



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 02 2018

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' (Department) annual licensing inspection on January 31, 2018 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 - 01/31/2018 - Dumas, Gerald  
PCH 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 flu poster was not posted in a conspicuous and public place in the home. Effective March 1, 2017 under the Influenza Act, the home shall post the information in a conspicuous and public place informing residents, staff and visitors steps in preventing the spread of the influenza.

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.

Poster was posted day of inspection when I was notified of the ACT.

Will continue to follow acts + laws as soon as I am notified of change.

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 3/12/18

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

The above plan of correction is approved as of 3-21-18  
(Date)

Plan of correction implementation status as of 3-21-18  
(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 - 01/31/2018 - Dumas, Gerald  
PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 65 Pa.Code §2600  
2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION  
The home was found to be video recording in shared common areas of the facility. The home was video recording the resident's dining room area and rear TV lounge located on the first floor of 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.

Had company who put in camera ~~dis~~ stop recording on cameras in common areas and/or redirect to just cover things such as medication cart.

The Administrator will oversee to ensure that no video recording of residents will occur in the home. 


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      Date  
(Required on EVERY Page)      REGINA KWAPISZ      Administrator      3/12/18

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The above plan of correction is approved as of 3/21/18  
(Date)

The above plan of correction was approved by   
(Initials)

Plan of correction implementation status as of 3/21/18  
(Date)

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

Violation Report: 20487 - 01/31/2018 - Dumas, Gerald  
PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 Pa.Code §2800  
2800.86(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. §§ 10225.101-10225.6102).  
(4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION  
Direct Care Staff persons "A" (Date of Hire 8/26/17) and "B" (Date of Hire 11/2/17) did not receive training in reporting of reportable incidents and conditions within the first 40 schedule working hours, as per a interview with the home's administrator "C"

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.

They were trained not properly documented.  
Have changed to form given by inspector and will be using form to properly document training.

The Administrator will review all new employee training and required paperwork prior to filing required documents

training documents provided 3-23-18

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) RESINA KWAPISZ Admin      Date 3/12/18

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

The above plan of correction is approved as of 3/21/18  
(Date)

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

Plan of correction implementation status as of 3/21/18  
(Date)

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

Violation Report: 20497 - 01/31/2018 - Dumas, Gerald  
PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 Pa.Code §2800  
2800.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION  
Ear drops prescribed for resident # 1, P.R.N. for wax build up, expired 12/17.

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.

Reviewed policies with staff and monthly inspection of medication cart and expiration dates of items will be completed by Asst. Adm.

Adm will oversee at a minimum once per month to ensure ongoing compliance.

*[Handwritten initials]*

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/14/2017

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) REGINA KWAPISZ Date 3/12/18

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The above plan of correction is approved as of 3/21/18 (Date)

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

Plan of correction implementation status as of 3/21/18 (Date)

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