



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

MAILING DATE: August 24, 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' licensing inspection on May 26, 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,

*Anne Graziano*  
Anne Graziano  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 20497 - 06/26/2016 - Hummel, Jesse  
PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 Pa.Code §2600  
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation completed for resident #1 on 12/9/15 does not include the resident's pulse rate, blood pressure, temperature, or immunization history.

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.

Doctors do not complete forms.

Will fill in any incomplete forms. - contact physician's office, initial & date form where additions / changes are made, fax to dr's office, and retain documentation of same. Q. 8/20/16

only DHS, BHSU DME is acceptable.  
MA 51 only for use of Loc decisions & SS1 determinations.

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 7/2/16

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

The above plan of correction is approved as of 8/20/16 (Date)

Plan of correction implementation status as of 8/20/16 (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: 20487 - 05/26/2016 - Hummel, Jesse  
 PCH Name: DOWN ON THE FARM ADULT DAYCARE

**1. REGULATION 55 Pa.Code §2600**

2600.142(b) - If a resident refuses routine medical or dental examination or treatment, the refusal and the continued attempts to educate and inform the resident about the need for health care shall be documented in the resident's record.

**2a. DESCRIPTION OF VIOLATION**

On 5/13/16 staff of the facility noticed the ankles of resident #1 were swollen. On 5/14/16 staff of the facility noticed that resident #1 was wheezing and coughing. Resident #1 refused to be evaluated and or treated at the hospital on numerous occasions from 5/13/16 through 5/14/16. The facility failed to document the refusals or the continued attempts to educate and inform the resident of the need for medical care.

**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 will be retrained to document in tabular.  
 Emergency Procedure updated that staff is to call  
 in ambulance even when resident refuses care.  
 Home will retain any documentation provided  
 by EMTs. Q. 8/20/16

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 7/2/16

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

The above plan of correction is approved as of 8/20/16  
 (Date)

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

Plan of correction implementation status as of 8/20/16  
 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20497 - 05/26/2016 - Hummel, Jesse  
PCH Name: DOWN ON THE FARM ADULT DAYCARE

**1. REGULATION 55 Pa.Code §2600**

2600.224(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**

Resident #1 was admitted to the facility on [redacted] 15. The resident's pre admission screening completed on [redacted] 15 does not indicate whether or not the resident is capable to safely use and or avoid poisons and also does not indicate whether the resident's needs can be met by the services provided by the facility.

**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.

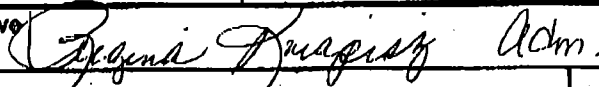
Corrected forms.

Will double check all information is on ~~all~~ all  
mandated forms. 

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

 Adm.

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

REGINA KWAPISZ

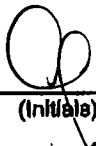
Date 7/2/16

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