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

September 2, 2026

[redacted], ADMINISTRATOR
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 07/16/2026 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**: *10/05/2026*

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**: *Other*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *17* **Waking Staff**: *13*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *07/16/2026*

Inspection Dates and Department Representative

07/16/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *30* **Residents Served**: *17*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *17* **Are 60 Years of Age or Older**: *8*

Diagnosed with Mental Illness: *17* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

07/16/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/15/2026*

08/17/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/28/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/22/2026*

Inspections / Reviews *(continued)*

08/20/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *08/28/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/24/2026*

09/02/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/28/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

20b5 - No Commingling

1. Requirements

2600.
20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:
5. Commingling of resident funds and home funds is prohibited.

Description of Violation

On 7/16/2026, Resident 1 and Resident 2's monthly income was commingled in an account with the home's business funds.

Plan of Correction ***Accept ([redacted] - 08/17/2026)***

On July20th Accounts Payable opened up rep payee accounts for R1 and R2 funds will be deposited in the accounts accordingly also Administration had added an addendum on its administrative checklist to audit all resident bank statements to ensure no commingling compliance.

Licensee's Proposed Overall Completion Date: *08/10/2026*

Implemented ([redacted] - 09/02/2026)

20b8 - Quarterly Account

2. Requirements

2600.
20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:
8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

Resident 1 has not received a quarterly account of financial transactions since [redacted]

Resident 2 has not received a quarterly account of financial transactions since [redacted]

Plan of Correction ***Accept ([redacted] - 08/20/2026)***

On July 20th Divinity Manor's accounts payable department opened Rep Payee accounts for R1 and R2 bank statements will be available on a quarterly basis in the Administrative office also Divinity Manor's audit checklist has been revised to ensure compliance will be meant on a monthly basis.

Licensee's Proposed Overall Completion Date: *08/19/2026*

Implemented ([redacted] - 09/02/2026)

42e - Telephone Access

3. Requirements

2600.
42.e. A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.

Description of Violation

On 7/16/2026 at 9:35 AM, on the 2nd floor, there was a telephone without a handset, which could only be used by

42e - Telephone Access (continued)

placing calls on speaker. The hall alcove, where the telephone was located, did not have a door to allow for resident privacy while making calls.

Plan of Correction ***Accept ([redacted] - 08/17/2026)***

On July 17th Divinity Manor's Administration made the residents telephone access fully operational with a headset and installed a sliding door for privacy also the DCS daily checklist was revised Administration will conduct random walkthroughs to ensure compliance. In-service was conducted on July 20th with DCS also.

Licensee's Proposed Overall Completion Date: *08/12/2026*

Implemented ([redacted] - 09/02/2026)

44g - Telephone Number

4. Requirements

2600.
44.g. The telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the home.

Description of Violation

The telephone number for the local ombudsman is not posted in a conspicuous and public place in the home.

Plan of Correction ***Accept ([redacted] - 08/20/2026)***

Administration will be responsible for posting updated materials in regards to the PCH in a public area of the home with accurate information. On July 21 Administrator contacted the local Ombudsman office to request updated poster material from the local Ombudsman once received it will be posted. Daily walkthroughs will be conducted by Administration to ensure compliance. Also on July 21st updated contact forms were placed in the resident's telephone area and on the bulletin board which includes Ombudsman local updated number until posters are received which should arrive on August 19th.

Licensee's Proposed Overall Completion Date: *08/19/2026*

Implemented ([redacted] - 09/02/2026)

95 - Furniture and Equipment

5. Requirements

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 7/16/2026 there was a broken drawer on the dresser in Room 8.

Plan of Correction ***Accept ([redacted] - 08/17/2026)***

On 20th Administrator updated and revised Divinity Manor's Checklist that all resident furniture be checked daily for damages of any kind any damages will be reported to Administration immediately for repairs on the 20th the drawer was repaired and an in-service was conducted with DCS to ensure compliance.

Licensee's Proposed Overall Completion Date: *08/12/2026*

Implemented ([redacted] - 09/02/2026)

101j3 Bed/Linens/Pillows/Blankets

6. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

The bed for Resident 1 does not have a pillow, sheets and/or a blanket.

Plan of Correction ***Accept (- 08/17/2026)***

On Mon July 20th Administration revised its daily checklist all beds have bed settings which includes pillow W/casing fitted sheet and blanket crisp and clean, DCS will ensure compliance weekly walkthroughs will be conducted by administration and documentation will supported also in-service was conducted with the DCS on the 20th.

Licensee's Proposed Overall Completion Date: *08/12/2026*

Implemented (- 09/02/2026)

101o Walls, Floors, Ceilings

7. Requirements

2600.
101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

An area approximately 12 inches long and 4 inches wide of floor tile was broken in bedroom 11.

Plan of Correction ***Accept (- 08/17/2026)***

On Mon. July 20th Administration revised its daily checklist which states all floors will be inspected thoroughly for missing and broken tiles by DCS any issues should be brought to Administrations attention immediately for repairs tiles were repaired on the 20th and Administration conducted an in-service on that date also with DCS and Administration will conduct a weekly walkthrough to make sure compliance is adhere to.

Licensee's Proposed Overall Completion Date: *08/12/2026*

Implemented (- 09/02/2026)

162e Menu Changes

8. Requirements

2600.
162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Description of Violation

On 7/16/2026, ravioli, juice and water were listed on the menu for the lunch time meal. Sandwiches and potato chips were served instead. No notice was provided to the residents in advance of the meal.

Plan of Correction ***Accept (- 08/17/2026)***

On July 20th Administration added to the daily task checklist a menu change posting card which will be displayed next to the menu's in the dining area if there is a change in the meal prep it must be utilized in accordance with meal the change, all residents will be notified of the change by DCS also an in-service was conducted on the 20th with all DCS by Administration.

162e Menu Changes *(continued)*

Licensee's Proposed Overall Completion Date: *08/12/2026*

Implemented ([redacted] - 09/02/2026)

187a - Medication Record

9. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident 3 is prescribed Docusate Sodium Cap 100 mg. However, Resident 3's July 2026 medication administration record does not indicate diagnosis or purpose for the medication, including pro re nata (PRN).

Resident 4 is prescribed Olanzapine Tab 10 mg, Olanzapine Tab 20 mg, Naltraxone Tab 50 mg and Propranolol Tab 20 mg. However, Resident 4's July 2026 medication administration record does not indicate diagnosis or purpose for the medications, including pro re nata (PRN).

Plan of Correction ***Accept ([redacted] - 08/17/2026)***

On July 22nd Administration revised and updated Divinity Manor's medication room daily checklist which states all resident MAR documents will indicate diagnosis and purpose for the medication, this checklist will be checked on a monthly basis when the new sheets are processed and sent out to the facility. DCS will be responsible for the checklist and Administration will audit on a monthly basis to ensure compliance. an In service was conducted on the above date also by Administration.

Licensee's Proposed Overall Completion Date: *08/14/2026*

Implemented ([redacted] - 09/02/2026)

251b - Record Entries Legible

10. Requirements

2600.
251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

251b - Record Entries Legible *(continued)*

Description of Violation

Correction fluid was used on Resident 2's updated contract dated [redacted] and Support Plan dated [redacted]

Plan of Correction ***Accept ([redacted] - 08/17/2026)***

On July 22nd Administration updated its administrative checklist adding all documents be legible and any correction fluid of any kind is prohibited any errors should be brought to the Administrators attention for the proper protocol to correct the issue. An Inservice was conducted with Administration on the above date also so compliance can be adhered to.

Licensee's Proposed Overall Completion Date: *08/14/2026*

Implemented ([redacted] - 09/02/2026)