





JUN 17 2013

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 (Department) licensing inspection on March 13, 2013, 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 Human Services 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**

PCH Name: DOWN ON THE FARM ADULT DAYCARE		License Number: 204970
Address: 2308 EAST MAIN STREET, DOUGLASSVILLE, PA 19518		County: Berks
Administrator: Regina Kwapisz		Region: NORTHEAST
Legal Entity Name: COLONIAL MANOR ADULT HOME INC		
Legal Entity Address: 2308 EAST MAIN STREET, DOUGLASSVILLE, PA 19518		
Certificate(s) of Occupancy Other 09/15/1983 L&I		
Staffing Hours Resident Support: NA                      Total Daily Staff: 13                      Waking Staff: 10		
Type of Inspection: Full                      BHA Docket Number:                      Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/13/2013: Patton, Leslie; Novak, Ryan		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers:                      Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 15 Number of Residents Served: 13 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 6 Are 60 Years of Age or Older: 5 Have Mental Illness: 12 Have an Intellectual Disability: 6 Have a Mobility Need: 0 Have a Physical Disability: 1

Violation Report: 20497 - 03/13/2013 - Patton, Leslie  
 PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 Pa.Code §2600  
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION  
 A copy of the Chapter 2600 Personal Care Home regulations were located in a drawer in the lounge and were not posted in a public and conspicuous location.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Due to copies being removed from board, we always have additional copies throughout the facility. Another copy placed on board at the time of inspection. Administrator will have maintenance chain a copy to the wall.

The Administrator will monitor and assure ongoing compliance.

M  
 4/17/13

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) Regina Kwapisz

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Regina Kwapisz Administrator

Date 4/2/13

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 4/17/13  
 (Date)

The above plan of correction was approved by M  
 (Initials)

Plan of correction implementation status as of 4/17/13  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20497 - 03/13/2013 - Patton, Leslie  
 PCH Name: DOWN ON THE FARM ADULT DAYCARE

**1. REGULATION 55 Pa.Code §2600**

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

Resident #1 did not receive Methylphenidate 10mg at 8:00am from 3/9/13- 3/13/13 as prescribed due to the medication not being on-hand. The home did not submit a Reportable Incident form notifying the Department's regional office of the medication error which took place from 3/9/13- 3/13/13.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Sent missed dose report for doctor to discontinue medication and called office on 3/7/13, but doctor told his staff that he was not sure whether he wanted to discontinue this medication or not. Although in fact without a script, we cannot acquire countable medication, so therefore, he is discontinuing them. In the process of trying to inform them that we will have a medication error without a discontinue order, his staff said they would fax the d/c order, but failed to do so until 3/13/13. Administrator will send incident report at the same time as missed dose reports are sent to doctors.

- The Administrator will be responsible for timely reporting of incidents + conditions to the Department.
- The Administrator will assume ongoing compliance.

*M*  
4/17/13

Repeat Violation: No

Date(s) of Previous Violation(s):

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 (Required on EVERY Page) *Regina Kwapisz*

Printed Name and Title of Legal Entity Representative  
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Violation Report: 20497 - 03/13/2013 - Patton, Leslie  
 PCH Name: DOWN ON THE FARM ADULT DAYCARE

**1. REGULATION 55 Pa.Code §2600**  
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #5's contract dated 1/10/12 is not signed by the payer.  
 Resident #6's contract dated 2/1/13 is not signed by the payer.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident did not have a Representative Payee, Brother was applying but not approved by Social Security. He will sign contract.  
 Other resident has been discharged.  
 In the future Administrator will not admit any resident unless all involved family members or Representative Payee has signed our contract.

*The Administrator shall monitor for ongoing compliance.*  
*RK*  
*4/17/13*

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Violation Report: 20497 - 03/13/2013 - Patton, Leslie  
 PCH Name: DOWN ON THE FARM ADULT DAYCARE

**1. REGULATION 55 Pa.Code §2600**  
 2600.25(c)(1) - The contract shall specify that each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #6's contract dated 2/1/13 does not specify the current personal needs allowance.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Switching to electronic files and new software, used state contract thought the amount was auto filled. Requested programmers to check why it did not auto fill. Administrator will check to ensure all information is complete on new software forms, after printing.

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Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Regina Kwapisz Administrator

Date 4/2/13

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**Violation Report:** 20497 - 03/13/2013 - Patton, Leslie  
**PCH Name:** DOWN ON THE FARM ADULT DAYCARE

**1. REGULATION 55 Pa.Code §2600**  
 2600.25(c)(4) - The contract shall specify the party responsible for payment.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #6's contract dated 2/1/13 does not specify the party responsible for payment.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Brother applied for Representative Payee, but had not yet been approved. Will have him sign the contract this weekend when he comes for a visit. If social security does not approve him, we will make that change at that time. In the future Administrator will ensure that all parties will sign contract before admission. Title of person will be changed when appropriate.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Regina Kwapisz Administrator	Date 4/2/13
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Violation Report: 20497 - 03/13/2013 - Patton, Leslie  
 PCH Name: DOWN ON THE FARM ADULT DAYCARE

**1. REGULATION 55 Pa. Code §2600**  
 2600.42(m) - A resident has the right to leave and return to the home at times consistent with the home rules and the resident's support plan.

**2a. DESCRIPTION OF VIOLATION**  
 The home rules state "No crossing of Rt. 724 is permitted" this rule violates the resident's rights to freely choose his/her own destiny when leaving the home.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Have been working on revised Home Rules with residents and family members. Will give 30 days notice of any changes and will ask someone to review to protect resident rights issues. Administrator will follow these procedures for any future changes.

*The Administrator will be responsible for ongoing compliance.*

*m*  
 4/17/13

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Violation Report: 20497 - 03/13/2013 - Patton, Leslie  
 PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 Pa.Code §2600  
 2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

2a. DESCRIPTION OF VIOLATION

A bottle with a blue liquid labeled "Windex" was located on a shelf at the top of the basement steps. The bottle did not have an original manufacturer's label attached to the bottle.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Windex spray bottle broke and staff used unlabeled bottle and marked it. Staff has been re-educated that all cleaning supplies must be kept in the original container. Placed on monthly check list, for staff to make sure this does not happen again.

The Administrator will monitor weekly and assure ongoing compliance.

M  
 4/17/13

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Violation Report: 20497 - 03/13/2013 - Patton, Leslie  
 PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 Pa.Code §2600  
 2600.102(h) - Toilet paper shall be provided for every toilet.

2a. DESCRIPTION OF VIOLATION  
 The bathroom located adjacent to the activity room did not contain toilet paper.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Large Roll Toilet leaves residents to notify staff when paper is out. Decided to go back to using small rolls with spare roll in dispenser, this way staff can replace rolls when cleaning bathrooms and there will always be a spare.

*The administrator shall monitor weekly for ongoing compliance.*

*mw  
4/17/13*

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Violation Report: 20497 - 03/13/2013 - Patton, Leslie  
 PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 Pa.Code §2600  
 2600.102(k) - Use of a common towel is prohibited.

2a. DESCRIPTION OF VIOLATION

The bathroom located adjacent to the activity room did not contain paper towels or another method of drying ones hands nor were there any paper towels at or near the sink located in the activity room outside the bathroom.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Paper towels keep getting taken, will replace paper towels until dryer can be installed.  
 Administrator will have hand blow dryer installed. Electrician said it will be installed within 30 days.

Repeat Violation: No

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Violation Report: 20497 - 03/13/2013 - Patton, Leslie  
 PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 Pa.Code §2600  
 2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION  
 The emergency preparedness plan for the home and the emergency preparedness plan for the municipality in which the home is located were not posted.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Stapling to Post board individuals continue to remove required items. Administrator will have maintenance frame and screw required items to wall.

The Administrator will monitor and assure ongoing compliance.

M  
 4/17/13

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Violation Report: 20497 - 03/13/2013 - Patton, Leslie  
 PCH Name: DOWN ON THE FARM ADULT DAYCARE

**1. REGULATION 55 Pa.Code §2600**

2600.132(c) - A written fire drill record must 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.

**2a. DESCRIPTION OF VIOLATION**

The home's fire drill records indicate 2 staff person participated during the drills conducted on 5/19/12 at 6:00pm, 6/14/12 at 9:18am, and 7/28/12 at 12:00pm. A review of the home's staff schedule indicates that only one staff person worked during the time in which each of the above stated fire drills were conducted. Staff person A, who is the administrator, conducted each of the monthly fire drills. Staff person A stated she/he counted themselves as one of the staff that participated during the drills but indicated she/he did not actual participate, but stood outside the home and counted the number of residents who had evacuated the home. Staff person A did not accurately document the number of staff persons who participated during the stated fire drills.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Did not realize conducting the fire drill and timing the residents exiting the home, is not considered participating in the fire drill. Administrator will in the future only document staff on schedule.

*- The Administrator will monitor monthly and assure ongoing compliance with fire drill documentation*  
*Mr*  
*4/17/13*

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Violation Report: 20497 - 03/13/2013 - Patton, Leslie  
 PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 Pa.Code §2600  
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION  
 The home is not conducting sleeping-hour fire drills at least once every 6 months. The home's fire drill records indicate the most recently conducted sleeping-hour fire drills were conducted on 2/24/12 at 5:50am and 10/29/12 at 5:30am.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Due to inclement weather it was suggested by the inspector in 2012 to change the months we do our sleeping fire drills for the safety of the residents. In making that adjustment, we had a seventh month of period of no sleeping hour drill. With the present schedule, the Administrator will have sleeping hour fire drills at least once every six months, and assume the fire drills are unannounced to staff and residents.

*m*  
 4/17/13

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Violation Report: 20497 - 03/13/2013 - Patton, Leslie  
 PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
 The home did not complete an annual DME for resident #5. The most recent DME for resident #5 is dated 12/16/11.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident having issues had to cancel two physical appointments. ~~She~~ was in hospital and then transferred to rehab. ~~She~~ was eventually discharged to a nursing home.  
 Administrator will give thirty days' notice as soon as first scheduled physical appointment is missed.

*The Administrator will be responsible for complying with residents annual DME's.*  
*The Administrator shall monitor for ongoing compliance.*  
*M*  
*4/17/13*

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Violation Report: 20497 - 03/13/2013 - Patton, Leslie  
 PCH Name: DOWN ON THE FARM ADULT DAYCARE

**1. REGULATION 55 Pa.Code §2600**

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

**2a. DESCRIPTION OF VIOLATION**

Resident #2 attends day-program every week Monday-Thursday. Both staff person A and resident #2 indicated the resident takes the required medication to day-program and self-administers the medication away from the home. The resident's current medical evaluation (dated 11/5/12) indicates the resident, "can self-administer medication with assistance in storing medication in a secure place, assistance in remembering schedule, assistance in offering medication at prescribed times, and assistance with opening container or locked storage area." The resident is not receiving the level of assistance required in the resident medical evaluation while at day-program.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Found note from specialist who documented that [redacted] is capable of self-administration of these medication due to the need to have them 1/2 hour before meals. Copy sent to GP and will be documented on [redacted] RASP. In the future, physician's assessments of self-administration will be filed with their RASP.

*- The administrator will be responsible for monitoring and ongoing compliance.*

*MW  
4/17/13*

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 (Required on EVERY Page) *Regina Kwapisz*

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 PCH Name: DOWN ON THE FARM ADULT DAYCARE

**1. REGULATION 55 Pa.Code §2600**

2600.182(b) - 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.
- (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.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

**2a. DESCRIPTION OF VIOLATION**

Staff person A is the only staff person present in the home on Sundays, Mondays, and Wednesday from 10:00pm – 6:00am. Staff person A completed the initial medication administration training 9/14/11. The Annual Practicum to be completed by 9/14/12 was not completed in its entirety as only 2 of 4 required MAR reviews were completed and only 1 of 2 required medication administration observations were completed. As a result of the incomplete training, a staff person is not present in the home during the above stated time on the stated dates who is properly trained to administer medication.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Staff person A removed from schedule, until Annual Practicum is placed in file. Administrator and/or instructor will scan, email or fax all records so they will be at assessable at time of inspection..

*The Administrator will be responsible for ongoing compliance.*

*mw*  
 4/17/13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Regina Kwapisz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Regina Kwapisz Administrator	Date 4/2/13
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>4/17/13</u> (Date)	Plan of correction implementation status as of <u>4/17/13</u> (Date)
The above plan of correction was approved by <u><i>mw</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20497 - 03/13/2013 - Patton, Leslie  
 PCH Name: DOWN ON THE FARM ADULT DAYCARE

**1. REGULATION 55 Pa.Code §2600**

2600.186(c) - Changes in 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.

**2a. DESCRIPTION OF VIOLATION**

The MAR (Medication Administration Record) of resident #3 indicates a change in order took place in which the resident was previously having his/her blood sugar level checked three times a week and is now having it checked twice a week. There is no written order from the physician regarding the change reflected on the resident's MAR.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Forgot to make copy of physician's change before sent to pharmacy. Had pharmacy fax copy of change and placed in MAR's. Administrator will fax orders to pharmacy and keep originals with MAR's.

*The Administrator will be responsible for ongoing compliance.*

*mm  
4/17/13*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page) *Regina Kwapisz*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page) Regina Kwapisz Administrator

Date 4/2/13

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 4/17/13  
(Date)

Plan of correction implementation status as of 4/17/13  
(Date)

The above plan of correction was approved by mm  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20497 - 03/13/2013 - Patton, Leslie  
 PCH Name: DOWN ON THE FARM ADULT DAYCARE

**1. REGULATION 55 Pa.Code §2600**

2600.224(c) - The preadmission screening shall be completed by the administrator or designee.

**2a. DESCRIPTION OF VIOLATION**

The pre-admission screening dated 2/1/13 for resident #6 was incomplete. Nothing was noted for history of problematic behaviors, poisonous materials, or if the home can meet the resident's needs.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

This was the first admission in new software, filled out information. Information was completed in electronic file. Reported to programmer as to printed form not auto filling.  
 Administrator will check all forms when printed for completion.

*\* The Administrator will be responsible for ongoing compliance.*  
*m*  
*4/17/13*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Regina Kwapisz*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Regina Kwapisz Administrator

Date 4/2/13

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 4/17/13  
 (Date)

The above plan of correction was approved by *m*  
 (Initials)

Plan of correction implementation status as of 4/17/13  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20497 - 03/13/2013 - Patton, Leslie  
 PCH Name: DOWN ON THE FARM ADULT DAYCARE

**1. REGULATION 55 Pa.Code §2600**

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**2a. DESCRIPTION OF VIOLATION**

The RASP dated 2/4/13 for resident #6 was incomplete. Nothing was noted for supervision or the medication assessment.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

This was the first admission in new software, filled out information. Information was completed in electronic file. Reported to programmer as to printed form not auto filling. Filled out at time of inspection.

Administrator will check all forms when printed .

*• The Administrator will be responsible for ongoing compliance .*

*M  
4/17/13*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Regina Kwapisz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Regina Kwapisz Administrator	Date 4/2/13
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 (Initials)

Plan of correction implementation status as of 4/17/13  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented