

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

February 13, 2025

[REDACTED]
DIVINITY MANOR LLC
[REDACTED]

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

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/05/2024 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: 10/05/2025
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: City of Philadelphia

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 19 Waking Staff: 14

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Monitoring Exit Conference Date: 12/05/2024

Inspection Dates and Department Representative

12/05/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

Table with 4 columns: Category, Value, Category, Value. Rows include General Information (License Capacity: 30, Residents Served: 19), Secured Dementia Care Unit (In Home: No, Area, Capacity, Residents Served), Hospice (Current Residents: 0), and Number of Residents Who (Receive Supplemental Security Income: 19, Are 60 Years of Age or Older: 14, Diagnosed with Mental Illness: 19, Diagnosed with Intellectual Disability: 0, Have Mobility Need: 0, Have Physical Disability: 0).

Inspections / Reviews

Table with 3 columns: Date/Type, Lead Inspector, Follow-Up Type, Follow-Up Date. Rows include 12/05/2024 Partial (Lead Inspector: [Redacted], Follow-Up Type: POC Submission, Follow-Up Date: 12/29/2024) and 01/09/2025 - POC Submission (Submitted By: [Redacted], Date Submitted: 01/16/2025, Reviewer: [Redacted], Follow-Up Type: Document Submission, Follow-Up Date: 01/16/2025).

Inspections / Reviews *(continued)*

02/13/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/16/2025

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 [redacted] at 9:30am, an agent of the Department requested access to bank statements for resident's bank accounts that were managed by the home, support plans and medical evaluations for residents of the home. Staff person A stated they did not have access to the requested documentation in the absence of the administrator, who was not available at the time of inspection. The requested documentation was not received.

Plan of Correction

Accept [redacted] - 01/09/2025)

On Dec 12th Administrator [redacted] conducted a quality management meeting with Divinity Manor DCS workers lead DCS employee [redacted] will be the point of contact going forward she will work the 7am-3pm shift also administrative records and access will to these documents will be accessible to all staff members also for DHS purposes this protocol has been enforced.

Licensee's Proposed Overall Completion Date: 12/24/2024

Implemented [redacted] - 02/13/2025)

96a First Aid Kit

2. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

At 10:00am on [redacted] first aid kit in the medication room did not include a thermometer, scissors or a face shield.

Plan of Correction

Accept [redacted] - 01/09/2025)

On December 20th Administrator [redacted] updated the medical room's first aid kit with face shields, thermometer and scissors also the medication daily tasklist is still in effect ensuring all DCS are monitoring this protocol semi-monthly as indicated on the tasklist.

Licensee's Proposed Overall Completion Date: 12/24/2024

Implemented [redacted] - 02/13/2025)

101j4 Bedroom Storage Area

3. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 4. A storage area for clothing that includes a chest of drawers and a closet or wardrobe space with clothing racks or shelves accessible to the resident.

Description of Violation

Room [redacted] is currently occupied by [redacted] residents. On [redacted], room 12 only had one dresser present for resident clothing storage.

101j4 - Bedroom Storage Area (continued)

Plan of Correction

Accept [REDACTED] - 01/09/2025)

On December 10th Administrator [REDACTED] a dresser in rm [REDACTED] to accommodate the 3 residents occupying rm [REDACTED] also the daily task list was revised for all resident rooms ensuring sufficient room for clothing and accessories. This protocol will be conducted by DCS on a monthly basis

Licensee's Proposed Overall Completion Date: 12/26/2024

Implemented [REDACTED] - 02/13/2025)

103i - Outdated Food

4. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On [REDACTED] at approximately 10:45am, there was an unlabeled, undated package of French toast sticks in the main kitchen freezer.

Plan of Correction

Accept [REDACTED] - 01/09/2025)

On Dec 20th 2024 Administrator [REDACTED] reinforced its kitchen tasklist policy with DCS in a quality management conducted on Dec 20th. Administrator reinforced to staff that all refrigerators be checked for outdated food which will be disposed of immediately and be labeled with the accurate information. This protocol will be conducted by DCS on a weekly basis.

Licensee's Proposed Overall Completion Date: 12/26/2024

Implemented [REDACTED] - 02/13/2025)

183e - Storing Medications

5. Requirements

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [REDACTED], Resident [REDACTED] blister pack was observed to have a punctured blister foil with the back taped and the medication still present in the spot.

On [REDACTED] Resident [REDACTED] was present in the medication cart open and undated. Per manufacturer's instructions, the unused medication should be discarded 28 days after opening.

On [REDACTED] Resident [REDACTED] were present in the medication cart with no open date. Per manufacturer's instructions, the unused medication drops should be discarded four weeks after opening.

Plan of Correction

Accept [REDACTED] 01/09/2025)

On Dec 20th Administrator [REDACTED] reinforced its medication tasklist policy with DCS at Divinity Manor Staff in which a meeting was conducted noting that all blister packs and packaged medication be checked for holes and damages, any damaged medication packs will be reported to Administration immediately no exceptions. This policy protocol will be conducted by DCS on a weekly basis.

183e - Storing Medications (continued)

Licensee's Proposed Overall Completion Date: 12/26/2024

Implemented (█ - 02/13/2025)

227i - Support Plan Accessible

6. Requirements

2600.

227.i. The support plan shall be accessible by direct care staff persons at all times.

Description of Violation

On █, Staff Member A was the only staff member present in the home. Staff Member A could not provide access to support plans because they were in a locked area that only the administrator has access to.

Plan of Correction

Accept (█ - 01/09/2025)

On Dec 12th Administrator █ conducted a quality management meeting with Divinity Manors DCS. Lead DCS employee █ will assume the duty of being the point of contact effective immediately █ will work the work the 7am-3pm shift all administrative record will be available and accessible going forward these documents including support plans will accessible to all DCS employees if █ is not available also. This policy protocol was reinforced effective Immediately.

Licensee's Proposed Overall Completion Date: 12/26/2024

Implemented (█ - 02/13/2025)