



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 23 2015

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 Human Services' licensing inspection on February 19, 2015 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, 2015 to June 17, 2016, was issued on March 18, 2015. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director, /s/

Enclosure
License Inspection Summary

Violation Report: 20497 - 02/19/2015 - Dumas, Gerald
PCH Name: DOWN ON THE FARM

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

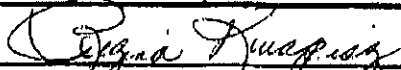
The licensing inspection summaries dated 12/17/14, 10/1/14, 8/6/14, and 3/10/14 were not posted in a public conspicuous place in the home.

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.

Will keep all Plans of Correction Posted for full year. Administrator will keep them together.

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 3/25/15

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

The above plan of correction is approved as of 5-26-15
(Date)

Plan of correction implementation status as of 5-26-15
(Date)

The above plan of correction was approved by 
(Initials)

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

Violation Report: 20497 - 02/19/2015 - Dumas, Gerald
PCH Name: DOWN ON THE FARM

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
The contract dated 12/2/14 for Resident # 1 is not signed by the payer.
The contract dated 11/14/14 for Resident # 2 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.

Will have payees sign contracts or write/document refusals. Administrator or Assistant will check to see all information is completed on contracts.

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 *3/25/15*

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The above plan of correction is approved as of 5-26-15
(Date)

Plan of correction implementation status as of 5-26-15
(Date)

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

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

Violation Report: 20497 - 02/19/2016 - Dumas, Gerald
PCH Name: DOWN ON THE FARM

1. REGULATION 55 Pa.Code 52600
2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION
The contract dated 12/2/14 for Resident # 1 does not include a fee schedule.
The contract dated 11/14/14 for Resident # 2 does not include a fee schedule.

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.

Third Adm Assistant who will have residents sign fee schedule and do billing for such.

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* Date *3/25/15*

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The above plan of correction is approved as of 3-26-15
(Date)

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

Plan of correction implementation status as of 5/26/15
(Date)

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

Violation Report: 20487 - 02/19/2018 - Dumas, Gerald
PCH Name: DOWN ON THE FARM

1. REGULATION 58 Pa.Code §2800
2600.25(c)(8) - The contract shall specify the home's rules related to home services, including whether the home permits smoking

2a. DESCRIPTION OF VIOLATION
The contract dated 12/2/14 for Resident # 1 does not include the home rules.
The contract dated 11/14/14 for Resident # 2 does not include the home rules.

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.

Facility smoke free for over decade. Adm Assistant
to have home rules reviewed, signed and
placed in all residents charts.

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 3/25/15

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The above plan of correction is approved as of 5-26-15
(Date)

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

Plan of correction Implementation status as of 5-26-15
(Date)

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Violation Report: 20497 - 02/19/2015 - Dumas, Gerald
PCH Name: DOWN ON THE FARM

1. REGULATION 65 Pa.Code §2600
2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION
The home's administrator, completed only 22 hours of annual training hours in training year 2014.

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.

Lost 3 hour certificate for diabetes training in November 2014.

Adm Will ~~no longer~~ place certificate in file immediately after training.

The Administrator will credit the first 2 hours of approved training to the 2015 Training Year. An additional 24 hours of approved Adm Training is required for 2015. CP 5-26-15 reviewed via phone.

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 KOWALSKI Administrator Date 3/25/15

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Plan of correction implementation status as of 5/26/15 (Date)

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- Partially Implemented - Inadequate Progress
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The above plan of correction was approved by [Signature] (Initials)

Violation Report: 20497 - 02/19/2016 - Dumas, Gerald
PCH Name: DOWN ON THE FARM

1. REGULATION 55 Pa. Code §2600

2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

The external dryer duct vent that exits to the outside of the home was caked with a handful of lint.

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

Includes 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 extreme cold + condensation lint was stuck to outside of vent. Administrator will switch to using knee high stockings to keep heat in house and make cleaning easier during extreme weather.

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 3/25/15

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Violation Report: 20497 - 02/19/2015 - Dumas, Gerald
PCH Name: DOWN ON THE FARM

1. REGULATION 55 Pa.Code §2800
2800.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The DME dated 9/2/14 for Resident # 3 does not include pulse rate, blood pressure, temperature, special health or dietary needs if any, body positioning, health status and cognitive functioning.
The DME dated 9/2/14 for Resident # 4 does not include temperature and cognitive functioning.

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 and/or Assistant will supervise physician's filling out of forms to make sure all required documentation is filled out.
All DME's will be reviewed upon return from dr's office(s) in maintain ongoing compliance. Cf. 5-26-15

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 KUDAPISZ Adm Date 3/25/15

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(Date)

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(Initials)

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Violation Report: 20487 - 02/18/2015 - Dumas, Gerald
PCH Name: DOWN ON THE FARM

1. REGULATION 55 Pa.Code §2800
2600,183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

The Advair Diskus for resident # 5 was not dated to indicate when the pouch was opened. The manufacturer's instructions state "use by one month from opening 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.

Large sign on Med Chart, Requiring staff to date opening. Advair only comes in 20day dosage. Adm Asst will check that staff follows thru on dating all inhalers

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 3/25/15

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Violation Report: 20497 - 02/19/2015 - Dumas, Gerald
PCH Name: DOWN ON THE FARM

1. REGULATION 56 Pa.Code §2600
2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION
A bottle of Equate 81 mg. belonging to resident # 8 was not labeled with the residents name

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 Asst. to check monthly that staff
is labeling all OTC meds.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Regina Dumas*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) REGINA DUMAS Adm Date 3/25/15

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(Initials)

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Violation Report: 20487 - 02/19/2015 - Dumas, Gerald
PCH Name: DOWN ON THE FARM

1. REGULATION 56 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
Resident # 2 was admitted to the home on 11/14/14, the assessment portion of the RASP was not completed until 12/4/14,

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.

Adm had 2 deaths in family. Training Assistant to be able to complete forms as required.
Adm will review work periodically to insure ongoing compliance. Q. 5-26-15

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/08/2014

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 5/25/15

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Violation Report: 20497 - 02/19/2015 - Dumas, Gerald
PCH Name: DOWN ON THE FARM

1. REGULATION 55 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident # 2 's RASP dated 12/4/14 does not indicated how the home will meet the resident's supervision needs while the resident is in unfamiliar places.
Resident # 1's RASP dated 12/13/14 does not indicated how the home will meet the resident's supervision needs while the resident is in unfamiliar places.
Resident # 4's RASP dated 11/1/14 does not indicated how the home will meet the resident's supervision needs while the resident is in unfamiliar places.

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 and/or Asst. will go thru check list
and make sure all documentation is
printed on form.

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

3/25/15

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5-26-15
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Plan of correction implementation status as of

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