



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MAY 1 2 2014

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 licensing inspection on March 10, 2014, 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.

Your regular license for the period June 17, 2014 to June 17, 2015 was issued on April 23, 2014. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 20497 - 03/10/2014 - Yellenic, Cindy
PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 Pa.Code §2800

2800.16(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 2800.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

Resident #1 did not receive the prescribed Fexofenadine on 3/8/14 and 3/9/14 at 8:00am. Resident #1 did not receive the prescribed DOK on 3/7/14, 3/8/14, and 3/9/14 at 8:00pm. The home did not submit an incident report to the Department of the medication errors.

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 failed to submit incident report to DPW.
Will refrain to send both missed dose report + incident reports. Adm. will use electronic records to ensure proper procedure is used.

Adm or designee will train staff a required incidents or conditions that need to be reported. Home will retain documentation of this training. 5-1-14

Repeat Violation: Yes Date(s) of Previous Violation(s): 03/13/2013

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) REGINA KWARCISZ Adm Date 4/14/14

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

The above plan of correction is approved as of 5-1-14 (Date)

Plan of correction implementation status as of 5-1-14 (Date)

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

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

Violation Report: 20497 - 03/10/2014 - Yellenic, Cindy
PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

Upon arrival at the home at 9:30am the Medication Administration Record was open on the kitchen counter. The inside kitchen door was unlocked and leaving the MAR accessible to unauthorized persons.

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 given warning on protecting resident right to privacy. All staff retrained on not securing resident's information

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date

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The above plan of correction is approved as of 5-1-14 (Date) Plan of correction implementation status as of 5-1-14 (Date)

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

The above plan of correction was approved by [Signature] (Initials)

Violation Report: 20497 - 03/10/2014 - Yellenic, Cindy
PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 Pa.Code §2600
2600.63(b) - 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.

2a. DESCRIPTION OF VIOLATION

The following Direct Care Staff members have been certified in CPR from the International CPR Institute Inc.

Direct Care Staff Members A, B, C, and D.

The CPR training is conducted online and does not provide a hands on practice component.

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.

3/29/14 Staff trained by Red Cross, will use Red Cross for future trainings.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

REGINA KWAPISZ Adm

Date 4/14/14

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5-1-14
(Date)

Plan of correction implementation status as of

5-1-14
(Date)

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[Handwritten Initials]
(Initials)

Violation Report: 20497 - 03/10/2014 - Yellenic, Cindy
PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 Pa.Code §2600
2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
Direct care staff member E, hired 9/22/12, only completed 11 of the required 12 hours of annual training for training year 2013.

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 reminded that they need 12 hours training each year. Adm will check + and total hours of training for each staff. - on a monthly basis to ensure ongoing efforts towards full compliance. *OP*
S-1-14

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *RESINA KOPRISZ Adm*

Date *4/14/14*

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(Date)

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(Initials)

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(Date)

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Violation Report: 20497 - 03/10/2014 - Yellenic, Cindy
PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 65 Pa.Code §2600

2800.65(g) - 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.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10226.101-10226.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff members C, hired 5/4/11, and D hired on 9/22/12, did not receive training in fire safety by a fire safety expert or resident rights for the 2013 training year.

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.

Used downloaded fire safety course from DPW. Will have fire safety expert train staff in future.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

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

REGINA KWAPISZ Adm

Date

4/14/14

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3-1-14
(Date)

Plan of correction implementation status as of

5-1-14
(Date)

The above plan of correction was approved by

(Initials)

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Violation Report: 20487 - 03/10/2014 - Yellenic, Cindy
PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 Pa.Code §2600
2600.69(c) - A home that is not connected to a public water system shall have a coliform water test at least every 3 months, by a Department of Environmental Protection-certified laboratory, stating that the water is below maximum contaminant levels.

2a. DESCRIPTION OF VIOLATION
The home has not had a coliform water test since 0/16/2013. The home is not connected to a public water source.

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.

Switched to new water company. Contract includes quarterly testing. They will provide copies of testing or assume fine for breach of contract. Adm will check quarterly that forms are received.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) REGINA KWAPISZ Adm Date 4/14/14

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Violation Report: 20497 - 03/10/2014 - Yellenic, Cindy
PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 Pa.Code §2600

2600.81 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The telephone, in the hallway near the dining room, does not have the correct personal care home complaint hot line number 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.

Label placed over incorrect number. Will paint on wall for resident continues to remove label.
Adm will check for ongoing compliance

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

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

REGINA KWAPISZ Adm

Date 4/14/14

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Violation Report: 20497 - 03/10/2014 - Yellenic, Cindy
PGH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 Pa. Code §2600
2600.102(l) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION
There is no soap available at the sink in the upstairs or downstairs bathrooms.

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.

Instructed staff to fill soap dispenser when half full. Second shift will be responsible to check all dispensers.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) REGINA KWAPISZ Adm Date 4/14/14

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Violation Report: 20497 - 03/10/2014 - Yellenic, Cindy
PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 Pa.Code §2800
2800.103(l) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

The home had the following products that did not have a date on them:
3 1/2 dozen eggs in the refrigerator with no date of expiration or sell by date listed.
7 large bags of cereal taken out of a case lot box, not marked with a date of expiration or sell by date.

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 were instructed to date all bulk items.
Items will be dated at time of delivery. Adm
will write up staff if not following procedure.
Adm will review monthly for
ongoing compliance. CP 5-1-14

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) REGINA KWAPISZ Adm Date 4/14/14

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(Initials)

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Violation Report: 20487 - 03/10/2014 - Yellanic, Cindy
PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 Pa.Code 52600
2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually.
Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
The home's previous fire safety inspection and supervised fire drill was conducted on 6/15/12. The home's most recent supervised fire drill was conducted on 9/24/13. The home did not complete the inspection and fire drill within the annual time frame.

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.

Inspector scheduled & then cancelled several times due to medical reasons.
Adm. will have inspector schedule two months before annual date is due.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Robin Kwapisz Adm* Date *4/14/14*

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Violation Report: 20497 - 03/10/2014 - Yellenic, Cindy
PCH Name: DOWN ON THE FARM ADULT DAYCARE

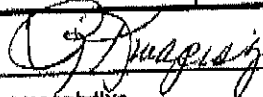
1. REGULATION 55 Pa. Code §2600
2800.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
Resident #3's Advair 250/50 diskus was not dated when opened. The manufacturer's instructions read: the diskus is good for one month after opening the foil pouch.

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.

Will have staff mark date Advair is opened. Adm will check Advair monthly.

Repeat Violation: No Date(s) of Previous Violation(s):

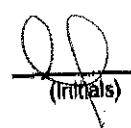
Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date
REGINA KWAPISZ Adm 4/14/14

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(Date)

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(Date)

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(Initials)

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Violation Report: 20497 - 03/10/2014 - Yellenic, Cindy PCH Name: DOWN ON THE FARM ADULT DAYCARE	
1. REGULATION 65 Pa. Code §2800 2800.187(a) - 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 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.	
2a. DESCRIPTION OF VIOLATION Resident #4's Benzonatate did not indicate a diagnosis or purpose on the current MAR. The following medications for Resident #3 did not indicate a diagnosis or purpose on the MAR: Sertaline HCL; Clotrimazole 1% cream; Prednisone Ace 1% eye drop; Tobramycin .3% eye drop; Simvastatin; Abilify, ketorolac .4% ophth solution; MAPAP; Ventolin HFA Inhaler. Resident #1's MAR does not include allergies. The following medications for Resident #3 were not initialed as given on the MAR: Abilify on 3/7/14 at 9:00pm Ketorolac .4% solution on 3/9/14 at noon Tobramycin .3% eye drops on 3/8/14 and 3/9/14 at noon	
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. <p style="font-size: 1.2em; margin-left: 40px;">Retrained Staff on medication documentation, Adm. will check MAR's monthly.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date 4/14/14
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>5-1-14</u> (Date)	Plan of correction implementation status as of <u>5-1-14</u> (Date)
The above plan of correction was approved by <u>OP</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 - 03/10/2014 - Yellenic, Cindy
PQH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 Pa.Code §2600
2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
Resident #1 did not receive the prescribed Fexofenadine on 3/8/14 and 3/9/14 at 8:00am. Resident #1 did not receive the prescribed DOK on 3/7/14 and 3/9/14 at 8:00pm. The home did not report the errors to the prescriber.

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.

Doctor was sent missed dose report & verbally contacted by Adm. Said he was unable to make changes in writing, due to fax broken. Would supply orders in writing when he came on Tuesday. Received changes in writing. Doctor will supply via electronic device in future.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *REINA KWAPIEZ Adm* Date *4/14/14*

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The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of 5-1-14 (Date)

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- Not Implemented

Violation Report: 20487 - 03/10/2014 - Yellenic, Cindy
PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 Pa.Code §2600
2800.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION
Resident #2 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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.

Used DPW's contract, will use our contract on electronic file which meets all regulations. Adm or designee to audit all current resident records to insure current compliance. P. 5-1-14

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) REGINA KWAPISZ Adm Date 4/14/14

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Violation Report: 20497 - 03/10/2014 - Yellenic, Cindy
 PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 65 Pa.Code §2600
 2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
 The home does not have a current weekly activity calendar. There is a list of items available for residents to do, however there is no calendar with scheduled activities of any kind.

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.

Activity Schedule on Kitchen door, removed Activities written on Calendar. Residents all aware of alternative activities, wii, chair exercise DVD, puzzles, arts + crafts, cards, + out door activities.

Staff instructed to follow activity schedule, but residents have right to request changes.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) REGINA KWAPISZ Adm Date 4/14/14

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Violation Report: 20497 - 03/10/2014 - Yellenic, Cindy
PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #2 has had multiple behavioral issues, as in fighting with other residents, retaliating against some residents. The resident's current Assessment Support Plan has not been updated with the multiple behavioral issues that occurred on 5-6-13 and 10-20-13. The day program, the resident was attending, has asked that the resident not return because of the behavioral problems.

Resident #5's Assessment Support Plan dated, 8-1-13, has not been updated to reflect the issues surrounding the reportable incidents on 11-25-13, 12-11-13, and 12-17-13 and how the home will assist the resident in meeting the resident's needs. The incidents stemmed around the resident throwing his/herself on the floor and combative issues refusing to get up.

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.

*Adm. will recheck RASPs to include incident reports + behavioral problems.
Use electronic files to save information.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
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REGINA KWAPISZ Adm

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