



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUL 25 2016

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' annual licensing inspection on February 10, 2016 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 "Jay Bausch".

Jay Bausch  
Deputy Secretary

Enclosure  
License Inspection Summary



Violation Report: 20487 - 02/10/2016 - Harvey, Jason  
 PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 Pa.Code 52600  
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION  
 The home's L&I Boiler certificate expired on 10/7/2015.

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.

Understand Labor + Industry short staffed.  
 Wrote Letter to them to remind them we are still in need of being inspected.  
 If they do not show up to inspect us, will continue to send letters, every six months until inspection is brought up to date.  
 ATTACHED COPY of Letter dated 2/11/16. ↓

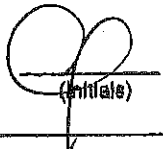
Recommend monthly to attain compliance in a timely fashion.

RJ 6-11-16

Repeat Violation: No	Date(s) of Previous Violation(s):
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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)	REGINA KWAPISZ
Date	3/21/16

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

The above plan of correction is approved as of <u>6-11-16</u> (Date)	Plan of correction implementation status as of <u>6-11-16</u> (Date)
The above plan of correction was approved by  (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 - 02/10/2016 - Harvey, Jason  
PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 Pa.Code §2600  
2600.43(a) - A resident may not be deprived of his rights.

2a. DESCRIPTION OF VIOLATION

The language used in developing a contract between resident #1 and the home's administrator A for the purposes of addressing a resident's behavior on 12/30/15 violates resident #1's civil rights. Specifically, the following items were addressed in the contract: 1) No changing Doctors or Insurance without requesting a team meeting 2) Must attend a day program 4) Must sleep at night, if you have issues tell staff 6) Must take a shower three times a week 8) Work on coloring book when not watching T.V. or socializing.

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 given 30 days notice due to us being unable to meet needs. Family members will be told in future, we can not assist them with any behavior modifications which state considers a right's violation.

The home will also use the pre-adm screen (2600.221(a)) to the fullest extent possible to ensure the home can meet prospective resident's needs. Q, 6-11-16

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 3/21/16

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The above plan of correction is approved as of 6-11-16 (Date)

Plan of correction implementation status as of 6-11-16 (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 - 02/10/2016 - Harvey, Jason  
PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 85 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

The personnel file for direct care staff member B did not contain a finalized PA background check that meets the requirements of the OAPSA. The staff member has been retained beyond the 30- day permissible 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.

Missed filed staff's file, during training process... Will scan all documents into computer to prevent this in future.  
found file + faxed to inspectors.

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 3/21/16

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(Date)

Plan of correction implementation status as of 6-11-16  
(Date)

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- Not Implemented

The above plan of correction was approved by

*[Signature]*  
(Initials)

Violation Report: 20497 - 02/10/2016 - Harvey, Jason  
PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 85 Pa.Code §2600

2600.85(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff person B (hired [redacted] 2016) did not receive the training required to be completed on or before the first day of work. None of the items 1-7 were addressed.

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.

Missed filed staff's file, during training process...  
 Will scan all documents into <sup>complete data entry</sup> Tabula ~~to~~ to prevent this in future. 6-11-16  
 Found file + faxed to inspections,

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative <i>Regina Kwapisz</i>	
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Printed Name and Title of Legal Entity Representative REGINA KWAPISZ	Date 3/21/16
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(Date)

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- Not Implemented

Violation Report: 20497 - 02/10/2016 - Harvey, Jason  
PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 Pa.Code §2800

2800.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Staff person B (hired [redacted] 2105) did not receive the required training for any of the four (4) topics that are to take place the first 40 working hours.

Staff persons C and D did not complete training on the home's emergency medical plan and mandatory reporting of abuse and neglect under OAPSA.

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.

Training is done during orientation + annually.  
Documentation ~~has~~ been changed to reflect, what is being done.

The home will ensure that documentation on documents is framed to reflect all elements of this regulation. O. 6-11-16

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) REGINA Kurpisz      Date 3/2/16

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Plan of correction implementation status as of 6-11-16 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20497 - 02/10/2016 - Harvey, Jason  
PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 56 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2008 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
  - (i) Safe management techniques.
  - (ii) ADLs and IADLs.
  - (iii) Personal hygiene.
  - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
  - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - (vi) Implementation of the initial assessment, annual assessment and support plan.
  - (vii) Nutrition, food handling and sanitation.
  - (viii) Recreation, socialization, community resources, social services and activities in the community.
  - (ix) Gerontology.
  - (x) Staff person supervision, if applicable.
  - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
  - (xii) Safety management and hazard prevention.
  - (xiii) Universal precautions.
  - (xiv) The requirements of this chapter.
  - (xv) Infection control.
  - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Staff person B (hired [redacted] 2015) did not complete the department-approved direct care training course and competency test. Staff person B provided unsupervised ADL services with residents of 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.

file lost. File found FAXed to inspectors  
 - do data entry - CP, 6-1-16  
 Will scan into Tabula in future  
 Organization & storage of compliance documents will be done by Adm/ Designee

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 Date 3/21/16

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

The above plan of correction is approved as of 6-1-16  
 (Date)

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

Plan of correction implementation status as of 6-1-16  
 (Date)

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

Violation Report: 20487 - 02/10/2018 - Harvey, Jason  
PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 56 Pa.Code §2600  
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION  
The 2nd floor bathroom toilet seat was pitted and heavily stained. Additionally, the toilet bowl had a thick film of grime around the perimeter of the bowl.

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.

Toilet seat replaced. Staff told to check + clean bathroom if needed on each shift.

Set up initial chart for staff to prove they have checked Bathroom each shift.

Adm/ Designer will perform periodic, random checks to ensure ongoing compliance.

OP 6-11-16

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) REBINA KWAPISZ Date 3/21/16

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The above plan of correction is approved as of 6-11-16 (Date)

Plan of correction implementation status as of 6-11-16 (Date)

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

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

Violation Report: 20457 - 02/10/2016 - Harvey, Jason  
PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 Pa.Code §2600  
2800.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION  
At 1:30 p.m., the sidewalk outside of the emergency exit closest to room 5 was covered with approximately 1 inch of snow. Reportedly, it had snowed the night before.

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.

Administrator pulled staff in to look for missing staff file.  
File's will be scanned into <sup>e-data entered</sup> tabular, so in future, will be able to continue to provide services even when inspectors show up requesting information.  
In future, staff will continue to finish service to maintain safety & ongoing compliance  
P. 6/11/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Régina Kwapisz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) REGINA KWAPISZ      Date 3/21/16

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

The above plan of correction is approved as of 6-11-16 (Date)

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

Plan of correction implementation status as of 6-11-16 (Date)

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

Violation Report: 20497 - 02/10/2016 - Harvey, Jason  
PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 Pa.Code §2600

2600.130(h) - The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

2a. DESCRIPTION OF VIOLATION

The home's policy regarding inoperable smoke detectors does not indicate the how residents will be notified of an actual fire or emergency if the smoke/alarm system becomes inoperable.

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.

Added to Fire Procedure, that they are to verbally tell residents to evacuate the building, if the alarm does not sound. A count will also be completed @ the time to ensure all residents have been notified and are in fact evacuating as required.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) REGINA Kurpisz      Date 3/21/16

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

The above plan of correction is approved as of 6-11-16 (Date)

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

Plan of correction implementation status as of 6-16-16 (Date)

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

Violation Report: 20497 - 02/10/2016 - Harvey, Jason  
PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 58 Pa.Code §2800  
2800.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

The home's fire drill record indicates the home is not alternating exit routes during monthly fire drills. The home fire drill log indicates the home used the front and rear exits during monthly fire drills on the following dates:

5/21/15, 6/30/15, 7/24/15, and 8/18/15.

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.

Only have 4 emergency exits, and as per fire training, we do not want to train residents to cross areas of highest possibility of fire, eg. Laundry Room + Kitchen areas. So need to use both a front + rear exit every time. We have a fire drill, due to layout of facility + bedroom placement.

Will have Fire Chief assist in putting fire drill procedure in writing. <sup>The home will retain</sup> this document. 6/16/16

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

3/21/16

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(Date)

Plan of correction implementation status as of 6-11-16  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 20497 - 02/10/2016 - Harvey, Jason  
PCH Name: DOWN ON THE FARM ADULT DAYCARE

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 12/9/15 for resident #2 (Date of Admission [redacted] /15), did not include pulse rate, temperature, blood pressure or immunization.

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 continue to educate Doctors as to the  
Need to complete all information on forms.

Adm/ Designer used also review all  
forms completed by PCPs to ensure necessary  
follow up w/ dr's to maintain ongoing  
compliance. JJ. 6-11-16

Repeat Violation: Yes

Date(s) of Previous Violation(s): 02/19/2016

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Reena Kwapisz*

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

REENA KWAPISZ

Date 3/21/16

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(Date)

Plan of correction implementation status as of 6-11-16  
(Date)

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- Not Implemented

The above plan of correction was approved by

*[Signature]*  
(Initials)

Violation Report: 20497 - 02/10/2016 - Harvey, Jason  
PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 65 Pa.Code §2600

2600.162(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 D's Initial Medication Administration training only contained 3 of the required 4 medication administration reviews dated 8/27/15. Staff person D routinely administers medications but is not properly trained to do so.

Staff person E completed the Medication Administration Annual Practicum on 12/13/2014. The Annual Practicum for 2015 only contained 3 of the 4 medication administration reviews as required. Staff person E routinely administers medications but is not properly trained to do so.

Staff person F's Medication Administration Annual Practicum only contained 3 of the required 4 medication administration reviews on 12/16/2014. The Annual Practicum for 2015 only contained 3 of the required 4 medication administration reviews. Staff person F routinely administers medications but is not properly trained to do so.

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.

Failed to document 2/15 Review of MAR, Tabula added MAR Review + Medication forms, so in future forms will be filled out at time of review.

Adm/ Med Trainer will review for ongoing compliance

Repeat Violation: No Date(s) of Previous Violation(s): 6-11-16

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 3/21/16

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Plan of correction implementation status as of 6-11-16 (Date)

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Violation Report: 20497 - 02/10/2016 - Harvey, Jason  
PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 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

The Medication Administration Record for resident #1 did not indicate a diagnosis or purpose for Omeprazole 20mg.

The Medication Administration Record for resident #3 did not indicate a diagnosis or purpose for Fluticasone 50 MCG nasal spray.

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.

Administrator goes over monthly, will have staff also go over MARS, to make sure all information is complete.

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

Date 3/24/16

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(Date)

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