

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

October 30, 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 09/30/2025 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: *18* Waking Staff: *14*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Monitoring* Exit Conference Date: *09/30/2025*

Inspection Dates and Department Representative

09/30/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *30* Residents Served: *18*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *0*
 Number of Residents Who:
 Receive Supplemental Security Income: *18* Are 60 Years of Age or Older: *9*
 Diagnosed with Mental Illness: *18* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

09/30/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/18/2025*

10/22/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *10/29/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/24/2025*

Inspections / Reviews *(continued)*

10/23/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/29/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/31/2025

10/28/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/29/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/31/2025

10/30/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/29/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

85a - Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] at 9:35 A.M., feces were present at the bottom of the toilet bowl in the third floor bathroom located between bedrooms [redacted] and [redacted]

Plan of Correction Accept [redacted] 10/22/2025)

On Oct. 1st Administrator revised the daily and bathroom checklist which states every hour monitoring will take place in all bathrooms by DCS any issues will be resolved immediately documentation will be recorded and saved for reference. Also Administrator will conduct weekly random spot checks on different shifts to ensure compliance. In-service was conducted on Oct. 2nd by Administrator which included all DCS.

Licensee's Proposed Overall Completion Date: 10/14/2025

Implemented [redacted] 10/30/2025)

102b - Bath/Sinks/Mirrors - 6 users

2. Requirements

2600.
102.b. There shall be at least one sink and wall mirror for every six or fewer users including residents, staff persons and household members.

Description of Violation

On [redacted] the home served 18 residents. On that date, at 9:35 A.M., there were 18 total residents in the home for a total of 18 users. The home had only 2 wall mirrors at that time for a ratio of 1 wall mirror to 9 users.

Plan of Correction Accept [redacted] - 10/23/2025)

On Oct 1st Administrator revised Divinity Manor's daily checklist adding that all rooms and bathrooms have mirrors this check will be conducted on a weekly basis by DCS they must be clean and in good condition. Administrator will also conduct a random walkthrough on a daily basis to ensure compliance. An in-service was conducted on Oct. 2nd by Administrator which included all DCS. Also mirrors were put in place on October 2nd in the 2nd and 3rd floor men's bathroom room checks inspection for mirrors in rooms was conducted on the mention date also all issues have been solved the above checklist will be followed to ensure compliance is adhered to.

Licensee's Proposed Overall Completion Date: 10/23/2025

Implemented [redacted] - 10/30/2025)

102h - Toilet Paper

3. Requirements

2600.
102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On [redacted] at 9:35 A.M., there was no toilet paper for the toilet in the bathroom on the 3rd floor between bedrooms [redacted] and 6.

Plan of Correction Accept [redacted] - 10/22/2025)

On Oct 1st Administrator updated Divinity Manor's daily checklist which states all bathroom dispensers are filled at

102h - Toilet Paper (continued)

all times DCS will be responsible to ensure protocol is adhere to, this will be conducted on every shift and documented on the task sheet along with other bathroom checks Administrator will also conduct random inspections to ensure compliance is adhere to. An In-service was conducted on Oct 2nd. by the Administrator which included all DCS.

Licensee's Proposed Overall Completion Date: 10/14/2025

Implemented () - 10/30/2025)

185a - Implement Storage Procedures

4. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident # [redacted] is prescribed blood glucose checks twice daily before breakfast at 7:00 A.M. and before dinner at 7:00 P.M.. On [redacted] at 6:43 A.M. Resident [redacted] had a blood glucose check of [redacted] on their glucometer. Resident # [redacted] did not have another blood glucose check on [redacted] on their glucometer. Resident # [redacted] medication administration record has a blood glucose reading of [redacted] on [redacted] recorded for before breakfast at 7:00 A.M. and [redacted] recorded for before dinner at 7:00 P.M.

Plan of Correction

Accept () - 10/22/2025)

On Oct 1st Administrator revised its medication room daily checklist which states all glucose monitors logs on the meter be checked every shift change by DCS to ensure proper readings, any readings not properly documented will be reported to administration so corrections can be resolved immediately. Also "GO OVER" will be initiated in regards to documentation. An In-service was conducted on Oct 2nd by Administrator which included all DCS

Licensee's Proposed Overall Completion Date: 10/14/2025

Implemented () - 10/30/2025)

187b - Date/Time of Medication Admin.

5. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted] is prescribed [redacted] 2 tablets daily. Resident # [redacted] September 2025 medication administration record does not include the initials of the staff person who administered [redacted] on [redacted] and [redacted] at 7:00 A.M.

Plan of Correction

Accept () - 10/22/2025)

On Oct 1st Administrator revised Divinity Manor's medication daily checklist which states the MAR binder will be audited on a weekly basis instead of a monthly by the Administrator to ensure that all trained DCS are documenting properly and accurately. Again DCS will apply the "GO OVER" method to check their documentation for accuracy. An In-service was conducted on Oct 2nd by Administrator which included all DCS.

Licensee's Proposed Overall Completion Date: 10/14/2025

Implemented () - 10/30/2025)