



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]  
MAILING DATE: October 20, 2014

Ms. Regina Kwapisz, Administrator  
Colonial Manor Adult Home Inc.  
2308 East Main Street  
Douglasville, 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 August 6, 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.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano".

Anne Graziano  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 20497 - 07/11/2014 - Dumas, Gerald  
PCH Name: DOWN ON THE FARM ADULT DAYCARE

**1. REGULATION 58 Pa.Code §2600**  
2600.141(a)(1) - 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.

**2a. DESCRIPTION OF VIOLATION**  
The D.M.E. for resident # 5 was completed on 2/19/14, more than 60 days prior to admission to the home on 7/18/14.

**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 Revised DME form, with proper date placement,  
He misunderstood directions,  
Adm Will check doctor's forms to make sure  
they are fully + properly documented.

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      Date 10/2/14

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

The above plan of correction is approved as of 10-16-14  
(Date)

Plan of correction implementation status as of 10-16-14  
(Date)

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

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

Violation Report: 20497 - 07/11/2014 - Dumas, Gerald  
PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 Pa.Code §2800

2800.224(a) - 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.

2a. DESCRIPTION OF VIOLATION

The preadmission screening for resident # 1 (admitted on 07/22/14) was incomplete; the form did not indicate level of supervision, ability to self-administer medications or if the home can meet the resident's needs.

The preadmission screening for resident # 2 (admitted on 07/01/14) did not indicate a date the screening was completed.

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 double check forms to insure complete of all areas.

Prior to placing documents in a resident record for new admissions, all contents of the record will be reviewed for correctness, completeness & timeliness.

CP. 10-16-14

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

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

Printed Name and Title of Legal Entity Representative: REGINA KUWAPISZ Adm Date: 10/2/14  
(Required on EVERY Page)

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

The above plan of correction is approved as of 10-16-14 (Date)

Plan of correction implementation status as of 10-16-14 (Date)

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

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

Violation Report: 20497 - 07/11/2014 - Dumas, Gerald  
PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 Pa.Code §2800

2800.225(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 following Resident Assessments were incomplete:  
Resident # 2, completed 07/15/14; area of medications not assessed  
Resident # 3, completed 02/15/14; area of medications not assessed  
Resident # 4, completed 05/30/14; diagnoses not addressed (resident has multiple diagnoses)

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 check printed copies to insure all information on forms.*

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 Adm*      Date *10/2/14*

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

The above plan of correction is approved as of 10-16-14  
(Date)

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

Plan of correction implementation status as of 10-16-14  
(Date)

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