

Violation Report

Facility Information

Name: *DIVINITY MANOR*
Address: *932 34 NORTH 42ND STREET, PHILADELPHIA, PA 19104*
County: *PHILADELPHIA* Region: *SOUTHEAST*

License Number: *138740*

Administrator

Name: *Mrs. Stephanie Sargent* Phone: *2152223035* Email: *DIVINITYMANOR@GMAIL.COM*

Legal Entity

Name: *DIVINITY MANOR LLC*
Address: *932 34 NORTH 42ND STREET, PHILADELPHIA, PA, 19104*

Certificate(s) of Occupancy

Type: *C-3 SP* Date: *03/02/1987* Issued By: *Phila L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *23* Waking Staff: *17*

Inspection

Type: *Full* Reason: *Renewal* BHA Docket #: Notice: *Unannounced*

Inspection Dates and Department Representative

06/11/2019 - On-Site: David Carrion

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *30* Residents Served: *23*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *23* Are 60 Years of Age or Older: *9*
Diagnosed with Mental Illness: *23* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

DIVINITY MANOR

138740

51 - Criminal Background Check

Regulations

- 2600.
 - 51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A, hired on 02/18/18, the home was unable to provide a criminal background check.

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 a criminal background check is ran for all employees before they begin work. If the employee does not have a current one, administrator will make sure employee knows one will be ran by the home. Staff will be trained on the requirement for criminal background checks during new hire orientation, and annual trainings. This will take effect 8/11/2019.

Immediately: The administrator or designee shall review the records of all current staff members to ensure that a PA State Police criminal background check has been completed and that an FBI background check has been completed for employees who were not residents of Pennsylvania for the past two consecutive years prior to the date of hire. Documentation shall be kept in the staff records. *MJ*

Legal Entity Representative

Stephanie A. Sargent
Signature

Administrator
Stephanie A. Sargent, 8/11/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 6/18/20
(Date)

Plan of correction implementation status as of 6/18/20
(Date)

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

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

DIVINITY MANOR

138740

54a - Direct Care Staff

Regulations

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED 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.

Description of Violation

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

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 obtaining the staff persons education credentials, and/or the waiver for education documents approval. Moving forward, all staff will be required to bring in accredited education documents valid in the US, and will not begin work until the home has the documents on file. Training about staff education requirements will be conducted September 3rd, 2019.

Immediately: The administrator or designee will review all current direct care staff records to ensure all direct care staff persons meet the qualifications in accordance with regulation 2600.54(a) to include a Diploma issued by the Pennsylvania Department of Education or Department of Education in another state. Documentation will be kept in the staff records. Only those staff persons who meet the direct care staff qualifications will provide direct care services. Staff person B will not be permitted to provide direct care services in the home until they have met the educational qualifications.

Legal Entity Representative



Signature

Administrator
 Stephanie A. Sargent
 Printed Name and Title
 8/28/19
 Date

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DIVINITY MANOR

138740

63a - First Aid/CPR Training

Regulations

2600. 63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 06/03 and 06/09, from 3pm to 7am, 23 residents were present in the home. During this time no staff persons were present in the home who was certified in first aid, obstructed airway techniques and CPR.

On 6/10/19, from 11 pm to 7 am, 23 residents were present in the home. During this time no staff persons were present in the home who was certified in first aid, obstructed airway techniques and CPR.

On 6/8/19 and 6/12/19, from 3 pm to 11 pm, 23 residents were present in the home. During this time no staff persons were present in the home who was certified in first aid, obstructed airway techniques and CPR.

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 is responsible for making sure all employees are first aid / CPR trained + certified. This will ensure that all shifts have employees who are able to perform in instances of emergency. The home has received CPR / First Aid training on 8/11/19, and will be sure to schedule as needed per new employees being hired.

The administrator or designee who schedules staff will ensure at least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation will be present in the home at all times. MJ

Legal Entity Representative

Administrator

Signature

Stephanie A. Sargent
Printed Name and Title

8/28/19
Date

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DIVINITY MANOR

138740

64c - Annual Training

Regulations

2600. 64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff person C, the home's administrator, completed 0 hours of Department-approved training in training year 2018.

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 is actively attending trainings to make sure at least 24 annual training hours are completed for the current year. A checklist to log trainings completed is being created for administrator to monitor training completion. Staff + Administrators of home have been advised about keeping up with mandatory training hours annually; 12 for staff + 24 for administrators. This will take effect immediately!

Immediately: An annual staff training plan shall be developed for the administrator which includes 24 hours of Department-approved training. The administrator shall develop and implement a system to ensure all administrator training is documented, in the administrator's record and available to the Department upon request.

Legal Entity Representative

Signature [Handwritten Signature]

Administrator
Printed Name and Title: Stephanie A. Sangar

Date: 8/28/19

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DIVINITY MANOR

138740

65a - FS Orientation 1st Day

Regulations

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.

Description of Violation

Staff person D, whose first day of work was 04/06/18, did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

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 staff member has received new hire orientation training on all of the above topics on 8/2/19. All staff have been made aware that training for new hires is a mandatory process, followed by 12 hours of annual training. Administrator will be responsible for making sure all new hires receive orientation on topics listed above before they begin working on the floor at the home. This has taken effect 8/2/19.

All staff persons involved in the hiring and retention of staff will be educated on the home's policy and procedures for new staff person training including the requirements of regulation 2600.65(a). Documentation of education will be kept.

Legal Entity Representative

Stephanie A. Sargent
Signature

Administrator
Stephanie A. Sargent
Printed Name and Title

8/29/19
Date

DIVINITY MANOR

138740

65a - FS Orientation 1st Day (continued)

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DIVINITY MANOR

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65b - Rights/Abuse 40 Hours

Regulations

- 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.

Description of Violation

Staff person D completed his/her 40th scheduled work hour on 04/12/18. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

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 received training on the above topics on 8/2/19. Administrator will make sure employees who are newly hired to her work floor hours providing care until they have completed initial orientation training including the above topics. This has taken effect 8/2/19.

Legal Entity Representative

All staff persons involved in the hiring and retention of staff will be educated on the home's policy and procedures for new staff person training including the requirements of regulation 2600.65(b). Documentation of education will be kept. *MJ*

Stephanie A. Sargent
Signature

Administrator
STEPHANIE A. SARGENT 8/29/19
Printed Name and Title Date

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DIVINITY MANOR

138740

65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person's B and E did not receive training in care for residents with dementia and cognitive impairments, care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 2018.

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 members on schedule at the home have been scheduled for training on the population served for the 2019 year. While staff member B is no longer employed at the home, all new hires will receive training on the population served, and ongoing topics annually. Administrators will be responsible.

Legal Entity Representative The administrator will review all current staff training records to ensure all staff persons have completed the required training in accordance with regulation 2600.65f. Documentation will be kept.

Stephanie A. Sargent
Signature

MSJ Administrator

Stephanie A. Sargent
Printed Name and Title

9/11/19
Date

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DIVINITY MANOR

138740

101o - Walls, Floors, Ceilings

Regulations

2600. 101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

The drop ceiling is missing a tile in bedroom #1 on the first floor.

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's maintenance supervisor has replaced the missing tile in bedroom #1 on the 1st floor. A home site checklist includes for ceiling conditions to be checked and reported if anything is in poor condition and out of compliance. All staff have been trained and have thorough quality management concerning the checklist and site conditions on 8/15/19. Administrator will work with maintenance to help this remain protocol. Documentation of education and checklist shall be kept. MJ

Legal Entity Representative

Stephanie A. Sargent
Signature

Administrator
Stephanie A. Sargent
Printed Name and Title
9/11/19
Date

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DIVINITY MANOR

138740

103e - Left Overs

Regulations

2600. 103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There was an unlabeled and undated bag of pasta, french fries and waffles in the refrigerator.

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 food supply items have been labeled in the refrigerators and freezer. Administrators have trained staff on 8/15/19 about mandatory labeling of food with date, time, and initials to make sure food does not become outdated and perished before serving. Administrator has placed labeling food on the staff checklist, and a sign to label food has been placed on each refrigerator and freezer. This has taken effect 8/15/19. Documentation of education and checklist shall be kept. MJ

Legal Entity Representative

Signature: [Handwritten Signature] Printed Name and Title: Administrator Stephanie A. Sargent Date: 9/9/19

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DIVINITY MANOR

138740

103i - Outdated Food

Regulations

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 06/13/19, at 4 pm, 2 bottles of Ranch dressing with an expiration date of 12/27/18 and 1 bottle with expiration date of 11/16/18 were in the refrigerator.

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 have been trained on 8/15/19 about food monitoring and inspection for outdated items. A checklist for staff to check items weekly has been incorporated into their duties. Administrator will make sure staff upkeep with the checklist by requesting the completed copy at the end of each week, and monitoring that information is accurate.

This protocol has taken effect 8/15/19

All staff persons handling, preparing or storing food items shall be educated regarding the safe storage of food items including labeling and dating. Documentation of education and checklist shall be kept. *MSJ*

Legal Entity Representative

Stephanie A. Sargent
Signature

Administrator
Stephanie A. Sargent
Printed Name and Title

9/19/19
Date

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DIVINITY MANOR

138740

107d - Procedure Emergency Management Agency Submission

Regulations

2600. 107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been mailed or e-mailed since 08/2017 to the local emergency management agency.

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 has called the office of emergency management on 6/12/19 to request proper email to send the homes' Emergency procedures. An email was sent thereafter, and no reply has been received. Another follow-up email has been sent 9/9/19 and a follow-up call will be placed if no reply is sent again. For timeliness, administrator will stay on top of this every six months to be sure ample time is given for annual compliance.

Legal Entity Representative

The procedures developed in 2600.107b will be reviewed, updated, and submitted to the local emergency management agency. Any recommendations made by that agency will be adopted immediately. Documentation of submission shall be kept.

Signature: [Handwritten Signature]

Administrator
Stephanie A. Sargent 9/9/19
Printed Name and Title Date

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DIVINITY MANOR

138740

124 - Notice to Fire Department

Regulations

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

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 send written notification to the local fire department of the homes blueprint and protocol for evacuation emergencies. Bedroom locations and number of residents will be included in this document. This will be sent on 9/11/19. The administrator will be responsible for upkeeping this annually, + be sure to receive notification of receipt from fire dept. Staff will be trained on 9/13/19 about this requirement and protocol. Documentation of submission shall be kept. *MSJ*

Legal Entity Representative

Stephanic A. Sargent
Signature

Administrator
Stephanic A. Sargent 9/9/19
Printed Name and Title Date

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DIVINITY MANOR

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141a - Medical Evaluation

Regulations

2600.

141.a. 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.

Description of Violation

Resident #1's, medical evaluation was not completed within 60 days prior to admission or within 30 days after admission of the resident.

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.)

Any newly admitted resident at the home will be scheduled to see the doctor where they are coming, or our home doctor, to have an updated medical Evaluation form completed per state guidelines. The home's administrator will make sure this is obtained for resident profiles. Also, staff will be trained on admission process, + document deadlines to help with the intake process. This will be standard procedure, effective 9/9/19.

The administrator will develop and implement a tracking system to ensure medical evaluations are completed in accordance with regulation 2600.141(a). All staff persons involved with the medical evaluation process will be educated on the required time frames of medical evaluations in accordance with regulation 2600.141(a). Documentation of education will be kept.

Legal Entity Representative

Stephanie A. Sargent
Signature

Administrator
STEPHANIE A. SARGENT 9/9/19
Printed Name and Title Date

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DIVINITY MANOR

138740

141b1 - Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's, most recent medical evaluation was completed on 12/06/2018. The resident's previous medical evaluation was completed on 10/14/17.

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 has created a list indicating when each resident's last medical evaluation and support plan was completed. This list will help for all annual evaluations to be completed before the expiration date of the evaluator prior. All staff will be trained on annual evaluations and support plans on 9/13/19. Staff will be able to call + schedule appointments with administrator as designated staff members. This will take effect immediately by monitoring all current documents. Documentation of education and checklist shall be kept. *MSJ*

Legal Entity Representative

Stephanie A. Sargent
Signature

Administrator
STEPHANIE A. SARGENT
Printed Name and Title

9/19/19
Date

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