



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 05 2017

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 14, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 20497 - 02/14/2017 - Rushin, Julienne  
POC Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 Pa.Code §2600  
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION  
The facility has an oil fired furnace located in the basement of the facility. The facility has not installed Carbon Monoxide Detectors and therefore has failed to comply with the Care Facility Carbon Monoxide Alarms Standards Act.

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.

Carbon Monoxide Alarms placed 15 ft. at least from both  
gas stove + Boiler.

The administrator shall monitor and assure  
ongoing compliance.

3/2/17

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 3/2/17

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

The above plan of correction is approved as of 3/2/17 (Date)

Plan of correction implementation status as of 3/23/17 (Date)

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

- Fully Implemented *Picture - on-site*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20497 - 02/14/2017 - Rushin, Jullenne  
PC Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 Pa.Code §2600  
2810.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION  
Resident # 4 was admitted to the facility [redacted] 16. The facility did not complete a resident home contract until [redacted] 17.

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 family requested bed be held [redacted] /18, due to resident issues placement was not made until [redacted] 17.

Will have family + resident sign contract to date of saving bed.

The administrator shall ensure that prior to admission, or within 24hr after admission, a written resident-home contract between the resident and the home are in place.

The administrator shall be responsible for ongoing

Repeat Violation: No Date(s) of Previous Violation(s): [redacted] Compliance

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) REGINA Kwapisz Date 3/2/17

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The above plan of correction is approved as of 3/2/17 (Date)

Plan of correction implementation status as of 3/23/17 (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 - 02/14/2017 - Rushin, Julianne  
POC Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 Pa.Code §2800  
2800.28(f)(1) - Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home.

2a. DESCRIPTION OF VIOLATION  
Resident # 5 was discharged from the facility on [redacted] 16. The facility did not complete an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed to the resident by 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.

Resident family was given itemized invoice via Quickbooks .... did not make copy but wrote amount given + check number on our records.

Computer died, now have Quickbooks online, still attempting to retrieve info from crashed computer.

Will include itemized copy of invoice in our files.

The administrator shall monitor and be responsible for ongoing compliance per 3/4/17  
5/2/17 check reissued to family

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Régina Kuzpisz*

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

REGINA Kuzpisz

Date 5/2/17

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

The above plan of correction is approved as of

3/2/17  
(Date)

Plan of correction implementation status as of

5/2/17  
(Date)

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

The above plan of correction was approved by

*M*  
(Initials)

Violation Report: 20497 - 02/14/2017 - Rushin, Julianne  
POC Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 56 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 on 6/20/16 for resident # 8 does not include the resident's Temperature, Birth Date or Ability to self-administer medications.

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 filled out information on MAST, but did not transfer information to DME.

Administrator will fill out forms...

The administrator shall ensure that resident medical evaluations are filled out completely.

The administrator is responsible for ongoing compliance.

M 3/21/17

Repeat Violation: Yes      Date(s) of Previous Violation(s): 02/10/2016      06/26/2016

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) REGINA KWAPISZ      Date 3/2/17

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

The above plan of correction is approved as of 3/21/17 (Date)

Plan of correction implementation status as of 3/23/17 (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 - 02/14/2017 - Rushin, Julienne  
 POB Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 65 Pa.Code §2600  
 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 Betameth 0.1% cream prescribed to resident # 2 expired on 10/2016 and was noted in the medication cart.  
  
 Department Representatives observed the following medications located in storage cabinet behind the facility's main kitchen. The following medications were prescribed to current residents however the medications were discontinued: Abilify 10mg previously prescribed to resident # 7, Hydrocodone/APAP previously prescribed to resident # 8, Clozapine 50mg and Amoxicillin previously prescribed to resident # 1, Nitrelat .4mg previously prescribed to resident # 9, Atorvastatin 10mg previously prescribed to resident # 6, Poly Iron 150, Senna Plus, Calcium Oyst, Pantoprazole 40mg, Paroxetine 40mg, Multivitamin Tab, Bupropion XL 150mg previously prescribed to resident # 10, Prednisone Tab previously prescribed to resident # 2, and Anti-Diarrheal Tablets previously prescribed to resident # 11. These medications can no longer remain in 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.

Pharmacy stopped taking medications which are d/t/d and/or expired.  
 Will be changing Pharmacia, 4/1/17  
 Medications put in coffee grinds & disposed off.  
 The administrator shall monitor and ensure that only current prescriptions, OTC, sample and CAM for individuals living in the home shall be kept in the home.

Repeat Violation: No      Date(s) of Previous Violation(s): 3/21/17

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 3/2/17

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

The above plan of correction is approved as of 3/21/17 (Date)      Plan of correction implementation status as of 3/23/17 (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 - 02/14/2017 - Rushin, Julienne  
POC Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

A prescription bottle containing 1 tablet of Simvastatin 20mg was noted in the medication cart without a pharmacy label.

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.

Family brought in, usually send to Pharmacy.  
Kept locked up for safety until, it could be properly disposed off.

New Pharmacy will be disposing of medications for us, so these can be kept locked up & sent back to Pharmacy for disposal.

The administrator shall monitor and assure ongoing compliance. m 3/2/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Rebeka Kwapisz*

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

Rebeka Kwapisz

Date

3/2/17

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

The above plan of correction is approved as of

3/2/17  
(Date)

Plan of correction implementation status as of

3/23/17  
(Date)

The above plan of correction was approved by

m  
(Initials)

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

Violation Report: 20497 - 02/14/2017 - Rushin, Julienne  
POC Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 Pa.Code §2600

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 following blood glucose levels (BGL) were documented incorrectly on resident #1's MAR:

- On 2/7/17 at 8:00 am the meter indicates a BGL of 170; 174 is written on the MAR.
- On 2/8/17 at 9:00 pm the meter indicates a BGL of 274; 174 is written on the MAR.
- On 2/10/17 at 8:00 am the meter indicates a BGL of 138; 180 is written on the MAR.
- On 2/10/17 at 8:00 pm the meter indicates a BGL of 272; 172 is written on the MAR.
- On 2/11/17 at 6:00 pm the meter indicates a BGL of 268; 188 is written on the MAR.
- On 2/12/17 at 6:00 pm the meter indicates a BGL of 307; 107 is written on the MAR.
- On 2/13/17 at 8:00 am the meter indicates a BGL of 159; 164 is written on the MAR.

Resident # 7 is prescribed to have the resident's fasting blood sugar tested 3 times weekly on Monday, Wednesday, and Friday. Department Representatives observed the resident's glucometer. The readings in the glucometer history do not match the readings on the resident Medication Administration Record (MAR). Staff interviews confirmed that the facility is not accurately documenting the resident's blood sugar readings on the (MAR) after the resident's blood sugar is tested.

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.

Gluco meter calibrated + date time set.  
Staff trained to go back + to find accurate Blood sugar for documentation. • The administrator shall monitor for ongoing

Repeat Violation: Yes      Date(s) of Previous Violation(s): 02/10/2016      *fulfillance*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) REGINA Kwapisz      Date 3/2/17      3/2/17

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

The above plan of correction is approved as of 3/2/17 (Date)      Plan of correction Implementation status as of 5/3/17 (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 - 02/14/2017 - Rushin, Julienne  
POC Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 Pa.Code §2600  
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is administered Novolog based on a sliding scale. The incorrect units of insulin were administered on the following dates and times:  
On 2/8/17 at 9:00 pm the resident's Blood Glucose Level (BGL) was 274; 8 units were needed; 4 units were given.  
On 2/10/17 at 8:00 am the resident's BGL was 138; 2 units were needed; 4 units were given.  
On 2/10/17 at 8:00 pm the resident's BGL was 272; 8 units were needed; 4 units were given.  
On 2/11/17 at 8:00 pm the resident's BGL was 268; 8 units were needed; 4 units were given.  
On 2/12/17 at 6:00 pm the resident's BGL was 307; 10 units were needed; "0" units were given.

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 separate page to document blood sugars, Staff trained to verify bloodsugar on machine.

Resident warned that if [redacted] wants to continue to do [redacted] own blood sugars, they must be accurate.

Staff checking + verifying blood sugars on monitor.

The administrator shall monitor and assure ongoing

Repeat Violation: No

Date(s) of Previous Violation(s):

Compliance

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Rebeka Kwapisz*

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

REBEKA Kwapisz

Date

3/2/17 3/2/17

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The above plan of correction is approved as of

3/2/17  
(Date)

Plan of correction implementation status as of

5/3/17  
(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: 20497 - 02/14/2017 - Rushin, Julianne  
POC Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 66 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 # 12 was admitted to the facility on [redacted] 16. The facility did not complete a preadmission screening form until [redacted] 17 after the resident's admission.

The preadmission screening form completed on [redacted] 15 for resident # 13 does not include whether the resident can safely use and avoid poisonous materials.

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.

Due to resident issues admission, was changed from [redacted] 16 to [redacted] 17. Will have relatives & resident's sign contract at time of holding bed.

The administrator will ensure that all residents admitted after the date shown have a pre-admission screening completed. The administrator will ensure that the preadmission screening is accurate and completed in its entirety including signing and dating the form. The administrator shall be responsible for ongoing compliance.

Repeat Violation: No Date(s) of Previous Violation(s): [redacted]

Signature of Legal Entity Representative (Required on EVERY Page) [Signature] 3/21/17

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) REGINA Kwapisz Date 3/2/17

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

The above plan of correction is approved as of 3/21/17 (Date)

Plan of correction implementation status as of 3/23/17 (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: 20497 - 02/14/2017 - Rushin, Jullienne  
PCN Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 Pa.Code §2600  
2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION  
The assessment and support plan finalized on 7/5/16 for resident # 6 is not signed by all parties that participated in the plan's development as required

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 mark that they are unable to sign form, when unable to sign.

The administrator shall ensure that all support plans will be signed & dated by the individuals who participated in the development of the plans. If one or more of the individuals who participated in the development of the plan are unable to or unwilling to sign, documentation of the inability or unwillingness will be kept. The administrator shall be responsible for ongoing compliance.

Repeat Violation: No      Date(s) of Previous Violation(s): 3/21/17

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 3/2/17

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

The above plan of correction is approved as of <u>3/2/17</u> (Date)	Plan of correction implementation status as of <u>3/23/17</u> (Date)
The above plan of correction was approved by <u><i>M</i></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