



CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: August 18, 2020

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

RE: Divinity Manor
License #: 138741

Dear Ms. Sargent:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections November 20, 2019 and December 12, 2019 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance 138740 dated January 17, 2020 to January 17, 2021 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to <62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from August 18, 2020 to February 18, 2021.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Ms. Sargent

2

Shivani Patel, Enforcement Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink that reads "Jamie L. Buchenauer". The signature is written in a cursive style with a large initial "J" and "B".

Jamie L. Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
License
Licensing Inspection Summary

Violation Report

Facility Information

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

License Number: 13874

Administrator

Name: Stephanie A. 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

Staffing Hours

Resident Support Staff: 23 **Total Daily Staff:** 46 **Waking Staff:** 35

Inspection

Type: Partial **BHA Docket #:** **Notice:** Unannounced
Reason: Complaint

Inspection Dates and Department Representative

11/20/2019 - On-Site: Sabrina Freeman

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: 22 **Are 60 Years of Age or Older:** 9
Diagnosed with Mental Illness: 22 **Diagnosed with Intellectual Disability:** 5
Have Mobility Need: 0 **Have Physical Disability:** 0

DIVINITY MANOR

13874

15a - Resident Abuse Report

Regulations

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P.S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

In August 2019 resident #1 was sexually assaulted in her bedroom by resident #2. The home failed to report this incident in accordance with the Older Adult Protective Services Act.

On September 5, 2019, resident #3 was violently attacked/stabbed while outside of the home and has been discharged from the home as a result of the severity of her injuries. The home did not report this incident until October 9, 2019, at which time an Agent of the Department informed them to report the incident.

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.)

Situations/incidents that occur away from the home involving a resident of the home will be reported to the homes best ability. Incidents taking place inside of the home will be documented by witnessing parties, and reported to the Department per RCG requirements. Employees of the home have been trained via inservice by Administrator of the Regulation 15.a. requiring the reporting of suspected abuse toward a resident, rather in or out of the home. Both administrators will be responsible for making sure all future staff are aware of reporting, and ensuring incidents are actually reported in a timely manner. Effective 11/7/2020.

Legal Entity Representative

11/9/2020

Stephanie A. Sargent
Signature

Stephanie A. Sargent, Administrator
Printed Name and Title
Date

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The above plan of correction is approved as of 03-20-2020
(Date)

Plan of correction implementation status as of 03-20-2020
(Date)

The above plan of correction was approved by SP
(Initials)

Implemented
 Not Implemented

DIVINITY MANOR

13874

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

In August 2019 resident #1 was sexually assaulted in her bedroom by resident #2. The home failed to report this incident to the department.

On September 5, 2019, resident #3 was violently attacked/stabbed while outside of the home and has been discharged from the home as a result of the severity of her injuries. The home did not report this incident until October 9, 2019, at which time an Agent of the Department informed them to report the incident.

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.)

Situations/Incidents that occur away from the home involving a resident of the home will be reported to the home's best ability. Incidents taking place inside of the home will be documented by witnessing parties, and reported to the Department per RC6 requirements. Employees of the home have been trained via inservice by Administrator of the Regulation H.C. requiring the reporting of incidents + conditions in the care home, involving a resident. Both administrators will be responsible for making sure all future staff are aware of reporting, and ensuring incidents are reported timely. Effective 1/17/2021

Legal Entity Representative

11/19/2020

Stephanie A. Sargent
Signature

Stephanie A. Sargent, Administrator
Printed Name and Title Date

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11/20/2019

DIVINITY MANOR

13874

20b1 - Financial Records

Regulations

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home did not provide financial records for resident #6 (specifically resident rent rebates) and other residents during the complaint investigation. Staff person A stated "that specific information is not onsite".

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 financial records for resident #6, and all residents are kept on the site, and were provided during inspection. The rent rebate information/transactions were not provided since they did not take place at the time of the complaint investigation. At any given moment, the home is prepared to provide financial records and transactions for all residents receiving assistance by the home. This is effective as of 11/20/2019. Files for financial records are current as of 11/17/2020.

Legal Entity Representative

11/19/2020

Stephanie A. Sargent
Signature

Stephanie A. Sargent, Administrator
Printed Name and Title Date

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(Initials)

11/20/2019

DIVINITY MANOR

13874

20b2 - Access to Money

Regulations

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 2. Resident funds shall be disbursed during normal business hours within 24 hours of the resident's request.

Description of Violation

The home manages the finances for multiple residents including the rent rebates. A complaint was received that residents have not received their rent rebate checks. Staff person A stated "we received some rent rebate checks, we're getting them sporadically; but the residents are not getting them until Christmas."

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.)

Moving forward, resident rebates will be distributed as they arrive immediately to residents. The home will not withhold any funds from residents that they request. Employees have received in-service on advising administration about residents requesting rent rebate funds for current year, and the fund should be available for residents upon the home receiving it immediately. Effective 1/17/2020

Legal Entity Representative

1/19/2020

Stephanie A. Sargent
Signature

Stephanie A. Sargent, Administrator
Printed Name and Title
Date

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DIVINITY MANOR

13874



20b4 - Use of Funds

Regulations

2600.

20.b.4. Resident funds and property shall only be used for the resident's benefit.

Description of Violation

Two residents indicated staff members in the home take their food stamp (SNAP) benefits. One resident states they were told the benefit was being confiscated for payment. The other resident stated they have lost significant weight since moving into the home and not having access to their SNAP card.

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.)

~~Neither one of these indications are correct. The home challenges this finding, effective 1/19/2020, STS~~

The home ensures that no resident's food stamps or personal benefits will be taken or used out of the will of the resident, and for the benefit of the resident. All residents will receive adequate meals and not be denied access to food when hungry. All staff will be trained on 7/10/2020 on resident treatment and non-tolerance of taking residents' benefits. This will take effect immediately as of 7/13/2020. Administrator will be responsible for preventing this incident reoccurring, and for staff awareness. Residents will be advised not to bargain benefits with anyone in the home on 7/10/2020.

Legal Entity Representative

Stephanie A. Sargent → Stephanie A. Sargent 7/13/2020 X: 1/19/2020
Signature Printed Name and Title Date
Stephanie A. Sargent, Administrator

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DIVINITY MANOR



13874

42b - Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

In August 2019 resident #1 was sexually assaulted in her bedroom by resident #2.

Resident #4 assaulted resident #5 after their horseplay turned into a serious fight.

Staff person B is taking resident #6's access card and a portion of her food stamps, and using the food stamps to buy food for the home. Staff person A confirmed taking a portion of resident #6's food stamps as partial rent payment.

An anonymous resident stated staff person B has taken their access card and has not and will not return the card.

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.)

~~Please see violation correction for 15.a. 16.c., and 20.b.4. as per the repetitive violation. SJS.~~

Residents have been advised on 7/3/2020 that abuse + physical assaults will not be tolerated. In the event any issue occurs, the administrator will report to the state upon notification. Administration will make sure no resident's food stamp cards or benefits will be confiscated or used by the home or employees. Employees will learn in an inservice on 7/10/2020 not to use residents food stamps or benefits for any reason.

Legal Entity Representative

Stephanie A. Sargent
Signature

Stephanie A. Sargent 7/3/2020

11/20/2020 X
19

Stephanie A. Sargent; Administrator
Printed Name and Title Date

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 Not Implemented

DIVINITY MANOR

13874

42f - Mail Access

Regulations

2600.

42.f. A resident has the right to receive and send mail.

Description of Violation

Residents stated that staff person B has opened their mail on several occasions without their permission to do so.

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 person B has never opened residents mail. This is an incorrect allegation from "residents". ~~Re~~ Staff person B was not communicated with among residents to confirm the allegation. The home does not, has not, and continually will NOT open residents mail per regulation 42.F. Effective 11/20/19.

Home will adhere to regulation 2600.42f. residents have the right to send and receive mail. Mail shall not be opened and read by a staff member unless requested by a resident.

SP 03-20-2020

Legal Entity Representative

11/19/2020

Stephanie A. Sargent
Signature

Stephanie A. Sargent, Administrator
Printed Name and Title Date

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11/20/2019

DIVINITY MANOR

42s - Privacy

Regulations

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 11/20/19, video monitoring cameras that record were observed throughout the home; specifically in the dining room, TV room, and the 2nd and 3rd floor women's side of the home. There is no sign near the cameras indicating monitoring or recording.

The home has audio monitoring devices throughout the facility. Staff person A confirmed audio monitoring is a part of the security system. An Agent of the Department was in the owner/Administrators office sitting under the audio monitoring device and heard residents speaking. When asked about the audio monitoring staff person A stated they had it for years and confirmed the conversation was from the 2nd floor. The Agent of the Department looked at the system and saw the 2nd floor button was activated.

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.)

~~Our cameras do NOT record! Signs have been purchased and will be hung to notify all parties of surveillance on the premises. Intercom system is only used to call announcements throughout the home. STS~~

The home ensures that cameras on the premises do not and will not ever record. Signs have been posted in the home to notify visitors that camera surveillance is on the property. Administration assures the intercom system is solely used for announcements. Training for staff will occur on 7/10/2020 to advise all staff only to use the

Legal Entity Representative

intercom for announcements.

11/20/2020

Stephanie A. Sargent
Signature

Stephanie A. Sargent, 7/13/2020
Printed Name and Title Date

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 Not implemented

DIVINITY MANOR

13874



44b - Retaliation

Regulations

2600.

44.b. The home shall permit and respond to oral and written complaints from any source regarding an alleged violation of resident rights, quality of care or other matter without retaliation or the threat of retaliation.

Description of Violation

An anonymous resident stated that staff person A called them into the office and told them they are making too many complaints. The resident later received a 30 day discharge notice.

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 is incorrect information; therefore, this violation is being challenged. The resident received a 30 day discharge one month prior to the complaint calls. STS~~

The home assures no resident will be reprimanded or confronted for calling in complaints. Residents have the right to complain or report when they feel there is a valid reason. Administrator will ensure resident's received 30 day discharge notices when the home is unable to meet needs only. Staff will be advised on 7/10/2020 about residents' rights to report complaints and what it means for the home to not be able to meet a residents needs. Effective immediately.

Legal Entity Representative

11/20/2020

Stephanie A. Sargent
Signature

Stephanie A. Sargent 7/13/2020
STEPHANIE A. SARGENT, Administrator
Printed Name and Title Date

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DIVINITY MANOR

13874

102h - Toilet Paper

Regulations

2600.

102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On 11/20/19 at approximately 9:45am, there was no toilet paper in the women's bathroom on the 2nd 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.)

Since then, toilet paper has been installed!

Administrator or designee will ensure all bathrooms have toilet paper at all times.

SP 03-20-2020

Legal Entity Representative

11/20/2020

Stephanie A. Sargent
Signature

Stephanie A. Sargent, Administrator
Printed Name and Title Date

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(Date)

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(Initials)

Implemented
 Not Implemented

11/20/2019

11 of 12

DIVINITY MANOR



13874

161b - Well-Balanced Meals

Regulations

2600.

161.b. At least three nutritionally well-balanced meals shall be offered daily to the resident. Each meal shall include an alternative food and drink item from which the resident may choose.

Description of Violation

Based on a review of the home's weekly lunch & dinner menu, the home did not provide nutritionally balanced meals. No fruits or vegetables were included anywhere on the weekly menu.

Additionally, a complaint was received that the home is putting water the milk. During an interview, the staff person on duty confirmed putting water in the residents milk and asked if that was a problem.

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 is incorrect information. Each morning, the menu offer's fruit, or for lunch. Dinner includes at least one veggie, or mixed veggies, and a salad is provided as a side. Water has NEVER!!! been put in milk. The home is always stocked with fresh milk and frozen milk awaiting usage. 875.~~

The home will be sure to incorporate fruits + veggies daily into the menu for residents to eat balanced meals. Administrator will in service staff on 7/10/2020 about NEVER putting water in milk. This will be subject to write-ups if staff ever does so. This will take effect immediately.

Legal Entity Representative

Stephanie A. Sargent
Signature

Stephanie A. Sargent 7/3/2020
Stephanie A. Sargent, Administrator
Date

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Implemented
 Not Implemented

Violation Report

Facility Information

Name: DIVINITY MANOR

License Number: 13874

Address: 932-34 NORTH 42ND STREET,, PHILADELPHIA, PA 19104

County: PHILADELPHIA

Region: SOUTHEAST

Administrator

Name: 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: Other

Date:

Issued By:

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 23

Waking Staff: 17

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint

Inspection Dates and Department Representative

12/12/2019 - On-Site: Michele Swisher, Dean Gray

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: 8

Diagnosed with Mental Illness: 23

Diagnosed with Intellectual Disability: 7

Have Mobility Need: 0

Have Physical Disability: 0

DIVINITY MANOR

13874

25d - Rent Rebate

Regulations

2600.

25.d. A home may not seek or accept payments from a resident in excess of one-half of any funds received by the resident under the Senior Citizens Rebate and Assistance Act (72 P. S. § § 4751-1—4751-12). If the home will be assisting the resident to manage a portion of the rent rebate, the requirements of § 2600.20 (relating to financial management) may apply. There may be no charge for filling out this paperwork.

Description of Violation

Resident #1 was issued a rent rebate in the amount of \$568 on 7/1/19. The home accepted the full amount and as of 12/12/19 has not dispersed 50% of the rebate benefit to resident #1. The amount due to resident is \$284. The home only has \$225 in cash set aside to disperse to resident.

Resident #2 was issued a rent rebate in the amount of \$650 on 8/9/19. The home accepted the full amount and as of 12/12/19 has not dispersed 50% of the rebate benefit to resident #2. The amount due to resident is \$325. The home only has \$225 in cash set aside to disperse to resident.

Resident #3 was issued a rent rebate in the amount of \$650 on 8/9/19. The home accepted the full amount and as of 12/12/19 has not dispersed 50% of the rebate benefit to resident #3. The amount due to resident is \$325. The home only has \$225 in cash set aside to disperse to resident.

Resident #4 was issued a rent rebate in the amount of \$650 on 7/30/19. The home accepted the full amount and as of 12/12/19 has not dispersed 50% of the rebate benefit to resident #4. The amount due to resident is \$325. The home only has \$225 in cash set aside to disperse to 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.)

Since then ALL Rebates have been dispersed accordingly any monies taken out for any other expenses ~~have~~ have been documented for ALL residents and signed. 12/13/19

Legal Entity Representative

Steve W. Sargent
Signature

Steve W. Sargent (Admin) 11/23/20
Printed Name and Title Date

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12/12/2019

DIVINITY MANOR

13874

42b - Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Eighteen residents of the home including residents #1, #2, #3, and #4, were issued a rent rebate benefit in the months of July and August. The home accepted these benefits on behalf of the residents. As of 12/12/19 the home has failed to disperse the resident portion of the rent rebate to the individual residents even after residents requested the money be dispersed to them. This is a form of financial exploitation.

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.)

Rebates have been distributed (12/13/19

Legal Entity Representative

Steve W. Sayer
Signature

Sharon K. Sargent (Administrator)
Printed Name and Title

11/13/20
Date

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03-20-2020
(Date)

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(Initials)

DIVINITY MANOR

13874

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 12/12/19 at approximately 10:30 am, there is a large frozen puddle of reddish-pink dried fluid that appears to have dripped from several frozen whole chickens, present on the interior bottom shelf of the freezer located in the main kitchen area. There are approximately 6 whole frozen chickens in the freezer with torn or ripped plastic packaging sitting directly on top of the puddle of frozen fluid.

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.)

Chicken has been disposed of and the Freezer has been thoroughly sanitized + cleaned - 12/12/19

Legal Entity Representative

[Signature]
Signature

Stara McSargat (Administrator)
Printed Name and Title

1/23/20
Date

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 Not Implemented

DIVINITY MANOR

13874

101j6 - Mirror

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

- 6. A mirror.

Description of Violation

There is no mirror in the bedroom #11. There are two residents residing in this room.

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.)

MIRROR has been placed in Room 11 since then on
12/13/19

Legal Entity Representative

St. W. Sargent
Signature

Stee W. Sargent (Administrator) 1/20/20
Printed Name and Title Date

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(Date)

The above plan of correction was approved by SP
(Initials)

- Implemented
- Not Implemented

12/12/2019

DIVINITY MANOR

13874

103f - Refrigerator/Freezer Temps

Regulations

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 12/12/19 at approximately 10:30 am the temperature in the small white chest freezer in the basement was 10 degrees Fahrenheit.

On 12/12/19 at approximately 10:30 am the temperature in the freezer of the middle refrigerator/freezer in the basement was 8 degrees Fahrenheit.

On 12/12/19 at approximately 10:30 am the temperature in the refrigerator of the middle refrigerator/freezer in the basement was 48 degrees Fahrenheit.

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.)

Small chest freezer has been cleaned and ~~not~~ reset after a 24 hrs period work time

Middle Freezer + Refrigerator has been reset to accomod proper temperatures on 12/15/19

Legal Entity Representative

Steve Sargent
Signature

Steven SARGENT (Administration)
Printed Name and Title

11/29/20
Date

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12/12/2019

DIVINITY MANOR

13874

103g - Storing Food

Regulations

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 12/12/19 at approximately 10:30 am, three whole frozen chickens located in the freezer in the main kitchen area, had torn or ripped plastic packaging, exposing the meat and leaving it vulnerable to contamination. A portion of one exposed chicken leg had visual evidence of freezer burn.

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.)

Chickens has been disposed of and A GAIN Freezer has been cleaned + Sanitized on 12/19

Legal Entity Representative

Stacy W. Sargant
Signature

Stacy W. Sargant (Administration) 1/29/20
Printed Name and Title Date

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DIVINITY MANOR

13874

103i - Outdated Food

Regulations

2600.

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

Description of Violation

On 12/12/19, in the middle refrigerator in the basement, there are 23 cartons of eggs that have a best by date of 8/21/19 printed on them. There are another 3 cartons of eggs with the best buy date of 8/21/19 printed on them in the refrigerator in the main kitchen area also.

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.)

Eggs have been disposed on 01/12/20

Legal Entity Representative

Steve Sargent
Signature

Steve Sargent (Administrator)
Printed Name and Title

1/23/20
Date

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12/12/2019

DIVINITY MANOR

13874

127a - Portable Space Heaters

Regulations

2600.

127.a. Portable space heaters are prohibited.

Description of Violation

On 12/12/19 three small black portable space heaters were observed in use in the home. The space heaters were located in the medication room, the employee bathroom by the administrators office and in resident room 11.

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.)

Portable heaters have been removed on 12/12/19

Legal Entity Representative

Steve Sargent
Signature

Steve Sargent (Administrator)
Printed Name and Title

1/23/20
Date

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12/12/2019

DIVINITY MANOR

13874

225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #1's current assessment was completed on 5/2/19. However, the resident's previous assessment was completed on 5/2/17. There is no 2018 assessment on file.

Resident #1 was issued a 30 day discharge notice on 12/6/19, the reason for discharge is listed as unable to meet overall needs at this facility, however the residents most recent assessment is dated 5/2/19 and there is no additional assessment completed to identify or document that there has been a change in status or a change in resident's personal care needs. Resident 1 has been a resident of the home since 5/2016.

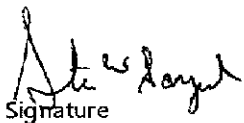
Resident #5 was issued a 30 day discharge notice on 12/6/19, the reason for discharge is listed as unable to meet overall needs at this facility, however the residents most recent assessment is dated 6/1/19 and there is no additional assessment completed to identify or document that there has been a change in status or a change in resident's personal care needs. Resident 5 has been a resident of the home since 6/2018.

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.)

ALL assessments are now current and brought up to date
 Resident #1 assessment now has the additional information in regards to not meeting her personal care needs currently
 Resident #5 assessment has been updated but he is no longer leaving the facility.

Legal Entity Representative


 Signature

Steve W. Sargent (Administrator) 1/23/20
 Printed Name and Title Date

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DIVINITY MANOR

13874

227i - Support Plan Accessible

Regulations

2600.

227.i. The support plan shall be accessible by direct care staff persons at all times.

Description of Violation

On 12/12/19 from 9:00 am until 10:30 am, resident support plans were locked in the administrators office and were inaccessible to direct care staff until the administrator arrived onsite at 10:30 am.

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.)

Administration will have a designated staff person to access Sites when needed. 12/15/19

Legal Entity Representative

Steve W. Sargent
Signature

Steve W. Sargent (Administrator) 1/23/19
Printed Name and Title Date

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DIVINITY MANOR

13874

228h - Grounds Discharge/Transfer

Regulations

2600.

228.h. The only grounds for discharge or transfer of a resident from a home are for the following conditions:

- 3. If a home determines that a resident's functional level has advanced or declined so that the resident's needs cannot be met in the home. If a resident or the resident's designated person disagrees with the home's decision to discharge or transfer, consultation with an appropriate assessment agency or the resident's physician shall be made to determine if the resident needs a higher level of care. A plan for other placement shall be made as soon as possible by the administrator in conjunction with the resident and the resident's designated person, if any. If assistance with relocation is needed, the administrator shall contact appropriate local agencies, such as the area agency on aging, county mental health/intellectual disability program or drug and alcohol program, for assistance. The administrator shall also contact the Department's personal care home regional office.

Description of Violation

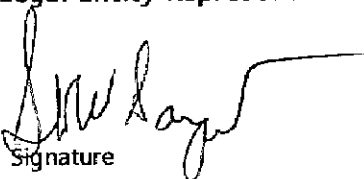
On 12/6/19, the home issued a 30 day written notice of discharge to residents 1 and 5. The notice for both residents indicates that the home determined that the resident's functional level has advanced or declined so that the resident's needs cannot be met in the home. As stated by the residents, they do not agree with this determination and do not wish to leave the home. The home has made no arrangements for an assessment or medical evaluation to determine if the residents needs can be met by the home, and there is no documentation in the resident files that document a change in status, need or medical condition. As of 12/12/19 both residents are still residing in the home, but the home indicates that they are still planning on discharging the residents.

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 # 5 has indicated that he would like to stay and again his assessment Documentation has been updated. Resident # 1 is still with process of a 30 day notice and documentation has been noted also she has been seen by the home doctor since then on 11/12/20.

Legal Entity Representative


Signature

Steve W. Sargent (Administrator) 11/29/20
Printed Name and Title Date

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