

Department of Human Services  
Bureau of Human Service Licensing

February 1, 2021

██████████ OWNER  
COLONIAL MANOR ADULT HOME INC  
2308 EAST MAIN STREET  
DOUGLASSVILLE, PA 19518

RE: DOWN ON THE FARM ADULT  
DAYCARE  
2308 EAST MAIN STREET  
DOUGLASSVILLE, PA, 19518  
LICENSE/COC#: 20497

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/22/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY**

**Facility Information**

Name: *DOWN ON THE FARM ADULT DAYCARE* License #: *20497* License Expiration Date: *06/17/2021*  
Address: *2308 EAST MAIN STREET, DOUGLASSVILLE, PA 19518*  
County: *BERKS* Region: *NORTHEAST*

**Administrator**

Name: [REDACTED] Phone: *610-385-6175* Email: [REDACTED]  
[REDACTED]

**Legal Entity**

Name: *COLONIAL MANOR ADULT HOME INC*  
Address: *2308 EAST MAIN STREET, DOUGLASSVILLE, PA, 19518*  
Phone: *6103856175* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *09/14/2014* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *15* Waking Staff: *11*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident* Exit Conference Date: *12/22/2020*

**Inspection Dates and Department Representative**

*12/22/2020 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *20* Residents Served: *14*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *11* Are 60 Years of Age or Older: *6*  
Diagnosed with Mental Illness: *13* Diagnosed with Intellectual Disability: *8*  
Have Mobility Need: *1* Have Physical Disability: *0*

## Inspections / Reviews

12/22/2020 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *01/08/2021*

1/14/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *01/21/2021*

2/1/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 18 - Compliance With Laws

### 1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

#### Description of Violation

*Per the Order of the Secretary of the Pennsylvania Dept. of Health Requiring Universal Face Coverings, updated November 18, 2020. Section 2 Face Coverings Required Except as provided in Section 3, every individual, age two and older, in the Commonwealth of Pennsylvania shall wear a face covering when:*

*A. Indoors or in an enclosed space, where another person or persons who are not members of the individual's household are present in the same space, irrespective of physical distance.*

*On December 22, 2020, at approximately 9:30 a.m. staff members A, B, and C were not wearing face coverings in the home while near residents.*

18 - Compliance With Laws *(continued)***Plan of Correction****Directed***IMMEDIATELY AND ONGOING:**Dear Providers,**Per the attached Resumption of Annual Inspections During the COVID-19 Pandemic, The Office of Long-Term Living's Bureau of Human Licensing (BHSL) has resumed annual renewal on-site inspections effective October 5, 2020.**In accordance with CDC guidance, and the Order of the Secretary of the Pennsylvania Dept. of Health Directing Long-Term Care Facilities to Implement Measures for Use and Distribution of Personal Protective Equipment, BHSL Licensing Representatives will be reviewing the following practices during their on-site inspections and may cite a violation if warranted:**Universal Masking*

- 1. Staff, including Direct Care Staff, must always wear a facemask while they are in the facility.*
- 2. PCH and ALR staff must also wear facemask outside where staff are unable to maintain the 6-foot social distance.*
- 3. Implement universal masking for everyone entering a facility (e.g., direct care staff, residents, visitors), regardless of symptoms.*
- 4. Residents may remove their cloth face covering/facemask when in their rooms but should put them back on when leaving their room or when others (e.g., staff, visitors) enter the room.*
- 5. The availability of respirator masks and ability to arrange fit-testing in the event that a resident tests positive within the facility.*

*Screening*

- 1. Screen residents and staff for fever and respiratory symptoms (using a checklist for employees such as the one developed by the American Health Care Association and the National Center for Assisted Living or as described by the CDC).*
- 2. Staff should be screened at the beginning of every shift. Test staff who screen positive.*
- 3. Residents should be screened at least daily and test any resident who exhibits fever or symptoms consistent with COVID-19.*
- 4. Actively screen everyone for fever and symptoms of COVID-19 before they enter the facility.*

*PLEASE REVIEW THE ABOVE INFORMATION WITH STAFF AND SEND/ATTACH PROOF OF REVIEW WITH STAFF. The administrator shall be responsible for ongoing compliance.***Completion Date:** 01/21/2021**Update -** 01/14/2021**Document Submission****Implemented***Please see email for reviewed and signed form by employees. Delayed due to employee being out for nose surgery. Wanted to review with everyone before submission.*

# PRIVACY CODING DOCUMENT

## Facility Information

Name: *DOWN ON THE FARM ADULT DAYCARE*

License #: *20497*

License Expiration Date: *06/17/2021*

Address: *2308 EAST MAIN STREET, DOUGLASSVILLE, PA 19518*

## Inspection

Date: *12/22/2020*

Type: *Partial*

## Staff Privacy Coding

<u>Designation</u>	<u>Staff Members Name</u>	<u>Job Title</u>	<u>Date Hired</u>
<i>Staff Member A</i>	<i>Joseph Kwapisz</i>	<i>PCA</i>	
<i>Staff Member B</i>	<i>Jennifer De Oliveira</i>	<i>Administrator</i>	
<i>Staff Member C</i>	<i>Regina Kwapisz</i>	<i>Owner/Administrator</i>	

## Resident Privacy Coding

<u>Designation</u>	<u>Resident's Name</u>
<i>Resident 1</i>	<i>Donna Rood</i>