

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 May 2, 2012 until May 2, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 204970

Robert E. Robinson
ISSUING OFFICER

[Signature]
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.



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

ADULT RESIDENTIAL LICENSING

MAY 08 2012

PHONE: (717) 783-3670

FAX: (717) 783-5662

Ms. Regina Kwapisz, Administrator
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 March 7, 2012 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.

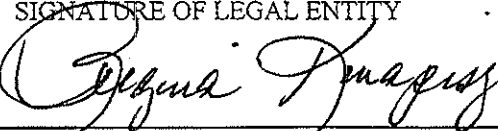

Sincerely,

A handwritten signature in black ink, appearing to be 'R. Melusky'.

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 20497b	
INSPECTION DATES (Include all dates of the inspection) 03/07/2012		REGIONAL REPRESENTATIVE James Jesse Hummel, Ryan Novak	
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 3/15/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4-17-12

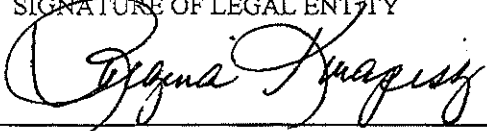
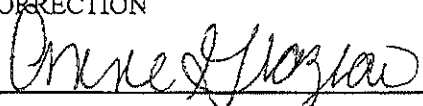
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
25c8 (8) The home's rules related to home services, including whether the home permits smoking.	The contracts for resident #1 dated 9/23/11 and resident #2 dated 1/1/12 do not include the home rules.	3/7/12	<p>Resident's signed + attached to contract.</p> <p>House Rules added to Contract Checklist, so future contracts will have attached Rules, by administrator</p> <p>Adm will check contracts after adm. process to insure all required items have been addressed, documented.</p> <p style="text-align: right;">CJ 4-17-12</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation full compliance is maintained</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Date _____</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Initials (DPM) _____</p>

RECEIVED

MAR 28 2012



SCRANTON FIELD OFFICE
Adult Residential Licensing

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) 03/07/2012		REGIONAL REPRESENTATIVE James Jesse Hummel, Ryan Novak	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
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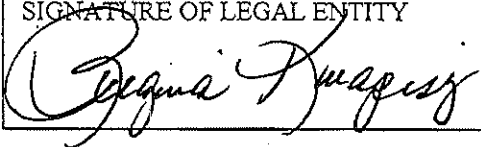
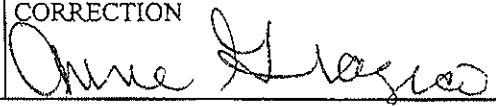
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54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b). (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care	Direct Care Staff person A hired on 12/13/09 does not have a high school diploma, GED Diploma, or active registration status on the Pennsylvania nurse aide registry. Direct Care Staff person B hired on 05/12/09 does not have a high school diploma, GED Diploma, or active registration status on the Pennsylvania nurse aide registry.	4/1/12	<p>Faxed + followed up with mailing request for verification of graduation.</p> <p>In the future, the administrator will require all staff to provide notarized letter to verify graduate when other proof is unavailable at time of hire.</p> <p>Both staff to provide notarized letter of graduation. Documents would be faxed to NE regional office upon receipt. 570-963-3018</p> <p style="text-align: right;">4-17-12</p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verified.</p> <p>Date: 4-17-12 Initials: JG</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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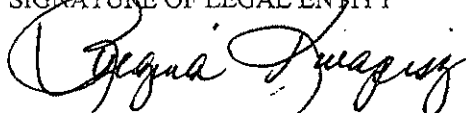
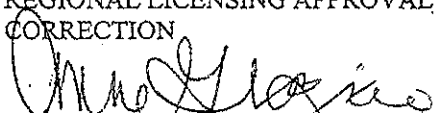
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services with reasonable skill and safety.				

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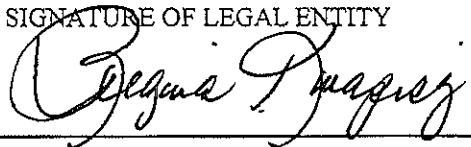

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132h Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	<p>It was determined through an interview with Administrator C that the home did not evacuate the residents to the designated meeting place outside of the home during the fire drill held on 2/24/12 at 5:50am.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/23/2012</td><td>03:30 PM</td><td>1 min 5 sec</td><td>No</td></tr> <tr><td>Feb</td><td>02/24/2012</td><td>05:50 AM</td><td>1 min 3 sec</td><td>No</td></tr> <tr><td>Mar</td><td>03/09/2011</td><td>06:00 AM</td><td>1 min 50 sec</td><td>No</td></tr> <tr><td>Apr</td><td>04/20/2011</td><td>12:00 PM</td><td>1 min 0 sec</td><td>No</td></tr> <tr><td>May</td><td>05/25/2011</td><td>03:00 PM</td><td>1 min 0 sec</td><td>No</td></tr> <tr><td>Jun</td><td>06/08/2011</td><td>08:48 AM</td><td>1 min 15 sec</td><td>Yes</td></tr> <tr><td>Jul</td><td>07/11/2011</td><td>04:00 PM</td><td>1 min 20 sec</td><td>No</td></tr> <tr><td>Aug</td><td>08/19/2011</td><td>03:45 PM</td><td>1min 2 sec</td><td>No</td></tr> <tr><td>Sep</td><td>09/29/2011</td><td>06:00 AM</td><td>2min 5 sec</td><td>No</td></tr> <tr><td>Oct</td><td>10/31/2011</td><td>12:00 PM</td><td>1 min 29 sec</td><td>No</td></tr> <tr><td>Nov</td><td>11/30/2011</td><td>01:24 PM</td><td>1 min 2 sec</td><td>No</td></tr> <tr><td>Dec</td><td>12/27/2011</td><td>05:30 PM</td><td>2 min 0 sec</td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	01/23/2012	03:30 PM	1 min 5 sec	No	Feb	02/24/2012	05:50 AM	1 min 3 sec	No	Mar	03/09/2011	06:00 AM	1 min 50 sec	No	Apr	04/20/2011	12:00 PM	1 min 0 sec	No	May	05/25/2011	03:00 PM	1 min 0 sec	No	Jun	06/08/2011	08:48 AM	1 min 15 sec	Yes	Jul	07/11/2011	04:00 PM	1 min 20 sec	No	Aug	08/19/2011	03:45 PM	1min 2 sec	No	Sep	09/29/2011	06:00 AM	2min 5 sec	No	Oct	10/31/2011	12:00 PM	1 min 29 sec	No	Nov	11/30/2011	01:24 PM	1 min 2 sec	No	Dec	12/27/2011	05:30 PM	2 min 0 sec	No	3/7/12	<p>Residents exited facility inappropriately dressed for weather. Administrator will change nite drills to March + September for milder weather and will have residents go out to meeting place. An additional sleeping hour drill will be held if necessary to insure sleeping hour drills are conducted at least every 6 months.</p> <p style="text-align: right;">Q 4-17-12</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: 4-17-12 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) 03/07/2012		REGIONAL REPRESENTATIVE James Jesse Hummel, Ryan Novak	
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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																																																																	
1321 A fire alarm or smoke detector shall be set off during each fire drill.	<p>The fire alarm was not sounded during the fire drill evacuation held on 1/23/12 at 3:30pm. The staff alerted the residents by ringing a bell.</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/23/2012</td><td>03:30 PM</td><td>1 min 5 sec</td><td>No</td></tr> <tr><td>Feb</td><td>02/24/2012</td><td>05:50 AM</td><td>1 min 3 sec</td><td>No</td></tr> <tr><td>Mar</td><td>03/09/2011</td><td>06:00 AM</td><td>1 min 50 sec</td><td>No</td></tr> <tr><td>Apr</td><td>04/20/2011</td><td>12:00 PM</td><td>1 min 0 sec</td><td>No</td></tr> <tr><td>May</td><td>05/25/2011</td><td>03:00 PM</td><td>1 min 0 sec</td><td>No</td></tr> <tr><td>Jun</td><td>06/08/2011</td><td>08:48 AM</td><td>1 min 15 sec</td><td>Yes</td></tr> <tr><td>Jul</td><td>07/11/2011</td><td>04:00 PM</td><td>1 min 20 sec</td><td>No</td></tr> <tr><td>Aug</td><td>08/19/2011</td><td>03:45 PM</td><td>1min 2 sec</td><td>No</td></tr> <tr><td>Sep</td><td>09/29/2011</td><td>06:00 AM</td><td>2min 5 sec</td><td>No</td></tr> <tr><td>Oct</td><td>10/31/2011</td><td>12:00 PM</td><td>1 min 29 sec</td><td>No</td></tr> <tr><td>Nov</td><td>11/30/2011</td><td>01:24 PM</td><td>1 min 2 sec</td><td>No</td></tr> <tr><td>Dec</td><td>12/27/2011</td><td>05:30 PM</td><td>2 min 0 sec</td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	01/23/2012	03:30 PM	1 min 5 sec	No	Feb	02/24/2012	05:50 AM	1 min 3 sec	No	Mar	03/09/2011	06:00 AM	1 min 50 sec	No	Apr	04/20/2011	12:00 PM	1 min 0 sec	No	May	05/25/2011	03:00 PM	1 min 0 sec	No	Jun	06/08/2011	08:48 AM	1 min 15 sec	Yes	Jul	07/11/2011	04:00 PM	1 min 20 sec	No	Aug	08/19/2011	03:45 PM	1min 2 sec	No	Sep	09/29/2011	06:00 AM	2min 5 sec	No	Oct	10/31/2011	12:00 PM	1 min 29 sec	No	Nov	11/30/2011	01:24 PM	1 min 2 sec	No	Dec	12/27/2011	05:30 PM	2 min 0 sec	No	3/7/12	<p>Administrator attempted to block different exits for drill. will use exits which are available within areas which can be blocked either before or after alarm is set.</p> <p>Adm will ensure that fire alarm is working properly and will be activated for every drill. Adm will also ensure alarm works properly to ensure timely notification in the event of an actual fire or emergency. @ 4-17-12</p>	<p>Steps have been taken to correct violation; full compliance is not verified.</p> <p>Date: 4-17-12 Initials: JJS</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 204974	
INSPECTION DATES (Include all dates of the inspection) 03/07/2012		REGIONAL REPRESENTATIVE James Jesse Hummel, Ryan Novak	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
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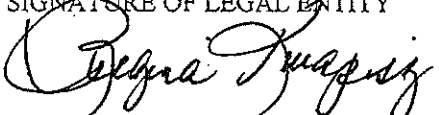

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141a A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	Resident #3 was admitted to the home on 12/19/11. The home did not have a medical evaluation completed for resident #3. The most recent medical evaluation for resident #3 was completed on 6/24/11 which is more than 60 days prior to the residents admission date.	3/7/12	Dr. appointment was changed and reschedule to time outside 30day mandate. No resident will be admitted without current physical. Physical form in chart after received. Adm will set up a system of reminders to insure timely appts for med evals. 4-17-12	<div style="border: 1px solid black; padding: 5px; transform: rotate(-90deg); transform-origin: center;"> Steps have been taken to correct violation. Full compliance by 4/17/12. Date _____ Initials (Dr. _____) </div>

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

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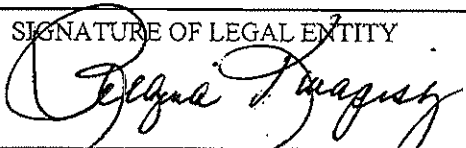
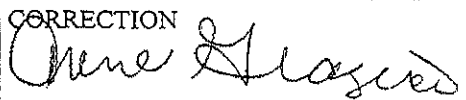
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171b5 If staff persons or volunteers of the home provide transportation for the residents, the vehicle shall have a first aid kit with the contents in 96.	The first aid kit located within the 2010 Honda Pilot which is utilized to transport residents did not include a thermometer. Repeated Violations: 08/24/2011	3/7/12	<p>Morning of inspection, Administrator was feeling ill, used therm. Placed back in first aid kit at time of inspection.</p> <p>Made up 2 small first aid kits for inspection purposes only. Large kit for actual daily use.</p> <p>Adm will ensure that vehicles used to transport residents have a properly equipped 1st aid kit that contains all required items.</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation. All compliance is restored.</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">DATE: 4-17-12 Initials (DPW):</p>


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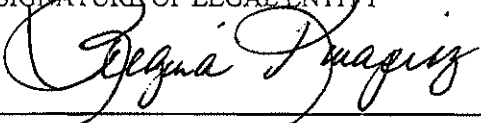
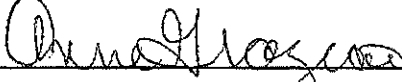
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
181a A home shall provide residents with assistance, as needed, with medication prescribed for the resident's self-administration. This assistance includes helping the resident to remember the schedule for taking the medication, storing the medication in a secure place and offering the resident the medication at the prescribed times.	Resident #4 is not assessed to self administer medications without any assistance from others. The resident is prescribed Methoscopalamine 2.5mg and Creon DR 24,000 Units to be administered 30 minutes prior to the resident's lunchtime meal. It was determined through an interview with staff person D that the home removes these medications from the original cartridges and places the medication in another medication cartridge. The cartridge is given to the resident to administer while at the Senior Center.	3/7/12	<p>Physician faxed form stating individual is capable of self administering medication. Staff reviewed that family or resident may place medications in another cartridge, but staff is not permitted.</p> <p>Adm will review all resident med orders at least monthly to insure meds are being properly administered, or that no resident is taking meds contrary to regulation.</p> <p style="text-align: right;"><i>QA</i></p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation. Full compliance is demonstrable.</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Date: 4-17-12 Initials (DPW): <i>QA</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	
INSPECTION DATES (Include all dates of the inspection) 03/07/2012		REGIONAL REPRESENTATIVE James Jesse Hummel, Ryan Novak	
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 3/15/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4-17-12

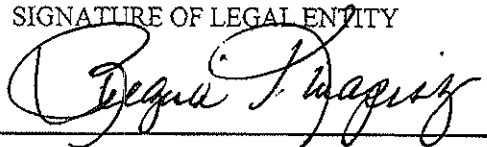

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
187a A medication record shall be kept to include the following for 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	The medication administration record for resident #3 does not include a diagnosis for the following prescribed medications; Aspirin 325mg, Fiber Tab 625mg, and One Daily Multivitamin. The medication administration record for resident #5 does not include a diagnosis or purpose for the following prescribed medication; Donezepil HCL 10mg.	3/7/12	Contacted Pharmacy that MAR's are missing appropriate diagnosis. Administrator will check MAR's monthly + notify pharmacy of any missing information.	 4-17-12

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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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.				

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) 03/07/2012		REGIONAL REPRESENTATIVE James Jesse Hummel, Ryan Novak	
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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
224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	Resident #2 was admitted to the home on 1/10/12. The home did not complete a preadmission screening for resident #2.	3/7/12	<p>Pre admission form found + placed in chart.</p> <p>Administrator hired part time individual to assist with filing and second eyes to go over required information.</p> <p>In the future, Admor designee will review new resident records to insure all required forms are in place and that the info is correct and complete.</p> <p style="text-align: right;">@ 417-12</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps never been taken to correct violation; full compliance is not verifiable</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Date: 4/12/12 Initials: (DPW)</p>