



**Sent via e-mail divinitymanor@gmail.com
April 24, 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 inspection on January 29, 2019 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.

Sincerely,

A handwritten signature in black ink that reads "Mia Johnson". The signature is written in a cursive, flowing style.

Mia Johnson
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report: 13874 - 01/29/2019 - Gray, Dean
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.57(b) - Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

2a. DESCRIPTION OF VIOLATION
 On 01/27/19, there were 23 of residents in the home. On this day, only 22.50 hours of direct care staffing was provided.

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 reviewed and updated the Staffing schedule to make sure all hours necessary are covered each day & each week. The Administrator will be responsible for making sure all hours needed, 1 per resident is accounted for in the home at all times, and reflected in the weekly staff schedule. Administrator has had a brief huddle meeting with all staff to explain the significance of having all resident waking + sleeping hours covered. This huddle took place on 3/13/2019, centered as a training. Staff schedule is on a checklist to be upkeep weekly for any gaps that may arise.

Within 10 days of accepted POC, documentation of the training will be submitted to M. Johnson at the Southeast Regional office at rapwailsoutheast@pa.gov or fax at 610-270-1147. 4/23/19 *MJ*

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

3/19/19

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

The above plan of correction is approved as of 4/23/19
 (Date)

Plan of correction implementation status as of 4/23/19
 (Date)

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

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

Violation Report: 13874 - 01/29/2019 - Gray, Dean

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 01/27/19, a total of 23 hours of direct care was required. However, only 15 of the required hours, or 65 percent, were provided during waking 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 occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The administrator has changed the schedule and corrected errors with gaps in daytime waking hours staffing for resident ratio. The new schedule reflects more hours covered during the waking hours over the weekend and the weekdays. Administrator will be responsible for ensuring all days/waking hours, and sleeping hours are covered by appropriate staffing. This issue has been discussed with staff in a huddle by the administrator on 3/13/2019. Checking + changing the schedule (if needed) will be placed on a checklist for weekly review.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

04/17/2018

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

3/19/19

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The above plan of correction is approved as of 4/23/19
(Date)

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

Plan of correction implementation status as of 4/23/19
(Date)

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

Violation Report: 13874 - 01/29/2019 - Gray, Dean
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff person A, whose first day of work was 04/06/18, did not receive orientation in Fire Safety until 08/10/18.

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.

Administrators will be responsible for making sure all newly hired staff receives orientation on fire safety upon their first day of working at the facility. A reputable certified fire safety trainer will be notified of the day to come and provide the training in a timely manner. The administrator will create a new hire checklist with completion of fire safety training before working to be placed on it and completed with. This will prevent future violations. This will be effective as of 3/13/19.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Stephanica A. Sargent, Administrator* Date *3/19/19*

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The above plan of correction was approved by <u><i>MS</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 - 01/29/2019 - Gray, Dean
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A completed their 40th scheduled work hour on 04/20/18. The staff person did not receive the following orientations in Resident Rights, Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, Reporting of reportable incidents and conditions.

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 has been trained on resident rights and reportable incidents and conditions, along with other staff, on February 8, 2019. Staff member will receive OARSA reporting of abuse and neglect, along with other staff, on 3/20/2019. Documentation of the training will be kept in employee's staff profile. These trainings will be included, per state requirement, during all new-hire orientations prior to them being on the floor working with residents. This will take effect immediately, as of 3/13/19. Administrator will be responsible for this protocol.

See attached 4/23/19 *WJ*

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Stephanie A. Sarachet, Administrator* Date *3/13/19*

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The above plan of correction was approved by <u><i>WJ</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

2600.65 (b)

Within 10 days of accepted POC, documentation of the training will be submitted to M. Johnson at the Southeast Regional office at ra-pwarlsoutheast@pa.gov or fax at 610-270-1147. 4/23/19

Violation Report: 13874 - 01/29/2019 - Gray, Dean
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on 04/06/18, began providing unsupervised ADL services on 04/06/18. The staff person did not successfully complete and pass the Department's direct care training course until 08/10/18.

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 will make sure all direct care staff have successfully completed + passed the Department's online training course prior to hire and rendering work services. This will be added to the administrator's new-hire checklist, for completion, effective 3/13/19.

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 *3/13/19*

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

Plan of correction implementation status as of 4/23/19
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Violation Report: 13874 - 01/29/2019 - Gray, Dean

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 #1 was admitted on 11/01/18. The resident's medical evaluation was completed on 05/15/18.

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 has received a physical/medical evaluation for update from 5/15/18. The Administrator will be responsible for obtaining a current medical evaluation, or scheduling one, for newly admitted residents. This will allow medical evaluations to be aligned with the date of resident intake. Administrator has trained staff on February 8, 2019 the requirement to obtain a new medical evaluation for all newly admitted residents. Administrator has included this monitoring on a resident checklist. This process has taken effect as of 3/13/19, and will continue to be the protocol for making sure this violation does not occur again.

Within 10 days of accepted POC, documentation of the training will be submitted to M. Johnson at the Southeast Regional office at ra-pwarsoutheast@pa.gov or fax at 610-270-1147. 4/23/19 *MG*

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

3/13/19

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(Initials)

Violation Report: 13874 - 01/29/2019 - Gray, Dean
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1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 The preadmission screening form for resident #2, admitted 11/01/18, which includes the determination that the home can meet the resident's service needs, is dated 11/05/18.

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 make sure that ALL preadmission screenings are completed and dated correctly prior to the resident being admitted into the home. All staff, especially those who go out to interview potential residents, will be trained on completing the preadmission screening appropriately, and dating it accurately. Also, they will be advised to communicate w/ the administrator for any questions or concerns with the screening form. This training will take place on 3/20/19. Administrator will include the completion and timeliness of the preadmission screening, prior to admission, on the resident checklist.

Within 10 days of accepted POC, documentation of the training will be submitted to M. Johnson at the Southeast Regional office at ra-pwarlsoutheast@pa.gov or fax at 610-270-1147. 4/23/19 *MJ*

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, Administrator</i>	Date <i>3/13/19</i>
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Violation Report: 13874 - 01/29/2019 - Gray, Dean

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 participated in the development of their support plan on 11/05/18. 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.

Resident has signed the resp. Administrator will include to check signatures on the resident checklist moving forward. Administrator will double check that resident signs all documents, including support plan, at the time of completion. Staff have been trained on RASP's + signatures on February 8, 2019. The staff who complete rasp's will consult with the administrator, and administrator will follow-up with resident that document has been completed accurately. This protocol will have taken effect as of February 8, 2019.

Within 10 days of accepted POC, documentation of the training will be submitted to M. Johnson at the Southeast Regional office at ra-pwarlsoutheast@pa.gov or fax at 610-270-1147. 4/23/19 *MJ*

Repeat Violation: Yes

Date(s) of Previous Violation(s):

08/20/2018

03/14/2018

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Stephanie A. Sargent, Administrator

Date

3/13/19

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Plan of correction implementation status as of 4/23/19
(Date)

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(Initials)

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- Not Implemented