

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to COLONIAL MANOR ADULT HOME, INC.

LEGAL ENTITY

To operate DOWN ON THE FARM ADULT DAYCARE

NAME OF FACILITY OR AGENCY

Located at 2308 EAST MAIN STREET, DOUGLASSVILLE, PA 19518

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 15
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions:

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from September 27, 2010 until September 27, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 204970

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

SEP 29 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Ms. Regina Kwapisz, President
Colonial Manor Adult Home, Inc.
Down on the Farm Adult Daycare
2308 East Main Street
Douglassville, Pennsylvania 19518

Dear Ms. Kwapisz:

As a result of the Department of Public Welfare's licensing inspection on June 22, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

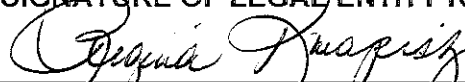
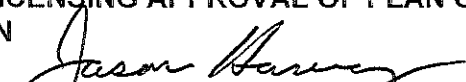
NAME AND ADDRESS OF PERSONAL CARE HOME Down On The Farm Adult Daycare, 2308 East Main Street, Douglassville, Pennsylvania 19518		CURRENT LICENSE NUMBER 204970	
INSPECTION DATE(S) (Include all dates of the inspection) June 22, 2010		REGIONAL REPRESENTATIVE Ann O'Haire & Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Regina Knapik</i>	DATE 7/27/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 9-20-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
16b The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.	The home did not develop policies and procedures on the prevention, reporting, notification and management of reportable incidents and conditions. Repeated Violation - 5/12/09	6/22/10	Policy written + reviewed by inspector. Unacceptable Plan of Correction 9-20-10 The Administrator will develop the required policies and procedures. These procedures will address the required information in this regulation. The Administrator will keep these policies and procedures in a binder, for review. 9-20-10	9-20-10 <i>JH</i>

RECEIVED

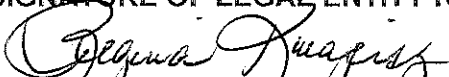

AUG 09 2010

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER	
Down On The Farm Adult Daycare, 2308 East Main Street, Douglassville, Pennsylvania 19518		204970	
INSPECTION DATE(S) (Include all dates of the inspection)		REGIONAL REPRESENTATIVE	
June 22, 2010		Ann O'Haire & Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE		DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION
		7/27/10	
DATE			
9-20-10			



1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
<p>22a2 The following admission document shall be completed for each resident - Medical evaluation completed 60 days prior to or 30 days after admission on a form specified by the Department.</p> <p>141a-1 A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.</p>	<p>Resident #1: Medical Evaluation form, dated 3/30/10, did not have complete information. The form did not contain Resident #1 Social Security number, age, sex and no immunization history was included on the form.</p>	<p>6/22/10</p>	<p><i>Will check that doctors fill out forms completely</i></p> <p><i>The administrator will ensure that physicians perform all of the required actions during the medical evaluations. JH 9-20-10 & K</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>9-20-10 <i>JH</i></p> <p>Date Initials (DPW)</p>


**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Down On The Farm Adult Daycare, 2308 East Main Street, Douglassville, Pennsylvania 19518		CURRENT LICENSE NUMBER 204970	
INSPECTION DATE(S) (Include all dates of the inspection) June 22, 2010		REGIONAL REPRESENTATIVE Ann O'Haire & Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 7/27/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 9-20-10

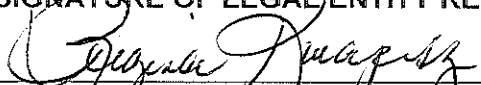
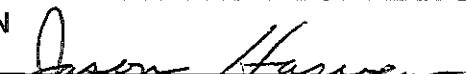
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
28f-1 Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home.	Resident #2 had a discharge date of 7/1/09 and no final itemized statement was included in the resident's chart to indicate refunds due or monies still owed to the home.	6/22/10	A note will be put on files of all discharged residents who owe a \$0- balance. The Administrator will ensure a final itemized statement is included in the resident's record, to indicate refunds due or monies still owed to the home. JH 9-20-10	Steps have been taken to correct violation; full compliance is not verifiable 9-20-10 Date Initials (DPW)

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER	
Down On The Farm Adult Daycare, 2308 East Main Street, Douglassville, Pennsylvania 19518		204970	
INSPECTION DATE(S) (Include all dates of the inspection)		REGIONAL REPRESENTATIVE	
June 22, 2010		Ann O'Haire & Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE		DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION
		7/27/10	
			DATE
			9-20-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
107c The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.	The home did not have the required amount of emergency water on hand at the time of inspection. The home had 30 gallons on hand and they were required to have 42 gallons on hand for the 14 current residents.	6/22/10	Additional gallons on site. Staff notified to policy of notifying administrator of water use and need of supply. will check monthly.	9-20-10 

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER	
Down On The Farm Adult Daycare, 2308 East Main Street, Douglassville, Pennsylvania 19518		204970	
INSPECTION DATE(S) (Include all dates of the inspection) June 22, 2010		REGIONAL REPRESENTATIVE Ann O'Haire & Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE		DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION
		7/27/10	
			DATE 9-20-10

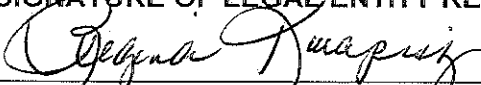

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
130d If the home serves nine or more residents, there shall be at least one smoke detector on each floor interconnected and audible throughout the home or an automatic fire alarm system that is interconnected and audible throughout the home.	The first floor interconnected smoke detector located near bedroom #4 was found hanging from the ceiling and inoperable.	6/22/10	put portable (non hardwired) Smoke detector in hallway. Working on getting system updated.	Steps have been taken to correct violation; full compliance is not verifiable 9-20-10 Date initials (DPW)


VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Down On The Farm Adult Daycare, 2308 East Main Street, Douglassville, Pennsylvania 19518		CURRENT LICENSE NUMBER 204970	
INSPECTION DATE(S) (Include all dates of the inspection) June 22, 2010		REGIONAL REPRESENTATIVE Ann O'Haire & Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Regina Dumas</i>	DATE 7/27/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hasey</i>	DATE 9-20-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
133a2 If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.	An exit sign was not posted on the 2 nd floor north end hallway to indicate the direction of travel through a bedroom to the fire escape.	6/22/10	Another Exit sign placed in hallway with arrow pointing to lighted exit sign.	9-20-10 JH

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER	
Down On The Farm Adult Daycare, 2308 East Main Street, Douglassville, Pennsylvania 19518		204970	
INSPECTION DATE(S) (Include all dates of the inspection)		REGIONAL REPRESENTATIVE	
June 22, 2010		Ann O'Haire & Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE		DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION
		7/27/10	
			DATE
			9-20-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183a-1 Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.	During the on-site inspection, staff Person #A was observed pre-pouring medications for the following residents: Resident #1 Resident #3 Resident #4 Resident #5 Resident #6 Resident #7	6/22/10	Spoke with staff, first inspection and was not sure why she did this for she never normally does. Reviewed our policies + that no prepouring is to happen. Will retrain staff to not change for inspectors to follow procedures at all times.	Steps have been taken to correct violation; full compliance is not verifiable 9-20-10 Date  Initials (DPW)

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Down On The Farm Adult Daycare, 2308 East Main Street, Douglassville, Pennsylvania 19518		CURRENT LICENSE NUMBER 204970	
INSPECTION DATE(S) (Include all dates of the inspection) June 22, 2010		REGIONAL REPRESENTATIVE Ann O'Haire & Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Celena Dumas</i>	DATE 7/27/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jan Harvey</i>	DATE 9-20-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
251b The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.	The Contract for Resident # 8 had white-out that was observed to be used on the first line of the resident contract. The home reported the reuse of contracts during a period of time the copier was not operational to make new forms.	6/22/10	Computer hard disked crashed, only had copy machine - P.O.A. was aware of change on contract with computer problem. New computer up + working. Made blank copy of contract. The Administrator will	9-20-10 <i>JH</i>

RECEIVED

AUG 09 2010

SCRANTON FIELD OFFICE
Adult Residential Licensing

ENSURE THAT white-out IS
USED ON RESIDENT'S RECORDS.

JH 9-20-10