



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
reginakwapisz@yahoo.com
MAILING DATE: June 7, 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' licensing inspection on March 23, 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.

Sincerely,

Michele Moskalczyk
Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 20497 - 03/23/2017 - Rushin, Julienna
PCN Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 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

The following OTC medications were noted in the medication cart not labeled: a bottle of gummy multi-vitamins, a bottle of Tylenol 500mg and a bottle of Airborne chewable tablets.

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's medication was locked up to keep secure, as all medications in facility. Bottles labeled with owners names.

The administrator shall monitor and assure ongoing compliance.

m

5/31/17

RECEIVED

MAY 30 2017

SCRANTON FIELD OFFICE
Human Services Licensing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Alicia Durrant

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

Alicia Durrant

Date

5/22/17

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

The above plan of correction is approved as of

5/31/17
(Date)

Plan of correction implementation status as of

5/31/17
(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 - 03/23/2017 - Rushin, Julienne
 PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 Pa.Code §2600

2600.187(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

Resident #1 receives insulin based on a sliding scale. The scale is not indicated on the medication administration record (MAR).
 The MAR for resident #2 indicates a blood glucose level of 123 on 3/3/17 at 9:00pm. Resident #2's glucometer did not have a blood glucose reading for that date and time.

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#1: Sliding Scale omitted by pharmacy. Have changed to new pharmacy, sliding scale consistently provided by new pharmacy. Administrator will check monthly to ensure sliding scale is present.

Resident#2: Via doctor's order resident no longer is having their blood sugar tested.

The administrator shall monitor and be responsible for ongoing compliance. m 5/31/17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/10/2016	02/14/2017	03/23/2017
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Signature of Legal Entity Representative (Required on EVERY Page) *Alicia Durrant*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Alicia Durrant Date 5-22-17

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The above plan of correction is approved as of 5/31/17
 (Date)

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

Plan of correction implementation status as of 5/31/17
 (Date)

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

Violation Report: 20497 - 03/23/2017 - Rushin, Julienne
PCH 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 receives Novolog based on a sliding scale. On 3/13/17 at 9:00, the resident's glucometer indicates a blood glucose level of 197; 4 units of insulin was needed, however resident #1's MAR indicates "0" units were administered.

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 discussed steps for checking and recording blood glucose levels, and self administering accurate amounts of insulin, with Lisa. Should future errors occur, staff will handle this whole process. Staff has been supervising blood sugar and units drawn up to ensure proper dosage, but Lisa failed to document the 4 units, but 4 units were given.

The administrator shall monitor and be responsible for ongoing compliance.

m
5/31/17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Alicia Durrant*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Alicia Durrant Date 5-22-17

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