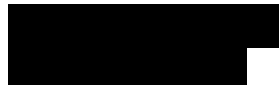




CERTIFIED MAIL - RETURN RECEIPT REQUESTED
MAILING DATE: May 18, 2022



Divinity Manor PHC, LLC
932-34 North 42nd Street
Philadelphia, Pennsylvania 19104

RE: Divinity Manor
License #: 138741

Dear :

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection August 18, 19, and 24, 2021, September 15 and 16, 2021, and February 23, 2022 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 March 4, 2022 to March 4, 2023 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. The license dated March 4, 2022 to March 4, 2023 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from May 18, 2022 to November 18, 2022.

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.

[REDACTED]

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:

Jeanne Parisi, Bureau Director
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,

Jamie F. Buchenauer

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *DIVINITY MANOR* License #: *13874* License Expiration: *03/04/2022*
Address: *932-34 NORTH 42ND STREET, PHILADELPHIA, PA 19104*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *215-275-7740* Email: [REDACTED]

Legal Entity

Name: *DIVINITY MANOR LLC*
Address: *932-34 NORTH 42ND STREET, PHILADELPHIA, PA, 19104*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *09/18/2012* Issued By: *City of Philadelphia, L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *20* Waking Staff: *15*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *08/19/2021*

Inspection Dates and Department Representative

08/18/2021 - On-Site: [REDACTED]
08/19/2021 - On-Site: [REDACTED]
08/24/2021 - Off-Site: [REDACTED]
09/15/2021 - Off-Site: [REDACTED]
09/16/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *30* Residents Served: *20*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *20* Are 60 Years of Age or Older: *7*
Diagnosed with Mental Illness: *20* Diagnosed with Intellectual Disability: *20*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

08/18/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/18/2021*

01/28/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *02/11/2022*

04/08/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Exception* Follow-Up Date:

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

On 9/15/21, at 11:35 am, an agent of the Department, requested access to the home's description of services and documentation showing the last time the home's furnace was serviced. Staff person A did not provide this information during the investigation or after.

Plan of Correction

Directed

Going forward any completed service contracts will be accessible in a separate binder or at the designated location and will available upon request if needed

DPOC - SP - 01-19-2022

Within 15 business days of receipt of this POC, the administrator shall develop a policy on granting access to the home to agents of the Department for any and all files and records related to residents and the home. Policy shall include location of all files and records, policies and procedures, contact information for the designated staff person. The administrator will be responsible for reviewing and updating the policy annually. Designated staff shall be trained of the policy update/regulation within 20 business days receipt of this POC. Documentation of the policy and staff training shall be provided to the Department for review within 25 business days of receipt of this POC.

Completion Date: Licensee's Proposed Date for POC Implementation 02-14-22

SP 03-29-22

Not Implemented

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 Violation

On [redacted] /21, resident #1 was found [redacted] in the resident's bedroom. The resident was [redacted] by staff member B. The resident was taken to the hospital. The home did not report this incident to the department until 3/13/21.

Plan of Correction

Directed

Going forth Administration has implemented protocol to have all incident reports to be both emailed and faxed in a timely manner.

DPOC - SP - 01-19-2022

Within 15 business days of receipt of this POC, the administrator shall update or develop a policy on submitting written incident reports to the Department within 24 hours. Policy shall include timelines and who is responsible for submitting the incident report. The administrator will be responsible for reviewing the policy annually. Designated staff shall be trained of the policy update/development within 20 business days receipt of this POC. Documentation of the policy and staff training shall be provided to the Department for review within 25 business days of receipt of this POC.

Completion Date: Licensee's Proposed Date for POC Implementation 02-14-22

SP 03-29-2022

Not Implemented

25a - Written Contract and Review

1. Requirements

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident’s designated person if any, prior to signature.

Description of Violation

Resident #1, admitted to the home on [redacted]/20, did not have a resident-home contract completed until [redacted]/20.

Plan of Correction

Directed

All facility contracts will be completed prior to admission to the facility by the designated administrator.

DPOC - SP - 01-19-2022

Within 15 calendar days receipt of POC the administrator will audit all resident contracts and ensure each resident has a contract in place. Within 15 business days of receipt of this POC, the administrator shall develop a policy on completing the resident/home contracts. Policy shall include procedures for admission which will include writing, and reviewing the contract. The administrator will be responsible for reviewing and updating the policy on contracts annually. All staff shall be trained of the policy update/development within 20 business days receipt of this POC. Documentation of the policy and staff training shall be provided to the Department for review within 25 business days of receipt of this POC.

SP 03-29-22

Completion Date: Licensee's Proposed Date for POC Implementation 02-14-22

Not Implemented

28e - Death of a Resident

1. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident’s estate within 30 days from the date the room is cleared of the resident’s personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident’s record.

Description of Violation

Resident #1 passed away on [redacted]/21. The home refunded the resident's estate \$500 on [redacted] 21 via CashApp. There is no documentation of the refund in the resident's record.

Plan of Correction

Directed

All refunds will be returned in a timely manner and records will kept by administration going forward.

DPOC - SP - 01-19-2022

Within 15 business days of receipt of this POC, the administrator shall develop a policy on refunding money and maintaining receipts after the death of a resident. Policy shall include timeframes of refunds and returning of residents personal property. The administrator will be responsible for reviewing and updating the policy annually. Designated staff shall be trained of the policy update/development within 20 business days receipt of this POC. Documentation of the policy and staff training shall be provided to the Department for review within 25 business days of receipt of this POC.

SP 03-29-22

Completion Date: Licensee's Proposed Date for POC Implementation 02-14-22

Not Implemented

28f - Resident's Funds and 30-day Refund

1. Requirements

28f - Resident's Funds and 30-day Refund (continued)

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

On [redacted]/21, resident #1 passed away. The home did not provide the resident's designated person with an itemized account of the resident's funds.

Plan of Correction

Directed

Again all funds will be returned in a timely manner and an itemized record book of accounts for records will be kept by Administration.

DPOC - SP - 01-19-2022

Within 15 business days of receipt of this POC, the administrator shall develop a policy on refunding money and maintaining receipts after the death of a resident. Policy shall include timeframes of refunds and returning of residents personal property. The administrator will be responsible for reviewing and updating the policy annually. Designated staff shall be trained of the policy update/development within 20 business days receipt of this POC. Documentation of the policy and staff training shall be provided to the Department for review within 25 business days of receipt of this POC.

SP 03-29-22

Completion Date: Licensee's Proposed Date for POC Implementation 02-14-22

Not Implemented

42s - Privacy

1. Requirements

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 [redacted]/21, staff member B took a photo of resident #1 lying [redacted] in the resident's bedroom with [redacted] exposed.

Plan of Correction

Directed

On October 12th a Hipaa privacy meeting was conducted for all staff in regards to resident privacy related to all aspects within the facility and to their possessions also.

DPOC - SP - 01-19-2022

Within 15 business days of receipt of this POC, the administrator shall develop a policy on residents rights. Policy shall include a strong focus on resident privacy and camera use. The administrator will be responsible for reviewing and updating the policy annually. All staff shall be trained of the policy update/development within 20 business days receipt of this POC. Documentation of the policy and staff training shall be provided to the Department for review within 25 business days of receipt of this POC.

SP 03-29-22

Completion Date: Licensee's Proposed Date for POC Implementation 02-14-22

Not Implemented

52 - Hiring Staff

1. Requirements

2600.

52 - Hiring Staff (continued)

52. Staff Hiring, Retention and Utilization - Hiring, retention and utilization of staff persons 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) and other applicable regulations.

Description of Violation

Staff Member B began working on [REDACTED] 18. This staff member's criminal background check was not completed until 9/29/20.

Plan of Correction

Directed

Administration will conduct background checks in a timely manor and owner will be notified also to make sure checks are conducted before hire.

DPOC - SP - 01-19-2022

Within 15 business days of receipt of this POC, the administrator shall develop a policy on acquiring criminal background checks. Policy shall include receiving criminal background checks before the first day of employment. The administrator will be responsible for reviewing and updating the policy annually. Designated staff shall be trained of the policy update/development within 20 business days receipt of this POC. Documentation of the policy and staff training shall be provided to the Department for review within 25 business days of receipt of this POC.

Completion Date: Licensee's Proposed Date for POC Implementation 02-14-22

SP 03-29-22

Not Implemented

61 - Substitute Coverage

1. Requirements

2600.

61. Substitute Personnel - When regularly scheduled direct care staff persons are absent, the administrator shall arrange for coverage by substitute personnel who meet the direct care staff qualifications and training requirements as specified in § § 2600.54 and § 2600.65 (relating to qualifications for direct care staff persons; and direct care staff person training and orientation).

Description of Violation

On 3/9/21, the administrator did not arrange for substitute coverage for the 11:00 pm to 7:00 am shift. There was only one direct care worker on duty in the early morning when resident #1 was found [REDACTED] in their bedroom.

Plan of Correction

Directed

See 52 POC

DPOC - SP - 01-19-2022

Within 15 business days of receipt of this POC, the administrator shall develop a policy on substitute staff coverage. Policy shall include coverage for callouts and having alternate staff. The administrator will be responsible for reviewing and updating the policy annually. All staff shall be trained of the policy update/development within 20 business days receipt of this POC. Documentation of the policy and staff training shall be provided to the Department for review within 25 business days of receipt of this POC.

Completion Date: Licensee's Proposed Date for POC Implementation 02-14-22

SP 03-29-22

Not Implemented

62 - Contact List

1. Requirements

2600.

62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

62 - Contact List (continued)

Description of Violation

The administrator does not have the current phone number for staff member C.

Staff member D is listed as the home's nurse but is no longer employed with the home.

Staff member E is the home's nurse but is not on the staff list.

Plan of Correction

Directed

Administration will implement a plan where all employee contacts are updated monthly as needed by the administrator.

DPOC - SP - 01-19-2022

Within 15 business days of receipt of this POC, the administrator shall develop a list of current staff persons. The administrator will be responsible for keeping the list current and up to date. List of Staff persons will be available for Department review within 20 days receipt of POC.

Completion Date: Licensee's Proposed Date for POC Implementation 02-14-22

SP 03-29-2022

Document Submission

Implemented

This contact list shall be updated continuously to reflect current staff. Nurse will be updated as needed to remain current.

63a - First Aid/CPR Training

1. Requirements

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

There are no staff members working in the home that are certified in first aid and certified in obstructed airway techniques and CPR for adults. Staff member B was unable to render first aid to resident #1 [REDACTED]

Plan of Correction

Directed

All staff members are all certified properly now but going forth any employee that needs certification or updated certification will handled by administration and the proper training will conducted by a certified trainer.

DPOC - SP - 01-19-2022

Within 15 business days of receipt of this POC, the administrator shall develop a policy on First Aid / CPR trained staff. Policy shall include CPR / First Aid staff coverage. The administrator will be responsible for reviewing and updating the policy annually. All staff shall be trained of the policy update/development within 20 business days receipt of this POC. Documentation of the policy and staff training shall be provided to the Department for review within 25 business days of receipt of this POC.

Completion Date: Licensee's Proposed Date for POC Implementation 02-14-22

SP 03-29-22

Not Implemented

84 - Heat Sources

1. Requirements

2600.

84 - Heat Sources (continued)

84. Heat Sources - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120° F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

Description of Violation

The radiators in resident rooms #7, #8, #9, #10, #11, and #12 have no protective guards in place to prevent residents from coming in contact with the radiators.

On the morning of [REDACTED] /21, the radiator in resident #1's bedroom did not have a protective cover. The resident was found [REDACTED]

Plan of Correction

Directed

All rooms now have protective radiator covers, going forth a checklist has been implemented when doing room inspections all radiators should have a cover and be free of any items near the them.

DPOC - SP - 01-19-2022

Within 15 business days of receipt of this POC, the administrator shall develop a policy on protective coverings for heat sources. Policy shall include protecting residents from physical contact with heat sources. The administrator will be responsible for reviewing and updating the policy annually. All staff shall be trained of the policy update/development within 20 business days receipt of this POC. Documentation of the policy and staff training shall be provided to the Department for review within 25 business days of receipt of this POC. SP 03-29-22

Completion Date: Licensee's Proposed Date for POC Implementation 02-14-22

Not Implemented

101j5 - Bedside Table/Shelf

1. Requirements

- 2600.
- 101.j. Each resident shall have the following in the bedroom:
 - 5. A bedside table or a shelf.

Description of Violation

There is no bedside table or shelf beside resident #2's bed.

Plan of Correction

Directed

Administration has implemented a checklist for room inspections and all rooms will have bedside table in good condition inspections will be conducted by staff.

DPOC - SP - 01-19-2022

Within 5 calendar days receipt of POC, the administrator will conduct room by room audit for beside tables and shelves. Within 10 calendar days receipt of this POC, missing items will be provided. Within 15 business days of receipt of this POC, the administrator shall develop a policy on making sure resident bedrooms are fully furnished. Policy shall include bedside tables and shelves. The administrator will be responsible for reviewing and updating the policy annually. All staff shall be trained of the policy update/development within 20 business days receipt of this POC. Documentation of the policy and staff training shall be provided to the Department for review within 25 business days of receipt of this POC. SP 03-29-22

Completion Date: Licensee's Proposed Date for POC Implementation 02-14-22

Not Implemented

101o - Walls, Floors, Ceilings

1. Requirements

101o - Walls, Floors, Ceilings (continued)

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 in resident #2's bedroom has several tiles that are stained with water damage and holes.

The floor in resident #2's bedroom is not clean and there is an accumulation of dirt in the corner or the room.

Plan of Correction

Directed

Drop ceilings have been replaced with new ceiling tiles in residents #2 room, a checklist has been implemented by administration when room inspections are due

DPOC - SP - 01-19-2022

Within 15 business days of receipt of this POC, the administrator shall audit and repair any and all outstanding maintenance issues and document that all maintenance issues throughout the home, are acknowledged and shall be repaired. All repairs including water damaged ceiling tiles, will be completed within 30 business days receipt of this POC. The administrator shall develop maintenance policies and checklist within 15 business days. Administrator or designee shall update checklist weekly. Staff to be trained within 20 business days receipt of POC. Documentation of the policy and staff training, and completion of repairs shall be provided to the Department for review within 25 business days of receipt of this POC.

SP 03-29-22

Completion Date: Licensee's Proposed Date for POC Implementation 02-14-22

Not Implemented

125a - Combustible Storage

1. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

Resident #1's blanket and quilt, both combustible, were on the bed next to the uncovered radiator in the resident's bedroom. Resident #1's bed is less than a foot away from the radiator.

Plan of Correction

Directed

All radiators in the facility now have covers an in- service was conducted in September by [redacted] in regards to this matter with all staff employees in attendance.

DPOC - SP - 01-19-2022

Within 15 business days of receipt of this POC, the administrator shall develop a policy on storing combustible material. Policy shall include location of heat sources and hot water heaters. The administrator will be responsible for reviewing and updating the policy annually. All staff shall be trained of the policy update/development within 20 business days receipt of this POC. Documentation of the policy and staff training shall be provided to the Department for review within 25 business days of receipt of this POC.

SP 03-29-22

Completion Date: Licensee's Proposed Date for POC Implementation 02-14-22

Not Implemented

126a - Furnace Inspection

1. Requirements

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

126a - Furnace Inspection (continued)

Description of Violation

Staff person A could not provide documentation showing the last time the home's furnace was serviced.

Plan of Correction

Directed

All documentation for any inspections will be maintained by administration with all services done by a trained tech, records will be updated going forth as well as the maintenance schedule.

DPOC - SP - 01-19-2022

Within 10 calendar days receipt of POC the administrator shall have a professional furnace cleaning company inspect the homes furnace. The furnace will be inspected at least annually thereafter. Within 15 business days of receipt of this POC, the administrator shall develop a policy on furnace inspections. Policy shall include annual timeliness. The administrator will be responsible for reviewing and updating the policy annually. All staff shall be trained of the policy update/development within 20 business days receipt of this POC. Documentation of the policy and staff training shall be provided to the Department for review within 25 business days of receipt of this POC.

Completion Date: Licensee's Proposed Date for POC Implementation 02-14-22

SP 03-29-22

Not Implemented

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1 was admitted to the home on [redacted]/20; however, the resident's assessment was not completed until [redacted]/20.

Plan of Correction

Directed

All assessments will be completed in a timely matter by Administration.

DPOC - SP - 01-19-2022

Within 15 business days of receipt of this POC, the administrator shall develop a policy on Resident Assessments and Support Plans (RASP). Policy shall include completion of initial RASP and follow-ups. The administrator will be responsible for reviewing and updating the policy annually. All staff shall be trained of the policy update/development within 20 business days receipt of this POC. Documentation of the policy and staff training shall be provided to the Department for review within 25 business days of receipt of this POC.

Completion Date: Licensee's Proposed Date for POC Implementation 02-14-22

SP 03-29-22

Not Implemented

227d - Support Plan Medical/Dental

1. Requirements

2600.

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

The assessment for resident #1, dated [redacted]/20, indicates the resident has a need for Writing Correspondence and Obtaining Clean, Seasonal Clothing. The resident's support plan, dated [redacted]/20

227d - Support Plan Medical/Dental (continued)

does not document how this need will be met.

Plan of Correction

Directed

Administration will audit all support plans to make sure they are filled out with accurate and detailed information correctly.

DPOC - SP - 01-19-2022

Within 15 business days of receipt of this POC, the administrator shall develop a policy on Resident Assessments and Support Plans (RASP). All resident RASP will be audited in 15 days. Policy shall include completion of initial RASP and follow-ups. The administrator will be responsible for reviewing and updating the policy annually. All staff shall be trained of the policy update/development within 20 business days receipt of this POC. Documentation of the policy and staff training shall be provided to the Department for review within 25 business days of receipt of this POC.

SP 03-29-22

Completion Date: Licensee's Proposed Date for POC Implementation 02-14-22

Not Implemented

251d - Resident Records on Premises

1. Requirements

2600.

251.d. Separate resident records shall be kept on the premises where the resident lives.

Description of Violation

Nurses' notes are not in the home. According to staff persons A and F, they are kept in a database that is not accessible by the home's administrator and staff.

Plan of Correction

Directed

Going forth any residents at Divinity Manor seen by a nurse will noted in a separate database within the facility administration will implement this practice

DPOC - SP - 01-19-2022

Within 15 business days of receipt of this POC, the administrator shall develop a policy on keeping resident records and notes in the home. Policy shall include keeping resident records on the premises and storage. The administrator will be responsible for reviewing and updating the policy annually. All staff shall be trained of the policy update/development within 20 business days receipt of this POC. Documentation of the policy and staff training shall be provided to the Department for review within 25 business days of receipt of this POC.

SP 03-29-22

Completion Date: Licensee's Proposed Date for POC Implementation 02-14-22

Not Implemented

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 1. Name, gender, admission date, birth date and Social Security number.
- 2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
- 3. A photograph of the resident that is no more than 2 years old.
- 10. A record of incident reports for the individual resident.

Description of Violation

Resident #1's record does not include a record of the incident reports submitted [REDACTED] /21 and the reason for termination of services.

252 - Record Content (continued)

Plan of Correction

Directed

Administration will implement a more in-depth record keeping method to ensure all data is in place in a timely matter and up to date.

DPOC - SP - 01-19-2022

Within 15 business days of receipt of this POC, the administrator shall develop a policy on the content of residents records. Policy shall include all the information in regulation 2600.252 that needs to be included. The administrator will be responsible for reviewing and updating the policy annually. All staff shall be trained of the policy update/development within 20 business days receipt of this POC. Documentation of the policy and staff training shall be provided to the Department for review within 25 business days of receipt of this POC.

Completion Date: Licensee's Proposed Date for POC Implementation 02-14-22

SP 03-29-22

Not Implemented

253a - Record 3 Years

1. Requirements

2600.

253.a. The resident's entire record shall be maintained for a minimum of 3 years following the resident's discharge from the home or until any audit or litigation is resolved.

Description of Violation

Resident #1 was discharged from the home on [redacted]/21. However, the home does not have resident #1's medication administration record for March 2021.

Plan of Correction

Directed

Records are maintained by administration for that time unfortunately resident #1's M.A.R. was in another file at the time of the first inspection, it has been found and was provided the last time inspection was conducted.

DPOC - SP - 01-19-2022

Within 15 business days of receipt of this POC, the administrator shall develop a policy on resident record retention. Policy shall include timeframe of record retention. The administrator will be responsible for reviewing and updating the policy annually. All staff shall be trained of the policy update/development within 20 business days receipt of this POC. Documentation of the policy and staff training shall be provided to the Department for review within 25 business days of receipt of this POC.

Completion Date: Licensee's Proposed Date for POC Implementation 02-14-22

SP 03-29-22

Not Implemented

42b - Abuse

1. Requirements

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 the early morning of [redacted] 21, resident #1 was found [redacted] by staff member B. The resident [redacted]. The bed was less than a foot away from the radiator. Staff member B was the only person working the 11 pm to 7 am shift beginning [redacted]/21 into [redacted]/21 because another staff member called out. The home did not arrange for substitute coverage. Staff member B called 911 but was unable to move the resident [redacted]. At approximately 6:45 am, staff member C arrived, and the two [redacted] resident #1 [redacted]. Resident #1 was taken by EMS

42b - Abuse (continued)

and hospitalized. Resident #1

Plan of Correction

Directed

Going forth Administration has implemented an on call schedule to cover all shifts in an event of a employee not being able to work [redacted] shift.

DPOC - SP - 01-19-2022

Within 15 business days of receipt of this POC, the administrator shall develop a policy on residents rights. Policy shall include strong focus on abuse and neglect. The administrator will be responsible for reviewing and updating the policy annually. All staff shall be trained of the policy update/development within 20 business days receipt of this POC. Documentation of the policy and staff training shall be provided to the Department for review within 25 business days of receipt of this POC.

Completion Date: Licensee's Proposed Date for POC Implementation 02-14-22

SP 03-29-22

Not Implemented

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *DIVINITY MANOR* License #: *13874* License Expiration: *03/04/2023*
Address: *932-34 NORTH 42ND STREET, PHILADELPHIA, PA 19104*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] 215-275-7740 Email: [REDACTED]

Legal Entity

Name: *DIVINITY MANOR LLC*
Address: *932-34 NORTH 42ND STREET, PHILADELPHIA, PA, 19104*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Interim* Exit Conference Date: *02/23/2022*

Inspection Dates and Department Representative

02/23/2022 - On-Site: [REDACTED]

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: *21* Are 60 Years of Age or Older: *12*
Diagnosed with Mental Illness: *21* Diagnosed with Intellectual Disability: *21*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

02/23/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/07/2022*

Inspections / Reviews (*continued*)

03/23/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/28/2022*

04/08/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Exception* Follow-Up Date:

141a - Medical Evaluation

1. Requirements

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 was admitted [REDACTED] 2020. The medical evaluation for Resident #1 was not complete within 60 days prior to admission or within 30 days after admission of the resident.

Plan of Correction

Directed

Administrator will be responsible for ensuring that all paperwork is completed properly and in the required time frame also a checklist has been implemented and placed in each admission packet this policy when also be implemented for current residents also.

DPOC - SP - 03-23-2022

Within 3 calendar days of receipt of this POC, the administrator shall audit all resident DME's for accuracy and completion. Within 5 calendar days receipt of this POC, administrator will coordinate and schedule with resident physicians to ensure all annual DME's are completed. All DME's will be kept in resident records for Department review. Administrator will develop a DME tracking checklist within 3 calendar days receipt of this POC.

Completion Date: Licensee's Proposed Date for POC Implementation 03-28-22

SP 03-29-22

Document Submission

Implemented

DME tracking checklist located in the front of each resident binder.

225c - Additional Assessment

1. Requirements

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 [REDACTED]/21. However, the resident's previous assessment was completed on [REDACTED]/20.

Plan of Correction

Directed

Administrator has implemented a checklist policy for all necessary paperwork to be completed thoroughly and in a timely manner annually Administrator will oversee this policy.

DPOC - SP - 03-23-2022

Within 3 calendar days receipt of this POC, the administrator will review all Resident Assessment Support Plans (RASP). Within 5 calendar days receipt of this POC, the administrator shall ensure RASP are completed in entirety. Administrator will update policy and create a checklist within 5 calendar days receipt of this POC. Policy should include methods to audit compliance on an ongoing basis. Administrator will conduct audits and update checklist at least two times monthly. Staff shall be trained on policy developments/updates within 3 calendar days receipt of POC. and then quarterly thereafter for a year. Documentation of the audit, checklist, and staff training shall be provided to the Department within 5 calendar days receipt of this POC.

Completion Date: Licensee's Proposed Date for POC Implementation 03-28-22

225c - Additional Assessment (continued)

SP 03-29-2022

Document Submission

Implemented

Training, checklist and Assessment policy

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 Violation

Resident #1 assaulted another resident sometime in [redacted] 2022. The home issued a 30 day notice to resident #1 as a result of this. The home did not report this incident to the department.

Plan of Correction

Directed

Administrator has implemented a policy that all incident reports be submitted in a timely manner with all detailed information, also a binder will be keep in the office for verification. On Feb. 25 a staff in-service was reconducted in regards to incident reporting also Administrator will oversee that this policy is adhered to.

DPOC - SP - 03-23-2022

Within 3 calendar days receipt of this POC, the administrator shall develop a policy on written incident reports. Policy should include method to audit compliance on an on-going basis and ensure incident reports are being reported to the Department in a timely manner. Staff to be trained within 5 calendar days receipt of POC. Documentation of the policy and staff training shall be provided to the Department for review within 5 business days of receipt of this POC.

Completion Date: Licensee's Proposed Date for POC Implementation 03-28-22

SP 03-29-2022

Not Implemented

101j5 - Bedside Table/Shelf

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:
5. A bedside table or a shelf.

Description of Violation

There is no bedside table or shelf in room 11.

There are two residents in room 10 and only one bedside table.

Plan of Correction

Directed

Administration has developed a checklist that has been implemented for all resident room furnishings ensuring that they in place and good condition going forth Divinity Manor Staff will oversee this policy.

DPOC - SP - 03-23-2022

Within 3 business days of receipt of this POC, the administrator will audit all resident bedrooms and provide each

101j5 - Bedside Table/Shelf (continued)

resident with a table or shelf. The administrator will develop a policy and checklist on resident bedrooms and required items within 5 calendar days receipt of this POC. The administrator or designee will update checklist monthly. Staff to be trained within 5 calendar days receipt of this POC. Documentation of the policy and staff training shall be provided to the Department for review within 5 calendar days of receipt of this POC.

Completion Date: Licensee's Proposed Date for POC Implementation 03-28-22

SP 03-29-2022

Not Implemented

227d - Support Plan Medical/Dental

1. Requirements

2600.

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

The assessment for resident #1, dated [redacted]/21, indicates the resident has a need for using the telephone, making and keeping appointments, writing correspondence, irritability, agitation, short-term memory, and long-term memory. The resident's support plan, dated [redacted]/21 does not document how this need will be met.

Plan of Correction

Directed

Administrator has developed a file checklist to make sure all assessments have detailed information and what residents needs should be established in regards to their support plan Administrator will oversee this policy.

DPOC - SP - 03-23-2022

Within 3 calendar days receipt of this POC, the administrator will review all Resident Assessment Support Plans (RASP). Within 5 calendar days receipt of this POC, the administrator shall ensure RASP are completed in entirety. Administrator will update policy and create a checklist within 5 calendar days receipt of this POC. Policy should include methods to audit compliance on an ongoing basis. Administrator will conduct audits and update checklist at least two times monthly. Staff shall be trained on policy developments/updates within 3 calendar days receipt of POC. and then quarterly thereafter for a year. Documentation of the audit, checklist, and staff training shall be provided to the Department within 5 calendar days receipt of this POC.

Completion Date: Licensee's Proposed Date for POC Implementation 03-28-22

SP 03-29-2022

Not Implemented