



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

Sent via e-mail to: [REDACTED]  
MAILING DATE: December 4, 2013

Ms. Regina Kwapisz, Administrator  
Colonial Manor Adult Home, Inc.  
2308 East Main Street  
Douglassville, Pennsylvania 19518

RE: Down on the Farm Adult Daycare  
License # 204970

Dear Ms. Kwapisz:

As a result of the Department of Public Welfare's (Department) licensing inspection on October 7, 2013 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary 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.

Sincerely,

A handwritten signature in black ink that reads "Michele Moskalczyk".

Michele Moskalczyk  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

<b>PCH Name:</b> DOWN ON THE FARM ADULT DAYCARE		<b>License Number:</b> 20497
<b>Address:</b> 2308 EAST MAIN STREET, DOUGLASSVILLE, PA 19518		<b>County:</b> Berks
<b>Administrator:</b> Regina Kwapisz		<b>Region:</b> NORTHEAST
<b>Legal Entity Name:</b> COLONIAL MANOR ADULT HOME INC		
<b>Legal Entity Address:</b> 2308 EAST MAIN STREET, DOUGLASSVILLE, PA 19518		
<b>Certificate(s) of Occupancy</b> LP 09/15/1983 Dept. of Labor and Industry		
<b>Staffing Hours</b> Resident Support: 0                      Total Daily Staff: 12                      Waking Staff: 9		
<b>Type of Inspection:</b> Partial <b>BHA Docket Number:</b> <b>Notice:</b> Unannounced		
<b>Reason(s) for Inspection(s)</b> Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 10/07/2013: Rushin, Julienne		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b> Partial or Full Triggers:                      Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 15 Number of Residents Served: 12 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	<b>Number of Residents who:</b> Receive Supplemental Security Income: 6 Are 60 Years of Age or Older: 6 Have Mental Illness: 12 Have an Intellectual Disability: 9 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 20497 - 10/07/2013 - Rushin, Julienne

PCH Name: DOWN ON THE FARM ADULT DAYCARE

**1. REGULATION 55 Pa.Code §2600**

2600.23(b) - A home shall provide each resident with assistance with instrumental activities of daily living as indicated in the resident's assessment and support plan.

**2a. DESCRIPTION OF VIOLATION**

Resident #2's Medical Assistance benefits were terminated approximately 2 months ago which funded their Behavioral Support Services. As a result, the home cannot provide the resident with the IADL assistance received through those Behavioral Support Services.

**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.*

Medical Assistance benefits were terminated by the Department of Welfare. It was reported to her doctors, case worker, behavioral workers, Representative Payee whom reassured me that they would reapply and get this straighten out as soon as possible. During this time period, they claimed they had problems due to her losing her ID, and welfare refusing to speak to them due to no ID. Then of course the government shut down held things up for another several weeks. During this time she was given her thirty day notice for we could not met her needs without her medical assistance. Since then her medical assistance has been reinstated. She and her supports have been notified that she can only remain here if she has her medical assistance. If her Medical Assistance is terminated, we will not be able to met her needs and she will have to find an appropriate placement. I also stipulated that it must be reapplied for over the INTERNET not through an office. The behavioral worker will check availability of MA, on a regular basis and report to Administrator any problems. so can assist with reapplying if necessary.

*The administrator is responsible for monitoring and ongoing compliance.*

*RM  
12/4/13*

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 11/22/2013

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

The above plan of correction is approved as of <u>12/4/13</u> (Date)	Plan of correction implementation status as of <u>12/4/13</u> (Date)
The above plan of correction was approved by <u><i>RM</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 - 10/07/2013 - Rushin, Julienne  
 PCH Name: DOWN ON THE FARM ADULT DAYCARE

**1. REGULATION 55 Pa.Code §2600**

2600.201 - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

**2a. DESCRIPTION OF VIOLATION**

On 10/2/13, at 8:40 pm, resident #1 confronted his/her roommate resident #2 about touching his/her belongings and pulled resident #2's hair. Resident #2 retaliated by punching resident #1 in the mouth, splitting his/her lip. Based on the information provided by staff person "A", both residents have a history of aggression towards each other and yet they remain roommates. The home has not used positive interventions to modify or eliminate the aggressive behavior between them.

**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.*

Although my staff has been using positive interventions to prevent these behaviors. The residents have the right to choose their doctors, have had several meetings with psychiatrist, resident and family. Doctor did not feel he needed to do any type of medication adjustments, even though both myself, staff and family all saw the need.

After this incident, the resident was given thirty days notice, unless she would be willing to change doctors. She has changed programs and doctors and this doctor listens to the issues which the resident, family and our staff have and is making the appropriate changes.

Administrator retrained staff in positive interventions. And will follow up with doctor and caseworker to prevent any further problems. Resident was notified any future aggressive behaviors or violations of house rules will require her to move to another residence. She was also informed that she has the ability to sign herself into the hospital if she ever feels she is unable to control herself.

Staff will monitor residence behaviors and report to Administrator.

*The administrator shall be responsible for monitoring and ongoing compliance.*

*mw  
12/4/13*

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Regina Kwapisz</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
Regina Kwapisz Administrator		11/22/2013	

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

The above plan of correction is approved as of <u>12/4/13</u> (Date)	Plan of correction implementation status as of <u>12/4/13</u> (Date)
The above plan of correction was approved by <u><i>m</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 - 10/07/2013 - Rushin, Julianne  
**PCH Name:** DOWN ON THE FARM ADULT DAYCARE

**1. REGULATION 55 Pa.Code §2600**  
 2600.227(c) - 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.

**2a. DESCRIPTION OF VIOLATION**  
 On 10/2/13, at 8:40 pm, resident #1 had confronted her roommate resident #2 about touching his/her belongings and pulled resident #2's hair. Resident #2 retaliated by punching resident #1 in the mouth splitting his/her lip. Staff person "A", states residents #1 and # 2 have a history of aggression toward each other resulting in pushing and arguing. The home has not updated either of the residents' RASPs to reflect these behavioral issues.

**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.*

The incident happened the night before I was scheduled for surgery. After completing the incident report and reporting to the state. And completing the Act 13 forms and reporting to Office on Aging. Did not have time to update either resident RASPs. One resident was schedule for her annual update in one week and other I figured I would do after my return.

- Administrator will complete all paperwork at the time of the incident.
- Administrator will use electronic files to enter updates on RASP's..

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 11/22/2013
--	--------------------

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

The above plan of correction is approved as of <u>12/4/13</u> (Date)	Plan of correction implementation status as of <u>12/4/13</u> (Date)
The above plan of correction was approved by <u>m</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