

Department of Human Services  
Bureau of Human Service Licensing

October 3, 2022

[REDACTED], ADMINISTRATOR

RE: DIVINITY MANOR  
932-34 NORTH 42ND STREET  
PHILADELPHIA, PA, 19104  
LICENSE/COC#: 13874

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/01/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**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: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *DIVINITY MANOR LLC*  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *Other* Date: *03/02/1987* Issued By: *Dept. of L & I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *22* Waking Staff: *17*

**Inspection Information**

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

**Inspection Dates and Department Representative**

11/01/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *30* Residents Served: *22*

**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: *6*  
Diagnosed with Mental Illness: *22* Diagnosed with Intellectual Disability: *22*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

11/01/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/25/2021*

Inspections / Reviews (*continued*)

12/08/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/11/2021*

02/17/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/13/2022*

10/03/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

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

*There is a video camera at the facility's entrance, however there is no notice in a prominent and public place that the facility is being recorded.*

Plan of Correction

**Accept**

*Going administration will post surveillance signs around all monitoring camera systems in the facility.*

Document Submission

**Implemented**

*Video surveillance have been posted*

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

*On 11/01/21, at 11:50 am, the hot water temperature at the men's bathroom sink measured 138.5 degrees Fahrenheit.*

*On 11/01/21, at 11:55 am, the hot water temperature at the women's bathroom sink measured 128.6 degrees Fahrenheit.*

Plan of Correction

**Accept**

*Hot water heaters will be adjusted by maintenance daily and a daily log was already in place by administration which will be enforce diligently to ensure the proper water temperatures throughout the facility.*

Document Submission

**Implemented**

*Temp logs have been establish to check water temperature's daily throughout the facility.*

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

1. Requirements

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

*There is no grab bar, handrail or assist bar at the women's bathroom shower.*

Plan of Correction

**Accept**

*Grab bars have been reinstalled in the location in question and a daily inspection log has been implemented by Administration.*

Document Submission

**Implemented**

*Shower grab bar installed.*

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.

Description of Violation

*There is no record of the furnace's most recent inspection. The most recent inspection, according to the Administrator, was in 2018. The home could not provide current documentation.*

Plan of Correction

**Accept**

*Going forth Administration will have licensed technician perform a routine maintenance on the furnace in a timely manner and inspection reports will available upon request.*

**Update:** 12/08/2021

*Provide documentation of inspection*

Document Submission

**Not Implemented**

*Furnace inspection is in process as the building inspector is waiting on parts and the specs. Please feel free to contact [REDACTED] for further information that you need.*

*Upon completion of inspection all reports will available upon request.*

141b1 - Annual Medical Evaluation

1. Requirements

2600.

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

Description of Violation

*The most recent medical evaluation for resident 1 was completed on [REDACTED] The home did not have documentation from the resident's physician indicating the evaluation could be conducted at a later date.*

Plan of Correction

**Accept**

*Administration will have an updated completed DME for Resident 1 in a timely manner also going forth Administrator will conduct an audit daily of all resident files to ensure that all records are accurate, updated and completed.*

**Update:** 12/08/2021

*Provide updated medical evaluation*

Document Submission

**Implemented**

*Updated DME*

188d - System to Document Medication Errors

1. Requirements

2600.

188.d. There shall be a system in place to identify and document medication errors and the home's pattern of error.

Description of Violation

*The home does not have a policy on how to identify and document medication errors and patterns of errors.*

188d - System to Document Medication Errors (continued)

**Plan of Correction**

**Accept**

Administration has developed and implemented a policy and procedure in case of any medical errors made by any staff members.

**Update:** 12/08/2021

Provide documentation

**Document Submission**

**Implemented**

See medication error procedure documentation.

221c - Post Activity Calendar

**1. Requirements**

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

**Description of Violation**

The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home.

**Plan of Correction**

**Accept**

Activities at Divinity Manor have been reinstated and calendars will be posted by Administration in the designated area going forth.

**Document Submission**

**Implemented**

See activity calendar for November and December.

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 most recent assessment was completed on [REDACTED]

**Plan of Correction**

**Accept**

See 141b1 same procedure will apply for the Support Plans also.

**Update:** 12/08/2021

Provide updated assessment

**Document Submission**

**Implemented**

See updated assessment.