



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]  
December 18, 2018

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
December 18, 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 August 20, 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,

Patricia Adams  
Regional Licensing Director

Enclosure  
Licensing Inspection Summary

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

PCH Name: DIVINITY MANOR		License Number: 13874
Address: 932 34 NORTH 42ND STREET, PHILADELPHIA, PA 19104		County: Philadelphia
Administrator: Stephanie Sargent		Region: SOUTHEAST
Legal Entity Name: DIVINITY MANOR LLC		
Legal Entity Address: 932-34 NORTH 42ND STREET, PHILADELPHIA, PA 19104		
Certificate(s) of Occupancy C-2 LP 03/02/1987 City of Phila.		NOV 30 2018
Staffing Hours Resident Support: 0	Total Daily Staff: 25	Waking Staff: 19
Type of Inspection: Partial	BHA Docket Number: 034150014	Notice: Unannounced
Reason(s) for Inspection(s) Monitoring, Settlement		
On-Site Inspections Dates and Department Representatives On-Site 08/20/2018: Thomas, Tahesia; Swisher, Michele		
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 Served: 25 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 25 Are 60 Years of Age or Older: 9 Have Mental Illness: 25 Have an Intellectual Disability: 25 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 13874 - 08/20/2018 - Thomas, Tahesia

PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600

2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION

Resident 1 has not received a quarterly account of financial transactions since March 2018.

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 updating resident's quarterly financial summary to reflect current transactions. She will also keep up with this for all residents moving forward. Each resident's quarterly financial summary will be placed on a checklist to remind the administrative staff and the nurse to keep track of logging the transactions. All staff including nurse, will be trained on 11/16/18 regarding quarterly financial summary transactions and how to log them. This will allow all parties of staff to be hands on with keeping up with keeping logs current.

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) Administrator, Stephanie Sargent Date 11/14/18

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>[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 - 08/20/2018 - Thomas, Tahesia  
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  
Resident #2 was admitted on 07/01/17. The resident's medical evaluation was completed on 03/03/18.  
Resident #3 was admitted on 07/07/17. The resident's medical evaluation was completed on 10/14/17.

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.

This has been a repeated violation. The resident was admitted with documents from previous physician. The home changed her physician along with insurance prior to having medical evaluation completed. Currently, the home makes sure to obtain a current/recct DME+ medical evaluation upon resident's admittance. This is not dependant upon physician, documents can be obtain by any physician. Administrator will be responsible, and will see that the nurse checks monthly for maintenance. All admission records to be reviewed for accuracy, a checklist to be maintained on resident admision record to ensure information is timely, staff to be trained in 30 days receipt of approved POC by 12/11/18

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

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

Printed Name and Title of Legal Entity Representative      Date  
(Required on EVERY Page) *Stephanic Sargent, Administrator*      *11/14/18*

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Violation Report: 13874 - 08/20/2018 - Thomas, Tahesia  
 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 # 2's RASP dated 6/29/18 does not contain signatures of any individual who participated in the support plan development.

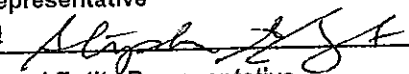
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the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

Resident 2 has signed his rasp since receipt of this violation. All resident profiles have been checked by administrator to ensure they are signed by residents. Administrator and nurse will be responsible for having resident sign document initially upon completion, and to check monthly for the presence of the signature. This will prevent further violations. Effective immediately.

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  
 (Required on EVERY Page)

Stephanie A. Sargent, Administrator

Date

11/14/18

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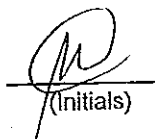
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- Partially Implemented - Inadequate Progress
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Violation Report: 13874 - 08/20/2018 - Thomas, Tahesia  
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600

2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION

Resident #1's support plan was completed on 6/25/18. Support plan is not signed by resident and there is no mark or indication that resident was unable to or refused to sign/participate in the support plan.

Resident #2's support plan was completed on 6/29/18. Support plan is not signed by resident and there is no mark or indication that resident was unable to or refused to sign/participate in 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.

Both residents have signed their support plans since this violation. Administrator will take responsibility to have residents sign support plans upon completion. If they are unable to or refuse to sign, those boxes will be checked. The nurse will be responsible for checking support plans monthly, to make sure the documents are signed or boxes are checked, and to monitor expiration + renewal dates. This is effective immediately.

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 *11/14/18*

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