

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

October 3, 2023

[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 05/24/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *DIVINITY MANOR* License #: *13874* License Expiration: *07/20/2023*
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: *City of Philadelphia, L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *25* Waking Staff: *19*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint, Provisional* Exit Conference Date: *05/24/2023*

Inspection Dates and Department Representative

05/24/2023 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information				
License Capacity:	30	Residents Served:	25	
Secured Dementia Care Unit				
In Home:	No	Area:	Capacity:	Residents Served:
Hospice				
Current Residents:	0			
Number of Residents Who:				
Receive Supplemental Security Income:	25	Are 60 Years of Age or Older:	14	
Diagnosed with Mental Illness:	25	Diagnosed with Intellectual Disability:	0	
Have Mobility Need:	0	Have Physical Disability:	0	

Inspections / Reviews

05/24/2023 - Full
Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *06/16/2023*

06/22/2023 - POC Submission
Submitted By: [Redacted] Date Submitted: *07/28/2023*
Reviewer: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *06/27/2023*

Inspections / Reviews (*continued*)

07/06/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/28/2023

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/22/2023

07/21/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/28/2023

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/24/2023

10/03/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/28/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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 05/11/23, at 9:10 AM, two agents of the Department requested access to complete a provisional renewal to include policies and procedures, resident and staff records, physical access to the entire home and medications. Staff person A refused to provide access until 12:00 PM.

Plan of Correction

Accept (████) 06/22/2023)

Administrator has implemented a policy where access will be granted in a timely manner to the facility and have access to all resident and staff records.

Licensee's Proposed Overall Completion Date: 06/09/2023

Implemented (████) - 07/20/2023)

65e - 12 Hours Annual Training

2. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

- 1. Staff person orientation shall be included in the 12 hours of training for the first year of employment.
- 2. On the job training for direct care staff persons may count for 6 out of the 12 training hours required annually.

Description of Violation

Direct care staff person B received only 6 hours of annual training in training year 2022.

Plan of Correction

Accept (████) - 07/06/2023)

Going forth Divinity Manor will provide the necessary training for all DCS through Northampton EDU on the topics to meet the 2600 criteria for the annual 12 training. Spring and fall courses will be provided by Northampton EDU. spring courses will occur from April-June and fall from September- December every year virtually also Administrator will implement an individual checklist binder for each DCS person showing completion of all necessary training topics completed.

Licensee's Proposed Overall Completion Date: 06/30/2023

Implemented (████) - 07/20/2023)

65f - Training Topics

3. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 1. Medication self-administration training.
- 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- 3. Care for residents with dementia and cognitive impairments.
- 4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- 5. Personal care service needs of the resident.

65f - Training Topics (continued)

- 6. Safe management techniques.
- 7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person B did not receive training in medication self-administration training, care for residents with dementia and cognitive impairments, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 2022.

Direct care staff person C did not receive training in medication self-administration training, care for residents with dementia and cognitive impairments, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, safe management techniques, care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 2022.

Plan of Correction

Directed (█ - 07/06/2023)

All training will be done by Northampton Edu. on the related topics going forth also Administrator will provide a current checklist on all yearly training and quarterly audits will be conducted on all DCS binders to ensure completion requirements are adhere to on all related 2600 topics.

Directed

Within 5 calendar days of receipt of the plan of correction Staff persons B and C will receive training in accordance with regulation 2600.65(f). Documentation will be kept.

Within 15 calendar days of receipt of the approved plan of correction: The administrator will review all current staff training records to ensure all staff persons have completed the required training in accordance with regulation 2600.65f during the 2023 training year. █

Directed Completion Date: 07/21/2023

Implemented (█ - 10/03/2023)

65g - Annual Training Content

4. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
- 2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
- 3. Resident rights.
- 4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 5. Falls and accident prevention.
- 6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person B did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite

65g - Annual Training Content (continued)

staff person trained by a fire safety expert and the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102) during training year 2022.

Staff person C did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert, the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), falls and accident prevention during training year 2022.

Plan of Correction

Directed [redacted] - 07/06/2023)

Administrator has implemented a yearly fire safety plan catalog accessible to all DCS it includes training courses for the spring and fall fire and safety training classes, also a yearly fire seminar conducted by a certified safety expert which will include demonstration materials on all aspects of safety training all DCS persons will have a checklist in their individual binder to show training requirements have been successfully completed all binders will be audited by [redacted] (Administrator) bi-monthly to ensure protocol is adhere to.

Directed

Within 5 calendar days of receipt of the plan of correction direct care staff persons B and C will receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, emergency preparedness, resident rights, Older Adult Protective Services Act and falls and accident prevention. Documentation of training will be kept.

Within 15 calendar days of receipt of the approved plan of correction: The administrator will review all staff current training records to ensure all direct care staff has received the required training on all topics in accordance with regulation 2600.65(g) during the 2023 training year. [redacted]

Directed Completion Date: 07/21/2023

Implemented [redacted] 08/24/2023)

132d - Evacuation

5. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded an evacuation time of 2 minutes 30 seconds during the following drills:

- 01/04/23 at 10:31 AM - Evac Time was 3 Min, 04 Sec,
- 02/28/23 at 12:30 PM - Evac Time was 2 Min, 59 Sec,
- 03/20/23 at 2:15 PM - Evac Time was 3 Min, 01 Sec,
- 04/15/23 at 7:30 PM - Evac Time was 3 Min 03 Sec.

Plan of Correction

Directed [redacted] 07/06/2023)

Administrator will have a fire and safety expert come in and monitor a random fire drill to determine what Divinity Manor's evacuation time should be on a yearly basis in event of a fire and then Administrator will implement a

132d - Evacuation (continued)

policy and a checklist going forth using the information provided by the safety inspector annually also DCS will be trained on all methods of implementations.

Directed

Within 15 calendar days of receipt of the approved plan of correction: The administrator will schedule a fire drill conducted by a fire safety expert. Documentation of the fire drill shall be kept. The administrator or designated staff person will develop and implement a process and procedure to ensure a fire drill and fire inspection is conducted by a fire safety expert at least annually. [REDACTED]

Directed Completion Date: 07/21/2023

Implemented ([REDACTED] - 08/24/2023)

132e - Fire Drill Sleeping Hours

6. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 07/11/22 at 2:00 AM.

Plan of Correction

Accept ([REDACTED] - 07/06/2023)

Administrator has revised and implemented a checklist policy monitoring sleep hour fire drills to be conducted on a quarterly basis. [REDACTED] (Administrative Assistant) will conduct and coordinate sleep hour drills which will be recorded as usual in the fire preparedness binder.

Licensee's Proposed Overall Completion Date: 07/01/2023

Implemented ([REDACTED] - 07/21/2023)

181c - Self-administration Assessment

7. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

On 05/24/23, an interview was held with staff person A the home's Administrator who stated there are 4 insulin dependent residents in the home, two on sliding scale orders. None of the staff have gone through insulin administration training. The Administrator stated the residents do the insulin administration themselves with staff double checking their numbers. The residents are not assessed as being able to self-administer their insulin or any of their own medications.

181c - Self-administration Assessment (continued)

Plan of Correction

Accept (█) - 07/06/2023)

Residents at Divinity Manor are not able to self-administer medication even the 2 residents not 4 stated in the recent POC going forth all DCS and Administration will be trained by a certified trainer yearly on insulin administration and documentation will kept in each staff binder and updated at the completion of each training class, also Administrator will implement audits on a semi- annual basis to ensure protocol is adhere to.

In addition to the above plan of correction: All staff persons involved in medication administration will be educated that all residents shall be assessed of their ability to self-administering medications through the medical evaluation process at least annually. Documentation of education will be kept. The administrator or designated staff person will review all resident records to ensure all residents have been assessed of their ability of self-administering medications and that the home is administering medications to all residents that have not been assessed to self-administer medications within the past year. █

Licensee's Proposed Overall Completion Date: 07/01/2023

Implemented (█) - 10/03/2023)

187d - Follow Prescriber's Orders

8. Requirements

- 2600.
- 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed Clonazepam Tab 1 MG - Take 1 tablet by mouth three times daily. However, this medication was not administered to resident #1 on 05/12/23, 05/13/23, 05/14/23 at 8:00 AM, 2:00 PM and 8:00 PM and on 05/15/23 at 8:00 AM because the medication was not available in the home.

Plan of Correction

Accept (█) - 07/06/2023)

Going forward Administrator will audit refills on all specialty and narc meds weekly and advise DCS to ensure that they ordered in a timely manner to the pharmacy or Doctors if needed also a re-order sheet log has been implemented by █ this sheet will serve as a method for DCS to keep track of refills being sent the the Pharmacy and Doctors it will faxes over to all parties accordingly.

Licensee's Proposed Overall Completion Date: 07/02/2023

Implemented (█) - 07/21/2023)

190b - Insulin Injections

9. Requirements

- 2600.
- 190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

On 05/24/23, an interview was held with staff person █ the home's Administrator who stated there are 4 insulin dependent residents in the home, two on sliding scale orders. None of the staff have gone through insulin administration training. The Administrator stated the residents do the insulin administration themselves with staff

190b - Insulin Injections (continued)

double checking their numbers. The residents are not assessed as being able to self-administer their insulin or any of their own medications.

Plan of Correction**Directed** [REDACTED] - 07/06/2023)

Residents at Divinity Manor are not able to self-administer medication even the 2 residents not 4 stated in the recent POC going forth all DCS and Administration will be trained by a certified trainer on insulin administration and documentation on a yearly basis which will be documented and kept in each Divinity Manor's individual staff binder for review upon request. Administrator will also implement audits daily to ensure protocol is adhere to.

In addition to the above plan of correction: The administrator or designated staff person will review all staff person training records to ensure all staff persons administering insulin injections meet the requirements of regulation 2600.190b. The administrator or designated staff person will review all medication administration training records as part of the quality management review to ensure all staff persons administering insulin injections continue to meet the qualifications to administer insulin injections. [REDACTED]

Directed Completion Date: 07/02/2023**Implemented** [REDACTED] 07/21/2023)