and has indicated that she has reviewed them. All persons, DC's or not, who provide resident care will be trained on the orientation information. Administration will be responsible effective 7/1/18 - Home will pursue training to ensure continual compliance - Documentation of the review to be maintained for quarterly review. Review of training to be conducted within 35 days of receipt of approved plan of correction. 12/11/18

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Stephanie A. Sargent* Date *7/1/18*

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

The above plan of correction is approved as of *12/11/18*
 (Date)

Plan of correction implementation status as of *12/11/18*
 (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 - 04/17/2018 - Carrion, David
 PCH Name: DIVINITY MANOR

1. REGULATION 65 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, located in the women's bathroom, 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.

All trash cans, including the women's bathroom, has a lid. The maintenance supervisor is responsible for making sure lids are on the trash cans. A checklist with lids being present on trash cans has been created and implemented for daily monitoring on each shift. This will prevent loss. Staff have been notified about trash can lids at the necessary at our monthly staff meeting. The checklist will be implemented effective 7/2/18. - The checklist to be maintained for Department review. @ 12/1/18

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 *7/1/18*

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

The above plan of correction is approved as of *12/1/18*
 (Date)

Plan of correction implementation status as of *12/1/18*
 (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 - 04/17/2018 - Carrion, David
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION

Light bulbs were missing from bathrooms on the 1st floor bathroom and the male and female bathrooms on the 3rd 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 date by which the steps will be completed.

All bathrooms on all floors have light bulbs in them. Checking light bulbs & the operation of them have been added to the staff daily checklist for monitoring. The maintenance supervisor will be responsible for keeping up with this. All staff have been notified in our monthly meeting on 6/18/18 of the checklist and having to check the bulbs around the facility. Checklist will be maintained for Department review. A training on the new procedure to be completed with 35 day receipt of approved violation @ 6/11/18

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, Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Stephanie A. Sargent* Date *7/11/18*

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

The above plan of correction is approved as of <u>12/11/18</u> (Date)	Plan of correction implementation status as of <u>12/11/18</u> (Date)
The above plan of correction was approved by <u><i>(Signature)</i></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 - 01/17/2018 - Carrion, David
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The telephone in the kitchen does not have emergency service number posted nearby.

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 telephone in the kitchen, as well as all phones in the home, have emergency service numbers form posted near it. All residents + staff have been made aware of this form on 6/29/18. Administrator will be responsible for making sure the forms are posted, + staff will be able to monitor daily that the forms are still posted. (via checklist)

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, Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Stephanie A. Sargent* Date *7/1/18*

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

The above plan of correction is approved as of *12/11/18* (Date) Plan of correction implementation status as of *12/11/18* (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 - 04/17/2018 - Carrion, David
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(4) - Each resident shall have the following in the bedroom: A storage area for clothing that includes a chest of drawers and a closet or wardrobe space with clothing racks or shelves accessible to the resident.

2a. DESCRIPTION OF VIOLATION
 Resident #1 does not have access to a chest of drawers in the bedroom.

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.

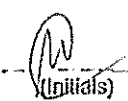
Resident 1 now has access to a chest of drawers in his bedroom. All residents have access to a drawer, + all drawers that are old will be replaced. Administrator and maintenance supervisor will work together to make sure drawers are always accessible for residents. An inspection list for all bedroom equipment, including worn drawers has been created + implemented for state effective for 7/2/18. The inspection list to be maintained per Department Report @ 12/1/18.

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, Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Steph A. Sargent</i>	Date <i>7/1/18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>12/1/18</u> (Date)	Plan of correction implementation status as of <u>12/1/18</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

Violation Report: 13874 - 04/17/2018 - Carrion, David
 PCH Name: DIVINITY MANOR

1. REGULATION 65 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
 The beds in rooms #10 and #12 do not have a source of light that can be turned on/off from 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.

All residents ~~from~~ now have a source of light, operable, from their bedside. Extra lights have been purchased in case any goes missing. Administrator + maintenance supervisor will be responsible to keep this up. All staff have been notified in meeting about this issue, and will use the checklist for bedroom furniture daily to make sure this remains in compliance. Effective 6/18/18, on operable source of light by bedside within 35 days receipt of approved POC. Documentation to be maintained for ^{staff to be trained} ~~documental~~ review @ 12/11/18

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/01/2017
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Stephanie A Sargent* Administrator

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Stephanie A Sargent Date 7/11/18

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

The above plan of correction is approved as of <u>12/11/18</u> (Date)	Plan of correction implementation status as of <u>12/11/18</u> (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 - 04/17/2018 - Carrion, David
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

2a. DESCRIPTION OF VIOLATION
 The grab bar in the 1st floor bathroom, on the right side of the building, is broken.

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 grab bar in the 1st floor bathroom has been fixed as of 6/1/18. Staff will be able to check that the bathroom grab bar(s) are present and secure on a daily basis. The maintenance supervisor will be responsible for making sure the bar is in place and secure for residents. The checklist has been in effect as of 6/18/18.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Stephanie A. Sarricht Date 7/1/18

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

The above plan of correction is approved as of <u>12/11/18</u> (Date)	Plan of correction implementation status as of <u>12/11/18</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></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 - 04/17/2018 - Carrion, David
 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 bathtubs in the 1st, 2nd and 3rd floor bathrooms do not have slip-resistant surfaces.

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.


All bathrooms, including the 1st floor, with tubs now have slip-resistant mats on the surface. Additional mats have been stored in case current ones become worn or missing. All staff have been notified about the requirement of slip-resistant tub surfaces, & will be able to check daily via the checklist, for the presence of the tub mats. This has taken effect 6/11/18. The maintenance supervisor will be responsible of check to be maintained for department renewal - Document

Repeat Violation: No Date(s) of Previous Violation(s): 06/01/2017

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Stephanie A. Sargent* Date *7/11/18*

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Violation Report: 13874 - 04/17/2018 - Carrion, David
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.102(h) - Toilet paper shall be provided for every toilet.

2a. DESCRIPTION OF VIOLATION
 On 04/17/18, at 9:30 am, there was no toilet paper for any of the bathrooms 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.

All bathrooms in the home have toilet tissue in the dispensers, and extra toilet tissue is available in the home's supply closet. The maintenance supervisor will be responsible for making sure this is upkept. Staff will be able to check for toilet tissue daily for replacement. The checklist will be implemented for 4/18/18 effective date. Monitoring daily will help prevent going without any toilet tissue.

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* Administrator

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Stephanie A. Sargent* Date: *7/11/18*

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The above plan of correction was approved by <u><i>AS</i></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 - 04/17/2018 - Carrion, David
 PCH Name: DIVINITY MANOR

1. REGULATION 65 Pa.Code §2600

2600.102(l) - 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 is no soap available at the sink in any of the home's bathrooms.

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.

All of the bathrooms in the home have soap in the dispensers, and additional soap for refills. The maintenance supervisor will be responsible for making sure all dispensers are filled for residents. Staff will also be able to monitor daily that there is soap available via a checklist. This will ensure that residents do not go without soap in the bathroom.

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* Administrator

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Stephanic A. Sargent* Date *7/11/18*

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- 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 - 04/17/2018 - Carrion, David
 PCH Name: DIVINITY MANOR

1. REGULATION 65 Pa.Code §2800
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

On 04/17/18, at 3 pm, 5 boxes of pancake syrup with an expiration date of 12/29/17, 12 boxes of grape juice with an expiration date of 3/20/17 and a dressing bottle with an expiration date of 08/30/17 were located in the home's food storage closet.

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.

All of the expired food + beverages have been discarded. The home has all non-expired food items. Food items have been checked for appropriate dates, and opened foods are labeled as well. Administrator + Maintenance supervisor will be responsible for making sure all incoming food is not expired, and staff will monitor any food that may become expired to be discarded. Checks for the food will be done on a weekly basis, effective 6/18/18.

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* Administrator

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) STEPHANIE A. SARGENT Date 7/11/18

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The above plan of correction is approved as of <u>12/11/18</u> (Date)	Plan of correction implementation status as of <u>12/11/18</u> (Date)
The above plan of correction was approved by <u><i>AS</i></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 - 04/17/2018 - Carrion, David
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION
 On 04/17/2018, the home had 26 residents, but no emergency drinking water.

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 purchased a full pallet of water that is not to be touched. This water stands for emergency drinking water for residents. Staff have been advised in a meeting not to touch the water, and to monitor daily that the water has not been tampered with. The Administrator + maintenance supervisor will be responsible for this upkeep. This is effective

4/17/2018. Documentation of emergency water check will be maintained for Department review. Staff to be trained on the importance of emergency preparedness within 30 days receipt of approved POC. Documentation submitted by Department 4/17/18 (w)

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* Administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Stephanie A. Sargent</i>	Date <i>7/11/18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>12/11/18</u> (Date)	Plan of correction implementation status as of <u>12/11/18</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></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 - 04/17/2018 - Carrion, David
 POH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2800
 2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION

The fire extinguishers throughout the facility, except the one in the kitchen, have not been inspected by a fire safety expert since March 2017.

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 fire extinguishers throughout the facility have been inspected by a fire safety expert on Administrator + maintenance supervisor will make sure this is completed annually by adding it to the annual checklist. This will be a reminder for the following year, and help prevent missing the required inspection date.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *STEPHANIE A. SARGENT* Date *7/1/18*

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The above plan of correction is approved as of 1/11/19
 (Date)

Plan of correction implementation status as of 1/11/19
 (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 - 04/17/2018 - Carrion, David PCH Name: DIVINITY MANOR	
1. REGULATION 65 Pa.Code §2600 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	
2a. DESCRIPTION OF VIOLATION One resident did not evacuate during the fire drills conducted on 4/15/17 and 12/2/17 to the designated fire safe area.	
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>Residents have been advised in a meeting on 6/29/18 how important fire drill evacuations are. Staff were present as well. All parties are aware that staff will prompt residents during fire drills and that all residents are expected to evacuate within the specified time. Administrator will continue to monitor this and log the outcomes. Frequent resident reminders will occur to help prevent evacuation reissues.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Stephane A. Sargent</i> Administrator	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Stephane A. Sargent</i>	Date <i>7/11/18</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>1/8/19</u> (Date)	Plan of correction implementation status as of <u>1/8/19</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></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 - 04/17/2018 - Carrion, David
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.143(a) - The home shall have a written emergency medical plan that includes the following:
 (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible.
 (2) Emergency transportation to be used.
 (3) An emergency-staffing plan.

2a. DESCRIPTION OF VIOLATION
 The home's emergency medical plan does not include the choice of hospital for residents #2,#3 and #4.

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 have been asked for choice of hospital for emergency medical plan, & is documented in RASPs. The fall sheets also reflects this information. Administrator will make sure all current and new residents have their choice of hospital updated and noted in the emergency medical plan. Effective 1/2/18

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *STEPHANIE A SARGENT* Date *7/1/18*

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

The above plan of correction is approved as of <u>1/8/19</u> (Date) The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u>1/8/19</u> (Date) <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
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Violation Report: 13874 - 04/17/2018 - Carrion, David
 PCH Name: DIVINITY MANOR

1. REGULATION 65 Pa.Code §2800

2600.143(b) - The following current emergency medical and health information shall be available at all times for each resident and shall accompany the resident when the resident needs emergency medical attention:

- (1) The resident's name and birth date.
- (2) The resident's Social Security number.
- (3) The resident's medical diagnosis.
- (4) The resident's physician's name and telephone number.
- (5) Current medications, including the dosage and frequency.
- (6) A list of allergies.
- (7) Other relevant medical conditions.
- (8) Insurance or third party payer and identification number.
- (9) The power of attorney for health care or health care proxy, if applicable.
- (10) The resident's designated person with current address and telephone number.
- (11) Personal information and related instructions regarding advance directives, do not resuscitate orders or organ donation, if applicable.

2a. DESCRIPTION OF VIOLATION

Residents #2, #3 and #4 emergency medical and health information does not include a designated person with current address or telephone number nor the box is checked if no informal support exist.

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.

All residents, including #1's 2, 3 & 4, who do not have a designated person has the box checked for no informal supports. Those who do are documented. To prevent this in the future, RASPs will either note a designated support or have the box checked. Administrator will be responsible effective 6/1/18.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Stephane A. Sargent</i>	Date <i>7/1/18</i>
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 (Date)

Plan of correction implementation status as of 1/8/19
 (Date)

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

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

Violation Report: 13874 - 04/17/2018 - Carrion, David
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.190(c) - A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

2a. DESCRIPTION OF VIOLATION
 The home's medication administration training record for staff person D, E, F, and G does not include documentation of successful completion of the training.

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 persons D, E, F, and G, and all current staff have received the state required medication administration training on 4/18/18. Documentation of successful completion has been filed. Administrator will be responsible for making sure an annual practical is completed and documented. This is included on the annual checklist and will prevent expiration and the inability of the home's staff to administer medication.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date

Stephanie A. Sargeant 7/1/18

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The above plan of correction was approved by <u><i>[Signature]</i></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 - 04/17/2018 - Carrion, David
 PCH Name: DIVINITY MANOR

1. REGULATION 65 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 #2 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 #2, and all residents in the home have been educated to the right to refuse medication if they believe it is given in error. All new residents will be educated on this as well and will be prompted to sign the form. Administrator will be responsible for making sure this occurs. The document has been included on the residential profile checklist. This will help administrator monitor the document & prevent lack of signature. This will take effect 6/1/18, & will be ongoing thereafter.

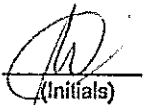
Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/01/2017
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Stephanie A. Sargent Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *STEPHANIE A. SARGENT* Date *7/1/18*

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 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 12/11/18
 (Date)

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