



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 01 2019

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's Bureau of Human Services Licensing annual inspection on February 7, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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.

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 that reads 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 20497 - 02/07/2019 - Harvey, Jason
 PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 Pa.Code §2600

2600.20(b)(9) - A copy of the itemized account shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #1's records did not contain a copy of the resident's itemized account.

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's record was missing copy of quarterly financial report. Have changed PNA recording to electronic system (Tabula). Financial reports automatically generated and signed copy saved within EMR. Administrator will monitor compliance on a quarterly basis.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Jennifer DeOliveira Young DeOliveira		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Personal Care Home Admin.		3/5/19

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

The above plan of correction is approved as of	4-3-19 (Date)	Plan of correction implementation status as of	4-3-19 (Date)
The above plan of correction was approved by	ag (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 - 02/07/2019 - Harvey, Jason
 PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 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 A 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.

Finalized PA background check was received, but seperated from initial report. All background checks will be completed within 30 days of hire, and kept in locked filing cabinet maintained by administrator. Scanned copies will also be maintained within electronic Medical record system. Administrator will monitor upon any new hire to assure compliance

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Jennifer DeOliveira

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

Jennifer DeOliveira PCHA

Date

3/5/19

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

The above plan of correction is approved as of

4-3-19
 (Date)

Plan of correction implementation status as of

4-3-19
 (Date)

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

The above plan of correction was approved by

JF
 (Initials)

Violation Report: 20497 - 02/07/2019 - Harvey, Jason
 PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 Pa.Code §2600

2a. DESCRIPTION OF VIOLATION

The home did not complete an annual review of the home's emergency procedures for 2018-2019.

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.

Beginning in 2018, contact was sustained with Berks Co. Dept of Emergency Services, as entire plan was being reviewed and updated. Final draft was submitted for review by Berks Co ES. on 2/26/19. Awaiting approval. Annual Review of Emergency Procedures manual will be added to Quality Management Plan to assure ^{documentation of} annual review. Administrator will monitor annually to assure compliance

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Jennifer DeOliveira*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jennifer DeOliveira PCHA* Date *3/5/19*

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

The above plan of correction is approved as of 4-3-19
 (Date)

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

Plan of correction implementation status as of 4-3-19
 (Date)

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

Violation Report: 20497 - 02/07/2019 - Harvey, Jason
 PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 Pa.Code §2600

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The home did not conduct a fire safety inspection and fire drill was conducted by a fire safety expert within the past 12 month from 11/27/18.

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.

Fire safety inspection and drill was completed by fire safety trained administrator until she clarified with the office that outside fire professional was needed. Immediately scheduled inspection/drill with local fire Marshall. Relationship established to maintain yearly visits to assure safety and compliance. Administrator will assure fire safety drill and inspection are completed annually in November. (last one completed 11/27/2018)

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer DeOliveira*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer DeOliveira RCHA* Date *3/5/19*

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

The above plan of correction is approved as of 4-3-19
(Date)

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

Plan of correction implementation status as of 4-3-19
(Date)

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

Violation Report: 20497 - 02/07/2019 - Harvey, Jason
 PCH Name: DOWN ON THE FARM ADULT DAYCARE

1. REGULATION 55 Pa.Code §2600

2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION

The first aid kit in the 2016 Nissan NV Passenger Van did not contain a breathing shield.

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.

Case of new breathing shields were ordered, and staff failed to replace missing/used item^{due to waiting for delivery}. Check list created and attached to first aid kit to assure all items are present. Check list will be completed annually to assure compliance. Administrator will monitor to assure compliance

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Janice DeOliveira

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

Janifer DeOliveira PCHA

Date

3/5/19

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

The above plan of correction is approved as of 4-3-19
 (Date)

Plan of correction implementation status as of 4-3-19
 (Date)

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

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

Violation Report: 20497 - 02/07/2019 - Harvey, Jason
 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

The preadmission screening in the record of resident #2 (dated 11/21/18) did not indicate if the needs of the resident can be met by the services 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.

Check box missed on form, but completed within residents electronic medical record. Administrator will review all pre/admission paperwork to assure no check boxes are missed.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/17/2018
-----------------------	-----------------------------------	------------

Signature of Legal Entity Representative
 (Required on EVERY Page)

Jennifer DeOliveira

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

Jennifer DeOliveira, PCHA Date 3/5/19

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

The above plan of correction is approved as of 4-3-19
 (Date)

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

Plan of correction implementation status as of 4-3-19
 (Date)

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