

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 November 1, 2011 until May 1, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 204971

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

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

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: OCT 31 2011

Ms. Regina Kwapisz, Administrator
 Colonial Manor Adult Home, Inc.
 Down on the Farm Adult Daycare
 2308 East Main Street
 Douglassville, Pennsylvania 191518

Dear Ms. Kwapisz:

As a result of the Department of Public Welfare's (Department) licensing inspection on August 24, 2011 of the above personal care home, the violations specified on the enclosed Violation Reports were found.

A PROVISIONAL license is being issued based on the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

All violations specified on the 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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
28f1	III	13	\$3	\$39	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Adult Residential Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Financial Operations with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

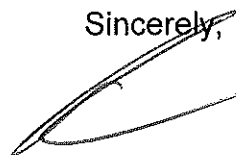
Once you receive your invoice from the Bureau of Financial Operations, if you disagree with the amount of the penalty, you have the right to appeal through a hearing before the Bureau of Hearings and Appeals, Department of Public Welfare. If you decide to appeal, a written request to appeal the fine must be received, along with the assessed daily fine, not to exceed \$500, in accordance with 55 Pa.Code § 2600.263 (relating to appeal of penalty). All appeal requests must be sent to the address indicated on the invoice you will receive from the Bureau of Financial Operations.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Adult Residential Licensing
Department of Public Welfare
423 Health and Welfare Building
Seventh and Forster Streets
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

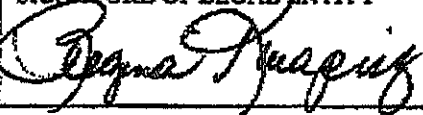

Sincerely,



Ronald Melusky
Director

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, PA 19518		CURRENT LICENSE NUMBER 204970	
INSPECTION DATES (Include all dates of the inspection) 08/24/2011		REGIONAL REPRESENTATIVE Betty Bloch, Ann O'Haire	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Regina Kuapisz Administrator			
SIGNATURE OF LEGAL ENTITY 	DATE 9/11/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 10-11-11

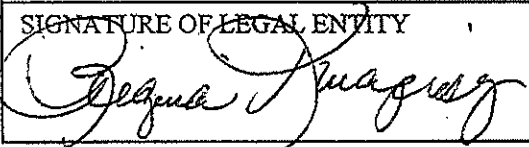

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
28F Within 30 days of either the termination of service by the home 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 #1 had a termination date of 11/1/10. The home did not have an itemized accounting statement reflecting the residents balance as of 8/24/2011 contained in their resident record. Repeated Violations: 06/22/2010	8/24/11	Policy: Documentation of accounting will be documented on Face Sheet. Violation Face Sheet missing from chart. Administrator will provide documentation both on Face Sheet & front of discharge envelope.	10-11-11

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 Adult Residential Licensing

Steps have been taken to correct violation; full compliance is not verifiable
 Date: 10-11-11
 Initials (DPW): [Signature]

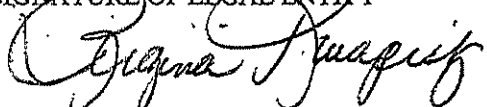
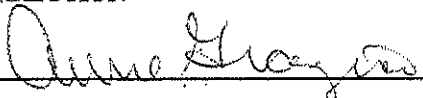
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42s A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.	The bathroom adjoining bedroom #4, occupied by one resident, did not have a window covering on it to provide privacy for this resident.	10/31/11	<p>Resident removed curtain from window. Resident feels due to bottom of window is almost 5 foot off the ground, [redacted] does not feel [redacted] right to privacy is at risk with [redacted] 5'6" height. [redacted] stated that [redacted] has the curtain in [redacted] closet, [redacted] feels that it is [redacted] private bathroom and [redacted] rights are being violated to have [redacted] room the way [redacted] wants. [redacted] has reported this to [redacted] guardian and he feels it is a non issue. Staff will ask resident if [redacted] needs help to put the curtain back up semi-annually. weekly. Adm will review the regulation w/ the resident at such time. Oct 10-11-11</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: 10-11-11 Initials (DPW): [redacted]</p>


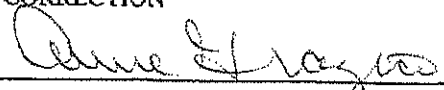
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44g The telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the	The two large print posters located in the first floor hallway did not have the current personal care home complaint hotline number posted on it. The current phone number is 877-401-8835.	<u>8/24/11</u>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Adm corrected numbers on poster. Will check with DPW annually for changes. bi-weekly for updated information and changes. </div> <p align="center">AG 10-11-11</p>	Steps have been taken to correct violation; full compliance is not verifiable Date _____ Initials (DPW) _____
<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <h1 style="margin: 0;">RECEIVED</h1> <p style="margin: 5px 0;">OCT 07 2011</p> <p style="margin: 0;">SCRANTON FIELD OFFICE Adult Residential Licensing</p> </div>				

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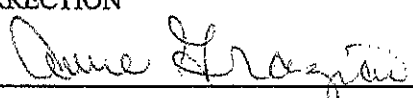
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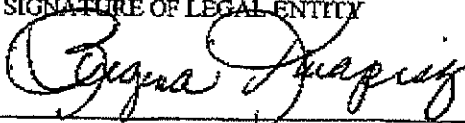
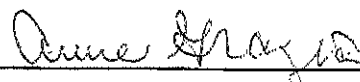
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63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.	<p>Review of the staff schedule for 8/16/11 and 8/21/11 indicated the home did not have a qualified staff person certified in CPR/First Aid on the following shifts:</p> <p><u>8/16/11</u></p> <ul style="list-style-type: none"> • 6:00am – 2:00pm: Direct care staff persons A and B worked (No CPR/No first aid) • 2:00pm – 10:00pm: Direct care staff person C worked alone (No CPR) • 10:00pm – 2:00pm: Direct care staff person D worked alone (No CPR) <p><u>8/21/11</u></p> <ul style="list-style-type: none"> • 6:00am – 2:00pm: Direct care staff person E worked alone (No CPR/No first aid) • 2:00pm – 10:00pm: Direct care staff person D worked alone (No CPR) • 10:00pm – 2:00pm: Direct care staff person D worked alone (No CPR) <p>The home did not have current CPR certifications for direct care staff persons D and B, whose previous CPR cards expired on 2/1/11 and 12/31/09, respectively. In addition, the home did</p>	10/31/11	<p>Completed tests kept in staff's file with date of training. Will use Red Cross's Instructor's website to download certificates to also have in staff's file. Taking course to learn how to use this site.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: 10-11-11 Initials (DPM)</p>

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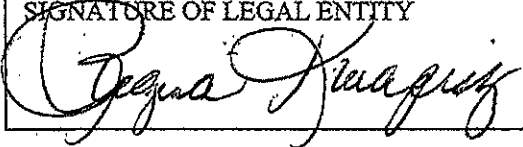

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	<p>not have CPR certifications for direct care staff persons A, C, and E.</p> <p>The home did not have first aid certifications for direct care staff persons A and E.</p> <p>Staff person B, who was the most current CPR/first aid trainer for these staff persons, did not have a current instructor's card at the time of inspection. Also, s/he stated has not received these staff persons CPR/First aid cards to date from the American Red Cross.</p>			

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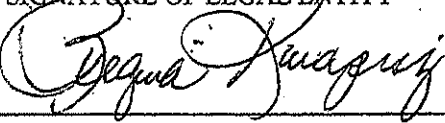

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63b Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.	Staff person B's American Red Cross Health and Safety Services Instructor card for First Aid/CPR/AED provided at inspection expired on 12/31/09. This staff person stated s/he completed the most current trainings in CPR and/or First Aid for staff persons which included D, E, A, and C on 2/1/11, 6/10/11, 5/5/11, and 2/1/11, respectively.	9/30/11	Adm will pick up documentation from Red Cross and will schedule a training with Red Cross to be able to download certificates from their Website.	Steps have been taken to correct violation; full compliance is not verifiable. Date: 10-11-11 Initials: (DPW)


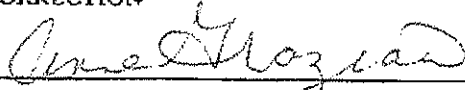
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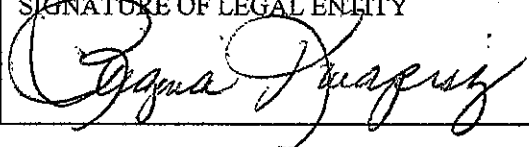
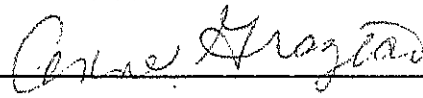
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65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these	Direct care staff person D (date of hire 5/12/09) did not receive the required annual fire safety training completed by a fire safety expert in 2010. The training year was identified as 1/1/10 – 12/31/10 by staff person B, who is the administrator. Staff person B stated the fire safety training completed on 4/15/10 was not completed by a fire safety expert.	10/31/11	Adm will have the Fire chef and Building inspector complete paperwork. In the future the adm. will use fire safety training when available on DPW's website.	Steps have been taken to correct violation; full compliance is not verifiable Date: 10/11/11 Initials (DPW):


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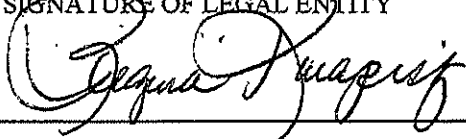

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regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.				


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91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	The home did not have the correct personal care home hotline phone number posted on or near the phone in the first floor hallway. The one posted was 800-833-5095; the most current phone number is 877-401-8835.	8/24/11	Adm corrected numbers on lists. Will check with DPW annually for changes. bi-weekly for updated information and changes.	Steps have been taken to correct violation; full compliance is not verifiable Date: 10-11-11 Initials (DPW): 

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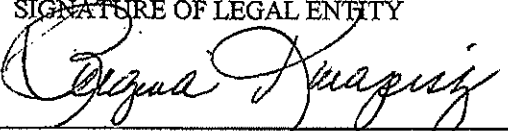

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95 Furniture and equipment shall be in good repair, clean and free of hazards.	<p>The shower stall door in the bathroom adjoining bedroom #4 does not close at the top or bottom of the frame.</p> <p>The two florescent light bulbs in the bathroom adjoining bedroom #4 were inoperable. Staff person B, who is the administrator, stated they were burnt out.</p> <p>The home had an electrical fixture that was removed and left exposed wires located on the second floor ceiling near room #7. The home did not have a cover over this.</p>	9/30/11	<p>Shower door adjusted. Staff instructed to check with routine cleaning.</p> <hr/> <p>Bulbs changed. Staff will check weekly during cleaning.</p> <hr/> <p>Non electric smoke detector removed for testing for new system Wires were capped. Workers instructed that all wires have to be covered. New system with new smoke detectors in place. Will remind workers before next upgrade of system to keep wires covered.</p>	 10-11-11

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, PA 19518		CURRENT LICENSE NUMBER 204970	
INSPECTION DATES (Include all dates of the inspection) 08/24/2011		REGIONAL REPRESENTATIVE Betty Bloch, Ann O'Haire	
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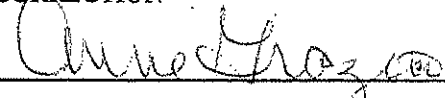
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
100a The exterior of the building and the building grounds or yard shall be in good repair and free of hazards.	The rear fire exit walk way was blocked by debris and a large blue drum that was filled with old wood and lawn trash. This was blocking the walkway and was causing a trip hazard.	8/24/11	Adm emptied can. Staff reminded to check walkways routinely to ensure they are clear. Administrator will walk through the home several times weekly to insure exterior exits are free of hazards. act 10-11-11	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: 10-11-11 Initials (DPW):</p>

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

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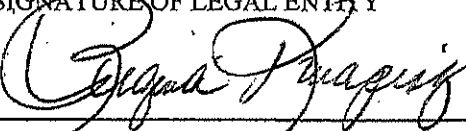

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102d1 Toilet and bath areas shall have grab bars, hand rails or assist bars.	The shower in the bathroom adjoining bedroom #4 did not have any type of grab/assist bar in it. The toilet in the bathroom adjoining this same bedroom did not have any type of grab/assist bar on or within reach of it.	9/30/11	Grab assist bars placed in shower and by toilet. Adm will check that all bathrooms have appropriate grab bars on a weekly basis AG 10-11-11	<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;"> Steps have been taken to correct violation; full compliance is not verifiable Date: 10-11-11 Initials (DPW): AG </div>

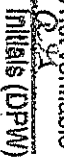
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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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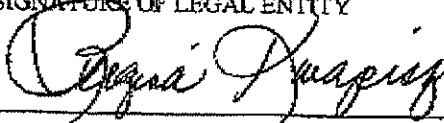

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103g Food shall be stored in closed or sealed containers.	<p>Located in the "Whirlpool" refrigerator in the home's kitchen, a plastic container labeled "8/22/11 Chicken and Baked Beans" was not sealed or closed tightly; the lid was warped and did not fit the bottom of the container.</p> <p>Located in the "Frigidaire" refrigerator in the home's "back kitchen", the following opened food items were not in closed or sealed containers:</p> <ul style="list-style-type: none"> • (3) "Bottom Dollar" dessert shells • (3) L'oven Fresh White Bread slices • (8) "Baker's Touch" White Bread slices • "Grimmway Farms 12-ounce bag of Petite Carrots 	9/30/11	<p>All staff retrained in food storage. Assigned staff to check all storage weekly.</p> <p><i>Administrator will also check foods on a weekly basis to insure food safety and compliance</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>10-11-11 Date Initials (DPW)</p>

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

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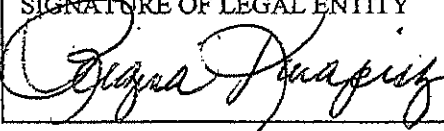

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103i Outdated or spoiled food or dented cans may not be used.	<p>The following food items were found undated in the freezer section of the "Whirlpool" refrigerator located in the home's kitchen:</p> <ul style="list-style-type: none"> • A plastic container of repackaged "beans and weinies" • A plastic container of repackaged "beans and meat" • A "Weis" plastic bag containing 7 hot dog buns • A 32 fluid ounce bottle of opened "Snapple" Lemon Tea <p>In the freezer chest located in the basement the following repackaged food items were undated:</p> <ul style="list-style-type: none"> • Plastic bag of chicken thighs • Plastic bag of chicken legs • (4) Plastic bags of croutons <p>In the cabinets to the right of the kitchen exit door adjoining the dining room the following food items were undated:</p> <ul style="list-style-type: none"> • A 6 lb. 8oz. can of "Hanover" Sliced Red Beets • A 6 lb. 10oz. can of "Hanover" Meatless Spaghetti Sauce 	9/30/11	<p>All staff retrained in food storage, checking sell by dates and labeling policies. Adm will assign staff to check refrig, freezers and cabinets weekly. Administrator will also check refrig, freezer and cabinets weekly to insure compliance.</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Date: 10-11-11 Initials (DPM): </p>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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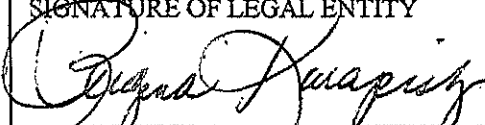

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	<p>None of these items had a "best used by" or "expiration" date on it.</p> <p>Located in the "Frigidaire" refrigerator in the home's "back kitchen" were two expired 24-ounce containers of "ArtisanFresh" Artichoke Spread with expiration dates of 7/20/11 and 7/27/11 on them.</p>			<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: 10-11-11 Initials: (DPW)</p>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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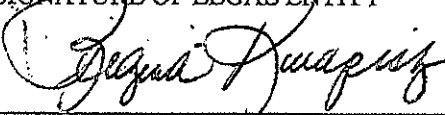

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126a A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.	The home did not have documentation that the oil furnace was inspected by a professional cleaning company or a trained staff person in 2009, 2010, or 2011.	9/30/11	Adm found paperwork and stapled in file. Yearly cleanings will be stapled into file. Adm will fax documents to NE Regional office for review. 570-963-3018 AG 10-11-11	Steps have been taken to correct violation; full compliance is not verifiable Date _____ Initials (DPW) _____

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131c A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher meets the requirements for one floor as required in 131a.	The home did not have a 2A-10BC fire extinguisher in its kitchen or the adjoining "office/back kitchen".	9/30/11	<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <p style="text-align: center; margin: 0;"><i>Adm</i></p> <p style="margin: 0;">2-A-10BC Fire extinguisher hung in kitchen area. Will check that all extinguisher are were they are required. <i>weekly.</i></p> </div>	<p style="writing-mode: vertical-rl; transform: rotate(180deg); margin: 0;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg); margin: 0;">Date <u>10-11-11</u> Initials (DPW)</p>

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132a An unannounced fire drill shall be held at least once a month.	The home is not conducting unannounced night time fire drills. Staff person B, who is the administrator, stated s/he informs the staff person working the 10:00pm – 6am shift of the fire drill prior to sounding the fire alarm.	8/24/11	In the future Adm will not announce any fire drill. Staff will be trained in unannounced drills. The adm will fax a copy of the staff training, including attendance sheet with signatures to the NE Regional office. AG 10-11-11	Steps have been taken to correct violation; full compliance is not verifiable Date: 10-11-11 Initials (DPW):																																																																
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132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	Review of the fire drill records indicated the time of day was not recorded for the fire drill conducted on 6/8/11 at 8:48; it did not include AM or PM.		<i>SEE Page 20B</i>	

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

SS OF PERSONAL CARE HOME M ADULT DAYCARE, 2308 EAST MAIN STREET DOUGLASSVILLE, PA 19518	CURRENT LICENSE NUMBER 204970
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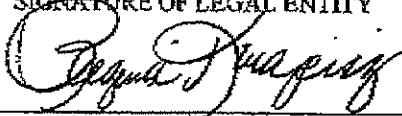
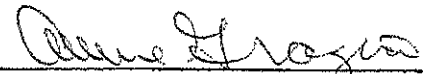
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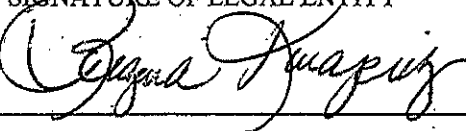

GAL ENTITY <i>Dunlap</i>	DATE 9/14/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Alma Gray</i>	DATE 10-11-11
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VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
Review of the fire drill records indicated the time of day was not recorded for the fire drill conducted on 6/8/11 at 8:48; it did not include AM or PM.	<div style="border: 1px solid black; padding: 5px; display: inline-block;">8/24/11</div>	The time was on the Fire Inspection report supervised by Building Inspector and Fire Marshall. Adm will double check to make sure am or pm is appropriately documented, even with multiple documentations of same drill. The home user fax a copy of the fire drill log for the next fire drill to the NE Regional office for review. AG 10-11-11	Steps have been taken to correct violation; full compliance is not verifiable Date: 10-11-11 Initials (DPW): <i>AG</i>

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY																																																																	
132f Alternate exit routes shall be used during fire drills.	<p>The home is not alternating exits used during fire drills. Review of the fire drill records indicated "All" exits were used in the fire drills conducted on 1/31/11, 2/15/11, 3/9/11, 4/20/11, 5/25/11, and 7/11/11.</p> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;"><u>Mont</u></th> <th style="text-align: left;"><u>Date</u></th> <th style="text-align: left;"><u>Time</u></th> <th style="text-align: left;"><u>Evac. Time</u></th> <th style="text-align: left;"><u>FSE</u></th> </tr> </thead> <tbody> <tr><td>Jan</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Feb</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Mar</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Apr</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>May</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jun</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jul</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Aug</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Sep</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Oct</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Nov</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td>No</td></tr> </tbody> </table>	<u>Mont</u>	<u>Date</u>	<u>Time</u>	<u>Evac. Time</u>	<u>FSE</u>	Jan				No	Feb				No	Mar				No	Apr				No	May				No	Jun				No	Jul				No	Aug				No	Sep				No	Oct				No	Nov				No	Dec				No	8/24/11	<p style="text-align: center;">In the future will document alternative exit use</p> <p>The home will fax a copy of the next fire drill to the NE Regional Office in order to measure compliance. AG 10-11-11</p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">Date: 10-11-11 Initials (DPW):</p>
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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, PA 19518		CURRENT LICENSE NUMBER 204970	
INSPECTION DATES (Include all dates of the inspection) 08/24/2011		REGIONAL REPRESENTATIVE Betty Bloch, Ann O'Haire	
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SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
171b5 If staff persons or volunteers of the home provide transportation for the residents, the vehicle shall have a first aid kit with the contents in 96.	The first aid kit located in the home's 2006 Honda Pilot did not have a pair of tweezers in it. This vehicle used to transport residents.		<i>SEE Page 23B</i>	

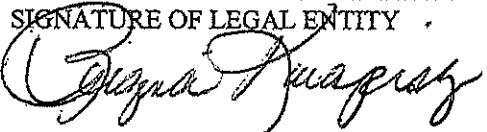

ADDRESS OF PERSONAL CARE HOME THE FARM ADULT DAYCARE, 2308 EAST MAIN STREET DOUGLASSVILLE, PA 19518	CURRENT LICENSE NUMBER 204970
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INSPECTION DATES (Include all dates of the inspection)	REGIONAL REPRESENTATIVE Betty Bloch, Ann O'Haire
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NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple entities produce the plan)

NAME OF LEGAL ENTITY <i>and Nursing</i>	DATE 9/11/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Rene Graziano</i>	DATE 10-11-11
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SECTION 2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
is or the for the have a with the 5.	The first aid kit located in the home's 2006 Honda Pilot did not have a pair of tweezers in it. This vehicle used to transport residents.	8/24/11	Adm placed two pairs of tweezers in First aid kit and spares put away in office. Lock placed on kit so check can be made after use. Adm will conduct monthly reviews of first aid kits in order to measure and maintain compliance. AG 10-11-11	Steps have been taken to correct violation; full compliance is not verifiable Date 10-11-11 Initials (DPM)

NAME AND ADDRESS OF PERSONAL CARE HOME DOWN ON THE FARM ADULT DAYCARE, 2308 EAST MAIN STREET DOUGLASSVILLE, PA 19518		CURRENT LICENSE NUMBER 204970	
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
182b Prescription medication that is not self-administered by a resident shall be administered by one of the following: (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic. (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.	<p>The following staff persons who administer medications to residents did not complete the required components of the department-approved medication administration course and, therefore, are not qualified to administer medications to residents at this time:</p> <ul style="list-style-type: none"> • Staff person B did not complete the department-approved medication administration training course. • Staff person A did not have the required Student Certification Form completed for the Initial Training dated 5/14/11. • Staff person D did not receive the required 2010 Initial Annual Practicum within 12 months of completing the Initial Training dated 7/5/09. Staff person B, who is the administrator and the home's trainer for this course, stated this staff person was last trained in October 2009. <p>Review of the staff schedule for 8/16/11 and 8/21/11 indicated the home did not have a qualified staff person to administer medications during the following times:</p>		<p>B staff trained by another facility a administrator. Completing training, Sept 14, 2011</p> <p>A staff signed cert form 8-24-11.</p> <p>Copies of training forms will be faxed to the NE Regional office to measure compliance</p> <p>Copies will be retained by the home. Aug 10-11-11</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date 10-11-11 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, PA 19518		CURRENT LICENSE NUMBER 204970	
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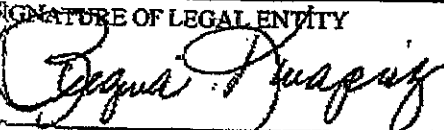
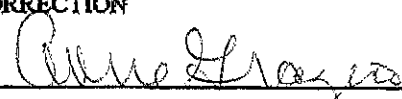
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
<p>(3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.</p> <p>(4) A staff person who has completed the medication administration training in 190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.</p>	<p><u>8/16/11</u></p> <ul style="list-style-type: none"> • 6:00am – 2:00pm: Direct care staff persons A and B worked • 10:00pm – 2:00pm: Direct care staff person D worked alone <p><u>8/21/11</u></p> <ul style="list-style-type: none"> • 2:00pm – 10:00pm: Direct care staff person D worked alone • 10:00pm - 6:00am: Direct care staff person D worked alone 		<p><i>SEE Page 25B</i></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, PA 19518	CURRENT LICENSE NUMBER 204970
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INSPECTION DATES (include all dates of the inspection) 8/24/2011	REGIONAL REPRESENTATIVE Betty Bloch, Ann O'Haire
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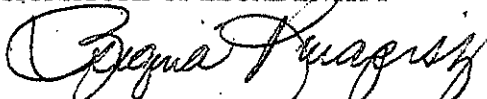

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
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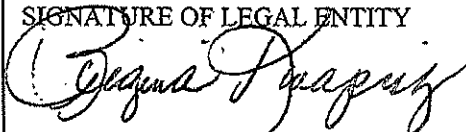

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
190 A student nurse or an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home. A staff person who has completed the medication administration training in 190 for the administration of oral, topical, eye, nose and ear drop medication; insulin injections and neophrine injections for insect bites or other allergies.	<u>8/16/11</u> • 6:00am – 2:00pm: Direct care staff persons A and B worked • 10:00pm – 2:00pm: Direct care staff person D worked alone <u>8/21/11</u> • 2:00pm – 10:00pm: Direct care staff person D worked alone • 10:00pm - 6:00am: Direct care staff person D worked alone	10-21-11	Staff B retrained Staff D completed 9-1-11 Will question documentation procedures during retraining 10/21/11. And Adm will complete documentation at time of training. Training documentation will be faxed to NE Regional office to measure compliance. Copies will be maintained.	Steps have been taken to correct violation; full compliance is not verifiable Date: 10-11-11 Initials (DPW): [Handwritten initials]

190

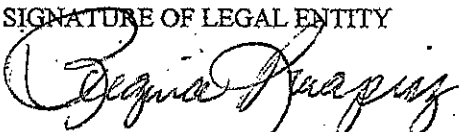

10-11-11

NAME AND ADDRESS OF PERSONAL CARE HOME DOWN ON THE FARM ADULT DAYCARE, 2308 EAST MAIN STREET DOUGLASSVILLE, PA 19518		CURRENT LICENSE NUMBER 204970	
INSPECTION DATES (Include all dates of the inspection) 08/24/2011		REGIONAL REPRESENTATIVE Betty Bloch, Ann O'Haire	
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
186c Changes in a medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.	Resident #2's order for Polyethylene Glycol 3350 , 17 GMS to be taken 2 times a day as directed for constipation was not documented as being declined or given on the following dates: 8/2/11, 8/5/11, 8/6/11, 8/8/11, 8/11/11, 8/13/11, 8/14/11, and 8/22/11. The home stated that this order had been changed to a PM but there was no physician record documenting this change was available.	9/30/11	<p>Adm retrained staff that resident has the right to refuse and they are to document as such, until doctor order is in writing. All doctors must fax changes in writing and again will be notified as such..</p> <p><i>Staff training, including attendance w/ staff signatures will be faxed to the NE Regional office.</i></p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">Date: 12-11-11 Initials (DPW): </p>

NAME AND ADDRESS OF PERSONAL CARE HOME DOWN ON THE FARM ADULT DAYCARE, 2308 EAST MAIN STREET DOUGLASSVILLE, PA 19518		CURRENT LICENSE NUMBER 204970	
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
191 The home shall educate the resident of his/her right to question or refuse a medication if he/she believes there may be a medication error. Documentation of this resident education shall be kept.	Resident #3's record did not contain a statement that residents had been educated in their right to decline medication if they feel their medications was being given in error.	9/30/11	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Adm will add this right to Department's Contract. Adm will add this to adm checklist. </div> Adm will fax a copy to the adm checklist to the NE Regional office for review and approval. Oct 10-11-11	Steps have been taken to correct violation; full compliance is not verifiable Date: 10/11/11 Initials: DPW

NAME AND ADDRESS OF PERSONAL CARE HOME DOWN ON THE FARM ADULT DAYCARE, 2308 EAST MAIN STREET DOUGLASSVILLE, PA 19518		CURRENT LICENSE NUMBER 204970	
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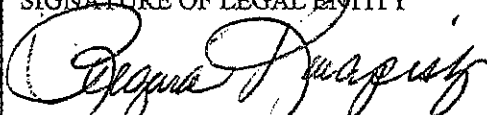

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
224c The preadmission screening shall be completed by the administrator or designee.	Resident #3's preadmission screening form (dated 9/1/10) was not complete. Page 2 did not have the areas of special needs and special behavior needs addressed.	9/30/11	<p>Adm wil place N/A in all non applicable items for this resident. In the future will fill in with N/A to all non applicable items of screening instrument.</p> <p>Non-applicable is not appropriate. Adm will measure all items of the pre-adm screen and note "NONE" if that is the case. All areas will be completed and info gathered will reflect the new residents current status and needs.</p> <p style="text-align: right;">Oct 10-11-11</p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">Date: 10-11-11 Initials: DPM</p>

NAME AND ADDRESS OF PERSONAL CARE HOME DOWN ON THE FARM ADULT DAYCARE, 2308 EAST MAIN STREET DOUGLASSVILLE, PA 19518		CURRENT LICENSE NUMBER 204970	
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225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	Resident #4 did not have an annual assessment completed for 2011. The most recent assessment was completed on 4/1/10.	9/30/11	Adm completed new assessment, In the future will make sure that annual assessments and MASI date are the same. <u>medical evaluations</u> A checklist will be maintained, updated to reflect new admissions and significant changes. The checklist will be faxed to the NE Regional office for review & approval. Oct 10-11-11	Steps have been taken to correct violation; full completion by 10-11-11 Date: _____ Initials: (S/M)


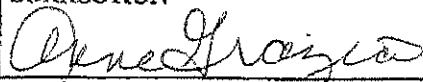
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227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	The home did not complete an annual support plan for resident #4. The most recent support plan was completed on 4/1/10.	9/30/11	<p>Adm completed support plan. In the future will make sure that annual support plans and MASI dates are the same.</p> <p>Medical Evaluation's</p> <p>A checklist will be maintained, updated to reflect new admissions and significant changes. The checklist will be faxed to the NE Regional Office for review and approval. <i>AG</i></p> <p style="text-align: right;">12-16-11</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>10-11-11</p> <p>Date Initials (DPM)</p>

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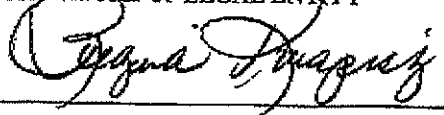

REGULATION 55 Pa.Code §2600.	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
252 Each resident's record shall include the following information: (1) Name, gender, admission date, birth date and Social Security number. (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (3) A photograph of the resident that is no more than 2 years old. (4) Language or means of communication spoken or used by the resident. (5) The name,	The home did not have a current photograph for resident #4. The most recent photo for this resident was dated 4/23/09.		<p style="text-align: center;">Adm will have all residents, have new pictures taken yearly.</p> <hr/> <p style="text-align: center;">A List will be developed and maintained to track due dates of resident photos.</p> <p style="text-align: center;"><i>AG</i> 10-11-11</p>	Steps have been taken to correct violation; full compliance is not verifiable Date: _____ Initials (DPW): _____

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

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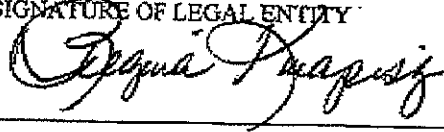
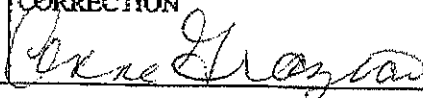
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address, telephone number and relationship of a designated person to be contacted in case of an emergency. (6) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (9) Dietary				

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, PA 19518		CURRENT LICENSE NUMBER 204970	
INSPECTION DATES (Include all dates of the inspection) 08/24/2011		REGIONAL REPRESENTATIVE Betty Bloch, Ann O'Haire	
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 	DATE 9/10/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 10-11-11

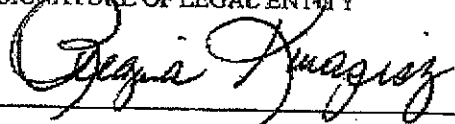
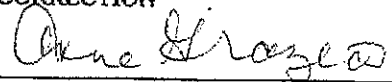
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (13) The preadmission screening, initial intake assessment and the most current version of the annual assessment. (14) A support plan. (15) Applicable court order, if any.				

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

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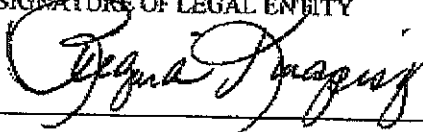

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
(16) The resident's medical insurance information. (17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity. (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated. (19) An inventory of the resident's property entrusted to the administrator for safekeeping. (20) The financial records of residents				

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receiving assistance with financial management. (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination. (22) Copies of transfer and discharge summaries from hospitals, if available. (23) If the resident dies in the home, a copy of the official death certificate. (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified				

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in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any	<p>RECEIVED</p> <p>SEP 14 2011</p> <p>SCRANTON FIELD OFFICE Adult Residential Licensing</p>			