



March 4, 2021

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department), licensing inspection on January 11, 2021, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Jamie F. Buchenauer". The signature is written in a cursive, flowing style.

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: *DIVINITY MANOR* License #: *13874* License Expiration Date: *02/18/2021*
 Address: *932-34 NORTH 42ND STREET, PHILADELPHIA, PA 19104*
 County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

Name: *Stephanie Sargent* Phone: *2152223035* Email:
dmpchoffice@gmail.com; sarge4will@gmail.com;
shparker@pa.gov

Legal Entity

Name: *DIVINITY MANOR LLC*
 Address: *932-34 NORTH 42ND STREET, PHILADELPHIA, PA, 19104*
 Phone: *2152223035* Email: *dmpchoffice@gmail.com*

Certificate(s) of Occupancy

Type: *Other* Date: *09/18/2012* Issued By: *City of Phila. Dept of Licenses and Inspections*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *21* Waking Staff: *16*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Provisional* Exit Conference Date: *01/11/2021*

Inspection Dates and Department Representative

01/11/2021 - On-Site: Michele Swisher

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *30* Residents Served: *21*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *18* Are 60 Years of Age or Older: *13*
 Diagnosed with Mental Illness: *18* Diagnosed with Intellectual Disability: *18*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

01/11/2021 - Full

Lead Inspector: *Michele Swisher*Follow-Up Type: *POC Submission*Follow-Up Date: *02/05/2021*

2/9/2021 - POC Submission

Lead Reviewer: *Shawn Parker*Follow-Up Type: *Document Submission*Follow-Up Date: *02/16/2021*

3/3/2021 - Document Submission

Lead Reviewer: *Shawn Parker*Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

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 Repeat Violation

On 8/30/2020, Resident #1 stole approximately \$180.00 from another resident of the home. The home did not submit an incident report to the Department.

Repeat Violation: 11/20/19

Plan of Correction

Accept

An incident report was generated on 1-12-2021 for the first time. Divinity Manor did prepare a pay pack plan on the date of the incident which was documented in August 2020. Going forth Administration will make any incident reports will be reported in a timely manor to DHS by having daily reports from DCS.

Completion Date: 02/08/2021

Document Submission

Implemented

Please review incident report attachment.

51 - Criminal Background Check

1. Requirements

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 began working at the home on 3/9/2020. A criminal history background check was not requested until 9/29/2020.

Plan of Correction

Accept

To ensure this doesn't happen in the future Administration will conduct a background check before any hiring of an employee.

SP 02/09/2021 - Home will adhere to criminal history checks in accordance with OAPSA

Completion Date: 02/08/2021

Document Submission

Implemented

Please review criminal background check attachment

65a - FS Orientation 1st Day

1. Requirements

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.

65a - FS Orientation 1st Day *(continued)*

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 A, whose first day of work was 3/9/2020, 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

Accept

Divinity Manor has develop a New Hire Employee Orientation Packet and Training program for all new hires to be completed before the actual start date.

SP 02/09/2021 - Staff person A will receive orientation trainings by 02-15-2021, Home will ensure all new hires receive trainings indicated in 2600.65a prior to or during first day of work. Training Plan to be made available for Department review.

Completion Date: 02/15/2021

Update - 02/09/2021

Document Submission

Implemented

Please review New Hire Document.

65b - Rights/Abuse 40 Hours

1. Requirements

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 A completed his/her 40th scheduled work hour on or about 3/13/2020. 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.

65b - Rights/Abuse 40 Hours *(continued)*

Plan of Correction

Accept

Again all new hires will have to complete a thorough training program which will include the topics mentioned above.

SP 02/09/2021 - Staff person A will receive trainings by 02-15-2021, Home will ensure all new hires receive trainings indicated in 2600.65b within 40 scheduled work hours. Training Plan to be made available for Department review.

Completion Date: 02/15/2021

Document Submission

Implemented

Please review Training verification document

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 1/11/2021 at approximately 11:00am, two used, dried washcloths were hanging over the shower curtain rod in the bathroom located on the first floor. The washcloths were un-labeled and appeared to have been hanging there for more than one day.

Plan of Correction

Accept

Divinity Manor has developed a daily bathroom checklist to ensure that any unsanitary conditions are attended to immediately.

SP 02/09/2021 - Admin will ensure sanitary conditions are maintained throughout the home. Checklist to be made available for Department review.

Completion Date: 02/15/2021

Document Submission

Implemented

Please review bath room checklist

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 1/11/21, in hallway located near men's 3rd floor bathroom, there is a section of wall that has been cut away for access to the pipes for the men's shower. This section had been boarded up with a piece of paneling however, the wall panel is no longer attached to the surrounding wall and is falling off and bowed outward into the hall exposing the pipes and creating a hazard when entering the resident bedroom located past the panel.

Plan of Correction

Accept

Access panel has been replaced and secured Maintenance staff will conduct a daily walkthrough of the facility to inspect and repair any physical promptly.

Completion Date: 02/08/2021

88a - Surfaces *(continued)*

Document Submission

Implemented

Please review POC attachment for access panel install.

91 - Telephone Numbers

1. Requirements

2600.

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

Description of Violation

There are no emergency telephone numbers to include the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline on or by the telephone in telephone vestibule located on the second floor.

Plan of Correction

Accept

Proper numbers of all of the above mentioned have been posted in the designated areas of the facility and on the phones. DCS will have a daily checklist to ensure that this procedure stays in place.

Completion Date: 02/08/2021

Document Submission

Implemented

Please review telephone attachment

95 - Furniture and Equipment

1. Requirements

2600.

- 95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

A dresser located in bedroom #12 is broken and in need of repair. The 4th drawer down is missing and pieces of the drawer are located on the floor next to the dresser.

Plan of Correction

Accept

In bedroom 12 the dresser has been replaced, again a checklist has been generated for Maintenance and Staff to ensure that any broken furniture or fixtures are attended to immediately.

Completion Date: 02/08/2021

Update - 02/09/2021

SP 02/09/2021 - Checklist to be made available for Department review

Document Submission

Implemented

Please review attachment of new replacement dresser.

101j6 - Mirror

1. Requirements

2600.

- 101.j. Each resident shall have the following in the bedroom:
 - 6. A mirror.

101j6 - Mirror (continued)

Description of Repeat Violation

There is no mirror in resident bedroom #2. The room is currently occupied by one resident.

Repeat Violation: 12/12/19

Plan of Correction

Accept

In bedroom 2 a mirror has been installed along with a checklist for staff to ensure that all rooms have mirrors

Completion Date: 02/08/2021

Update - 02/09/2021

SP 02/09/2021 - Checklist to be made available for Department review

Document Submission

Implemented

Please review checklist.

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

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

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #2 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept

In Resident's 2 room an operable dome light has been installed above the head frame for lighting source again a checklist has been established to ensure this practice stays in place.

Completion Date: 02/08/2021

Update - 02/09/2021

SP 02/09/2021 - Checklist to be made available for Department review

Document Submission

Implemented

Please review checklist.

103f - Refrigerator/Freezer Temps

1. Requirements

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 1/11/21 at approximately 10:00am there was no thermometer in the freezer in the small dining room area. .

Plan of Correction

Accept

Unfortunately the thermometer was hidden behind the food when inspected but going forth Divinity Staff will check monthly all freezers and refrigerators using a checklist provided which will be located by all necessary appliances.

Completion Date: 02/08/2021

Document Submission

Implemented

Please review thermometer/freezer in placement document.

183e - Storing Medications

1. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 1/11/21 at approximately 11:00am, there was a small round white pill found loose on the floor in resident bedroom #12.

Plan of Correction

Accept

All rooms will be inspected daily and any unusual medications or narcotics found in rooms will be documented and Administration is to be notified immediately.

Completion Date: 02/08/2021

Update - 02/09/2021

SP 02/09/2021 - Home will make sure they are storing medication in accordance with regulation 2600.183e. Med tech staff who administer medications will be trained by 02/15/2021

Document Submission

Implemented

Please review QM attachment and checklist.

186c - Change in Medications

1. Requirements

2600.

186.c. Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

Description of Violation

On 1/11/2021, Resident #4's Medication Administration Record (MAR) lists Metronidazol 500mg that was prescribed as a one time dose on 8/20/2020 is still listed on resident's January 2021 MAR. This medication was not removed from the residents MAR.

Plan of Correction

Accept

The Medication on the MAR for Resident 4 has been removed but going forth on a monthly basis before the new MAR documents are delivered Administration will audit the residence's medication blister packs to make sure a particular med is still being taken if not they will communicate with the pharmacy to see if it needs to be taken off the MAR sheet.

Completion Date: 02/08/2021

Document Submission

Implemented

Mars sheet 1 show's that the medication was DC in 2020.

Mars sheet 2 show's that the medication has been removed from the mars sheet in February 2021.

227d - Support Plan Medical/Dental

1. Requirements

2600.

227d - Support Plan Medical/Dental *(continued)*

227.d. Each home shall document in the resident’s support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident’s physician, physician’s assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #2's assessment dated 5/15/20 indicates that resident has a need for Securing and Using transportation, for managing finances, for writing correspondence, and for obtaining clean, seasonal clothing. The resident's support plan, dated 5/15/2020, does not document how this need will be met.

Resident #3's assessment dated 12/11/20 indicates that resident has a personal care need for Securing and Using transportation, for using the telephone, for writing correspondence, and for obtaining clean, seasonal clothing. The resident's support plan, dated 12/11/2020, does not document how this need will be met.

Plan of Correction

Accept

All support plans have been updated in regards to the assessments above for Resident 2 and Resident 3 going forth the Administrator will have all assessments proof read by other Administration personnel within Divinity Manor to ensure proper documentation.

Completion Date: 02/08/2021

Update - 02/09/2021

SP 02/09/2021 - All resident support plans will document who is responsible for providing the service the resident.

Document Submission

Implemented

Please review Annual checklist which will be conducted by Administration.