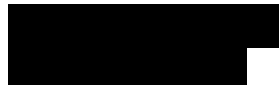




CERTIFIED MAIL - RETURN RECEIPT REQUESTED
MAILING DATE: May 18, 2022



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

RE: Divinity Manor
License #: 138741

Dear [REDACTED]:

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 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: *03/04/2023*
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