

Department of Human Services  
Bureau of Human Service Licensing

August 5, 2022

[REDACTED]

DIVINITY MANOR LLC  
932-34 NORTH 42ND STREET  
PHILADELPHIA, PA, 19104

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 07/25/2022 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 - PUBLIC

**Facility Information**

Name: *DIVINITY MANOR* License #: *13874* License Expiration: *11/18/2022*  
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: *932-34 NORTH 42ND STREET, PHILADELPHIA, PA, 19104*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *Other* Date: *03/02/1987* Issued By: *Philadelphia Licenses and Inspections*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *24* Working Staff: *18*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *07/25/2022*

**Inspection Dates and Department Representative**

*07/25/2022* On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *30* Residents Served: *24*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *24* Are 60 Years of Age or Older: *13*  
Diagnosed with Mental Illness: *24* Diagnosed with Intellectual Disability: *24*  
Have Mobility Need: *0* Have Physical Disability: *0*

## Inspections / Reviews

07/25/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/05/2022*

08/01/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/03/2022*

08/05/2022 - Document Submission

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

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

An assessment was not completed for resident 1, who was admitted to the home on [redacted]/2022.

Plan of Correction

Accept

Administrator will ensure that all assessments and administration records for new and current residents are completed and updated in a timely manner a monthly checklist has been and policy has been implemented going forth.

Completion Date: 07/29/2022

Document Submission

Implemented

Administrator will ensure that all assessments and administration records for new and current residents are completed and updated in a timely manner a monthly checklist has been and policy has been implemented going forth.