



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: JANUARY 20, 2023**

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

RE: Divinity Manor  
License #: 138742

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection November 7, 8, and 15, 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 issues you a SECOND PROVISIONAL license to operate the above facility. A SECOND PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. 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 SECOND PROVISIONAL license is enclosed and is valid from January 20, 2023 to July 20, 2023.

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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268, the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

| 55 Pa. Code Chapter 2600 | Class of Violation | Census at Inspection | Fine Per Resident X Per day | Calculated Fine = Per Day | Mandated Correction Date (to avoid Fine)         |
|--------------------------|--------------------|----------------------|-----------------------------|---------------------------|--|
| 126 a                    | II                 | 22                   | \$5                         | \$110                     | 5 calendar days from mailing date of this letter |

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a SECOND 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 SECOND PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

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

[REDACTED]

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]  
[REDACTED]  
[REDACTED]  
[REDACTED]

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: *Department of Labor & Industry*

**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: *11/08/2022*

**Inspection Dates and Department Representative**

11/07/2022 - On-Site: [REDACTED]  
11/08/2022 - On-Site: [REDACTED]  
11/15/2022 - Off-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: *12*  
Diagnosed with Mental Illness: *22* Diagnosed with Intellectual Disability: *22*  
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

11/07/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/09/2022*

12/12/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: *01/03/2023*  
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/17/2022*

12/19/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: *01/03/2023*  
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/24/2022*

01/04/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: *01/03/2023*  
Reviewer: [REDACTED] Follow-Up Type: *Enforcement*

89a - Water Pressure

1. Requirements

2600.

89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

On 11/7/22 at 12:15 pm, the home did not have sufficient hot water to sanitize the dishes. The hot water temperature at the kitchen faucet measured 85 degrees Fahrenheit and at 12:30 pm it was 90 degrees Fahrenheit.

Plan of Correction

Accept [redacted] - 12/12/2022)

Administrator and Maintenance department has implemented an daily checklist with temperature log readings and will make adjustments as needed to meet the standard requirements. Hot water heaters have since been adjusted after inspection on 11-7-2022

Licensee's Proposed Overall Completion Date: 12/06/2022

Not Implemented ([redacted] 01/04/2023)

107b - Emergency Procedures

2. Requirements

2600.

107.b. The home shall have written emergency procedures that include the following:

1. Contact information for each resident's designated person.
2. The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
3. Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
4. Means of transportation in the event that relocation is required.
5. Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
6. Alternate means of meeting resident needs in the event of a utility outage.

Description of Violation

The home's written emergency procedures do not include contact information for each resident's designated person., the home's plan to provide the emergency medical information for each resident that ensures confidentiality, contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents, means of transportation in the event that relocation is required , duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs, alternate means of meeting resident needs in the event of a utility outage.

107b - Emergency Procedures (continued)

**Plan of Correction**

**Directed** [redacted] - 12/19/2022)

*Divinity Manor's written emergency preparedness policy is in a binder it was accessible with all information I'm not sure if it was requested during inspection on the 7th of November also Administrator has implemented policy where meetings will be conducted with DCS semi-monthly to ensure proper information is updated and adhere to going forward.*

**Licensee's Proposed Overall Completion Date:** 12/09/2022

**Directed**

*Within 5 calendar days of receipt the accepted plan of correction: The administrator shall update the homes emergency preparedness plan to include all of the required items in accordance with regulation 2600.107(b) including all of the current required telephone numbers, local resources for housing and emergency care for residents, and duties and responsibilities of staff persons during evacuations, transportation, and at the emergency location. The administrator will conduct a weekly check to ensure that both the personal care homes' emergency procedures and the local municipal emergency plans are posted in a conspicuous and public place. Administrator will ensure the homes emergency preparedness policy is available for Department review.*

**Directed Completion Date:** 12/24/2022

**Not Implemented** [redacted] - 01/04/2023)

121a - Unobstructed Egress

**3. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

**Description of Violation**

*On 11/8/22, the left front exit door coming down from the left stairwell had a deadbolt lock from the inside of the door. The passage leading to the rear exit door from the right side of the stairwell was blocked by the locked door leading to the kitchen. The metal exit door located in the smoking area has a one side lock at the top and a door knob lock.*

**Plan of Correction**

**Directed** [redacted] - 12/19/2022)

*I do not believe this assessment there are no deadbolt locks on the doors just standard locks in which anyone can open. Only one door was lock for Covid restrictions other then that no obstructions or locks on doors!!!! Doors are accessible, all DCS have been advised by the Administrator to follow normal procedures going forth and in-services will be conducted monthly along with a daily checklist implemented by the Administrator.*

**Licensee's Proposed Overall Completion Date:** 12/07/2022

**Directed**

*Within 5 calendar days of receipt of the plan of correction: A designated staff person will check the home daily on each shift to ensure all stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed.*

*Within 7 calendar days of receipt of the plan of correction: The administrator will conduct a weekly check of the home to ensure all stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed. Any malfunctioning locks will be immediately repaired. Audits will be kept for Department review.*

121a - Unobstructed Egress (continued)

Directed Completion Date: 12/24/2022

Not Implemented [redacted] - 01/04/2023)

124 - Notice to Fire Department

4. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction

Directed [redacted] - 12/19/2022)

All policy's pertaining to the violation above are documented in the policy binder and available upon request and will be submitted upon request Administrator also has implemented a daily checklist to ensure all much needed information is updated and accurate annually.

Licensee's Proposed Overall Completion Date: 12/09/2022

Directed

Within 5 calendar days of receipt of the accepted plan of correction: The administrator will notify the local fire department in accordance with regulation 2600.124 and when there are any changes with residents requiring assistance with evacuation. Documentation will be available for Department review.

Directed Completion Date: 12/24/2022

Not Implemented [redacted] 01/04/2023)

126a - Furnace Inspection

5. 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

The last inspection of the furnace was conducted in 2018. The home does not have an updated annual inspection of the furnace for the current year.

Plan of Correction

Repeat Violation 11/1/21

Directed ([redacted]/19/2022)

Inspections will be conducted when furnace is updated to meet specifications, annually by Maintenance department and documentation and checklist will be available for review Administrator will provide all documentation when requested.

Licensee's Proposed Overall Completion Date: 12/06/2022

Directed

126a - Furnace Inspection (continued)

Within 5 calendar days of receipt of the accepted plan of correction: The administrator will have the furnace inspected by a professional furnace cleaning company or trained maintenance staff person. Documentation will be kept for Department review.

Directed Completion Date: 12/24/2022

Not Implemented [redacted] - 01/04/2023)

132a - Monthly Fire Drill

6. Requirements

2600.  
132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the month of January 2022.

Plan of Correction

Accept [redacted] - 12/19/2022)

Administrator will be responsible for conducting fire drills on a monthly basis going forward using all egress routes also fire drills conducted will be unannounced and time documented by staff. Administrator will also keep a monthly log of all drills to ensure accurate information upon request.

Licensee's Proposed Overall Completion Date: 12/17/2022

Implemented [redacted] - 01/04/2023)

132f - Alternate Exit Routes

7. Requirements

2600.  
132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The front door was the only exit route used during the fire drills held from March 2022 - October 2022.

Plan of Correction

Directed [redacted] - 12/19/2022)

Going forth Administrator and all employees when conducting future fire drills will utilize all exits as a means of egress also all exits have been labeled accordingly by a egress number also fire drills will be conducted monthly by Administration to test the effectiveness and efficiency its new procedure code.

Licensee's Proposed Overall Completion Date: 12/06/2022

Directed

Within 5 calendar days of receipt of the accepted plan of correction: All staff persons will be educated on all emergency exits of the home and using alternate exits during fire drills. Documentation of education will be kept. The administrator will monitor fire drills and the fire drill record monthly to ensure alternate exits are used during

132f - Alternate Exit Routes (continued)

fire drills.

Directed Completion Date: 12/17/2022

Not Implemented [REDACTED] - 01/04/2023)