

Department of Human Services
Bureau of Human Service Licensing

August 17, 2021

PREIDENT
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/18/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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: *6103856175* Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *09/15/1983* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *14* Waking Staff: *11*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *05/18/2021*

Inspection Dates and Department Representative

05/18/2021 - 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: *9* Are 60 Years of Age or Older: *7*
Diagnosed with Mental Illness: *13* Diagnosed with Intellectual Disability: *9*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

05/18/2021 - Partial

Lead Inspector: [REDACTED]	Follow-Up Type: <i>POC Submission</i>	Follow-Up Date: <i>06/21/2021</i>
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6/25/2021 - POC Submission

Lead Reviewer: [REDACTED]	Follow-Up Type: <i>POC Submission</i>	Follow-Up Date: <i>07/02/2021</i>
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7/14/2021 - POC Submission

Lead Reviewer: [REDACTED]	Follow-Up Type: <i>Document Submission</i>	Follow-Up Date: <i>07/21/2021</i>
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7/26/2021 - Document Submission

Lead Reviewer: [REDACTED]	Follow-Up Type: <i>Document Submission</i>	Follow-Up Date: <i>08/02/2021</i>
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8/17/2021 - Document Submission

Lead Reviewer: [REDACTED]	Follow-Up Type: <i>Not Required</i>
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3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The home is not posting licensing inspection summaries publicly and conspicuously. Licensing inspection summaries are made available by staff only upon request.

Plan of Correction

Directed

Licensing summary copied and posted on the main bulletin board in hallway

Directed POC:

The Home will indicate who will be responsible for this task and how often this checking will take place.

█, 6-24-21

Completion Date: 05/18/2021

Update - 06/24/2021

In order to complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC

A photo of the Licensing summary (ies) posted in a publicly accessible place in the home verifying compliance will be sent via the Portal.

█, 6-24-21

Document Submission

Implemented

Current license posted. Administrator will ensure ongoing compliance with this on a yearly basis as new inspection paperwork is received.

89c - Testing Non-Public Water

1. Requirements

2600.

- 89.c. A home that is not connected to a public water system shall have a coliform water test at least every 3 months, by a Department of Environmental Protection-certified laboratory, stating that the water is below maximum contaminant levels. A public water system is a system that provides water to the public for human consumption, which has at least 15 service connections or regularly serves an average of at least 25 individuals daily at least 60 days out of the year.

Description of Violation

The homes most recent water testing was completed in March 2021. Water testing was not completed in December 2020.

89c - Testing Non-Public Water (continued)

Plan of Correction**Directed**

Due to Covid 19 and ill staff unable to do water testing by water agency in December 2020. Testing has been up to date, expressed that the tests need to be completed and pandemic is not a excuse.

Directed Plan of Correction:

Please continue to make efforts, send in the documentation of the efforts the Home has made for the Quarters tat have been missed and any correspondence received. Lacking the above, send a registered letter to the Water testing agency with a cc to the Northeastern Regional Office asking for a time frame, quoting the regulations and enclose a copy as verification.

■, 6-24-21

Completion Date: 05/18/2021

Document Submission**Implemented**

Attached picture for proof of current compliance. Previous contact attempts with water testing agency were made via phone, so unable to provide documentation. Administrator will be sure to send documentation to water testing agency in case of further difficulty scheduling in the future.

92 - Windows

1. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

At time of inspection, the door in the home's kitchen leading to the back patio was propped open. There was no screen door to act as a barrier to the outside, allowing for the penetration of insects and rodents.

Plan of Correction**Directed**

Doors are to be closed by staff, unless screens available.

Directed POC:

The Home will indicate who will be responsible for this task and how often this checking will take place.

■, 6-24-21

Completion Date: 05/18/2021

Document Submission**Not Implemented**

Doors and windows will be closed by staff, during all shifts. Administrator will also make attempts to acquire a screen for the back door to assure compliance. Administrator will do random checks on a weekly basis to assure compliance during regular shifts.

92 - Windows (continued)

Update - 07/26/2021

The home will need to provide at least an estimated date of completion for a screen door for this POC in order to come into compliance for this violation.

█, 7-26-21

Document Submission

Implemented

A screen is being purchased for the door and is estimated to be installed by 9/1/21

Update - 08/17/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, please send the photo of the corrected violation.

Documentation should be sent in the Portal.

█, 8-17-21

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

The battery operated lights near Resident #1 and #2's beds were inoperable at time of inspection. It was discovered that the batteries had died and needed to be replaced.

Plan of Correction

Directed

Residents re-educated on the need to inform staff if batteries to their lights go out. Also told to shut off lights when not in use.

Directed POC:

The Home will indicate who will be responsible for this task and how often this checking will take place.

█, 6-24-21

Completion Date: 05/18/2021

Document Submission

Not Implemented

Administrator responsible to educate residents. Daily checks will be made on week-day mornings by administrator to assure lights are off, and also in proper working order

Update - 07/26/2021

The home needs to submit some sort of evidence of work being done to show verification of the Plan of Correction. It can be a recently completed checklist or audit sheet. Or it can be a photo of the operational lamp.

AG, 7-26-21

101j7 - Lighting/Operable Lamp (continued)

Document Submission **Implemented**

See attached photo for proof that the batteries were replaced and the bedside lights are in working order

Update - 08/17/2021

verification submitted, [REDACTED] 8-17-21

107a - Emergency Preparedness

1. Requirements

2600.

107.a. The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

Description of Violation

A copy of the Berks County Emergency Procedures or local municipalities were not available on-site at time of inspection.

Plan of Correction **Accept**

Immediately contacted Berks County to obtain paper copy of plan. They sent paper copy and placed in separate binder.

Completion Date: 05/18/2021

Update - 06/24/2021

Upon Resubmission of the POC, the Adm will send in a copy of this copy for review and verification of compliance.

AG, 6-24-21

Document Submission **Implemented**

Copy obtained and picture of the binder and table of contents sent as evidence.

141a - Medical Evaluation

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #3 was admitted to the home on [REDACTED] Resident #3's DME states that the resident was evaluated by a physician on [REDACTED], which is more than 60 days prior to admission as required by this regulation.

Plan of Correction **Do Not Accept**

All regulatory forms will be reviewed by the Administrator and doctors will be requested to correct or fill in forms to the standard of the state.

Completion Date: 05/18/2021

141a - Medical Evaluation (continued)

Update - 06/24/2021

This POC does not address the issue that was cited. An acceptable POC must be submitted that addresses how the Home will correct the violation, who will be responsible and how the Home will prevent future violations.

AG, 6-24-21

Plan of Correction

Accept

All regulatory forms will be reviewed by the Administrator prior to admission, and upon yearly completion to assure compliance with time limit. The Administrator will assure compliance or the doctors will be requested to re-evaluate the (potential) resident in order to correct or fill in forms to the standard of the state.

Completion Date: 07/02/2021

Document Submission

Not Implemented

As I am unable to change the past, the administrator will acquire a new DME from the residents doctor during next appointment

Update - 07/26/2021

Are there any new residents with recently completed and correct DMEs that can be submitted? Or are there any recently completed Annual DMEs that have been completed timely and correctly that can be submitted to show evidence of compliance?

Either of those two situations would be acceptable.

AG, 7-26-21

Document Submission

Implemented

See attached for updated form which is completed appropriately

Update - 08/17/2021

verification submitted, [redacted], 8-17-21

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141a 1-10 Medical Evaluation Information (*continued*)

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #3's DME, dated [REDACTED], was not completed to indicate the resident's "Body Positioning."

Resident #4's DME, dated [REDACTED], was not completed to indicate the resident's weight, pulse rate, temperature, immunization history, special diet, or special health needs.

Plan of Correction**Accept**

All regulatory forms will be reviewed by the Administrator and Physicians told to correct and/ or complete form.

Completion Date: 05/18/2021

Update - 06/24/2021

The Adm will add a step that includes a review prior to filing the returned DME so that any corrections or completions may be identified and acted upon ensuring future compliance. Adm will identify who will be responsible for this review step and any added step to make these necessary corrections/additions in concert with the PCP office(s).

As evidence of compliance, the Home will submit corrected/completed DME's for Resident #s 3 & 4. If there are any new admissions or annual DME completions since the renewal inspection, a sample of paperwork will be submitted from these events as well,

AG, 6-24-21

Document Submission**Not Implemented**

The administrator will thoroughly review all regulatory forms before acceptance. If the form is not properly completed by the physician, it will be returned for correction/completeness. Current DME is being obtained from PCP and will be submitted to DHS asap

141a 1-10 Medical Evaluation Information (continued)

Update - 07/26/2021

Are there any new residents with recently completed and correct DMEs that can be submitted? Or are there any recently completed Annual DMEs that have been completed timely and correctly that can be submitted to show evidence of compliance?

Either of those two situations would be acceptable.

█, 7-26-21

Document Submission

Implemented

See attached for updated form which is properly completed

Update - 08/17/2021

verification submitted, █, 8-17-21

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #5's PRN █ was not available.

Resident #6's PRN █ was not available.

185a - Implement Storage Procedures (*continued*)**Plan of Correction****Directed**

We had discarded expired PRN's which have not been used in over a year. Working with doctor to D/C these medications due to non use.

Directed Plan of Correction:

The Adm will add steps to the POC to include more regular checking on this task than once per year. A minimum of once per month should be a minimum standard, when medications arrive from the Pharmacy or Mail Order Delivery.

The Home will have a process to determine what medications needs to be pulled from the cart due to not having current orders, as well as what medications need to be re-ordered as there are current orders but no Rx on hand.

An Audit System or Checklist is a Best Practice method that should be followed. This will be demonstrated in the Verification Process vis use of a system that is ON PLACE, not a blank checklist or audit sheet.

■, 6-24-21

Completion Date: 05/18/2021

Document Submission**Not Implemented**

Administrator will review all medications on a monthly basis to assure they are still safe for use and not expired. If expired, the pharmacy will be notified asap for refill (as was the case during the most recent inspection). Resident's current medication list will be used during these reviews to assure only active medications are present. Amount of use will also be determined and un-used PRN's will be presented to doctors for discontinuance to prevent citations for missing PRN's such as during this last inspection.

Update - 07/26/2021

The Adm or Wellness Manager or similar position will submit an audit sheet or checklist showing the work that has been done in going through the med cart(s) and updating Resident Orders. This can include recent DC orders by PCPs or prescribers.

The Adm is required to submit evidence of compliance in order to fully close the circle of the Inspection cycle.

AG, 7-26-21

Document Submission**Implemented**

All "unused" PRN's were discontinued by PCP and the limited PRN's were assessed for expiration dates. Any expiring PRN's will be requested to be filled by the pharmacy prior to expiration and "unused" PRN's will continue to be assessed and discontinued by PCP as needed

185a - Implement Storage Procedures (continued)

Update - 08/17/2021

verification submitted, AG, 8-17-21

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

An interview with Staff member A indicated that during the Covid 19 Pandemic Resident #5 and #6 were administered [redacted] daily. The residents did not have an order for this medication.

Plan of Correction

Do Not Accept

Vitamins were given when we all had Covid 19. Doctor gave permission via text message and due to there use, the 6 individuals whom should have died, only had mild symptoms. At that time back in April of 2020, no assistance was provided to cover hours of sick staff or assistance in getting the things we needed, so did the best we knew how.

Directed Plan of Correction:

There is no substitute for a script when giving out OTC items on a daily basis to a resident when reported "as ordered by the doctor". In the future, the Home will secure written scripts for Rx, Over the Counter (OTC) and alternative treatments for residents as directed by regulations.

This will be reinforced by staff training of med techs by the Adm, the wellness director or a licensed PA LPN or RN for staff training in the Department's approved med training Train the Trainer medication course. It is imperative for resident health and safety that medications are administered according to the training standards set for by the Department's Training Contractor, Evidence of training will be submitted via signature sheets of attendees and copies of training materials used in said training.

[redacted], 6-24-21

Completion Date: 05/18/2021

187d - Follow Prescriber's Orders (continued)

Plan of Correction**Accept**

No medications will be given to residents without a direct written order from an attending physician. The administrator will review this with staff upon hire, and during quarterly medication reviews throughout the year. A signed review sheet will be submitted to the state for proof of this initial training after the licensing survey

Directed Plan of Correction:

There is no substitute for a script when giving out OTC items on a daily basis to a resident when reported "as ordered by the doctor". In the future, the Home will secure written scripts for Rx, Over the Counter (OTC) and alternative treatments for residents as directed by regulations.

This will be reinforced by staff training of med techs by the Adm, the wellness director or a licensed PA LPN or RN for staff training in the Department's approved med training Train the Trainer medication course. It is imperative for resident health and safety that medications are administered according to the training standards set for by the Department's Training Contractor, Evidence of training will be submitted via signature sheets of attendees and copies of training materials used in said training.

█, 6-24-21

Completion Date: 07/02/2021

Document Submission**Not Implemented**

In the future, the Home will secure written scripts for Rx, Over the Counter (OTC) and alternative treatments for residents as directed by regulations.

This will be reinforced by staff training of med techs by the Administrator. A sign off sheet for the training will be submitted to DHS as proof of education. Vitamin D and Vitamin C which the citation was made for was previously removed from the medication cart by administrator.

Awaiting one staff member training/signature as she is on vacation

Update - 07/26/2021

The Adm will submit the staff training documentation vis the Portal in order to complete the verification of compliance.

AG, 7-26-21

Document Submission**Implemented**

See attached sign off sheet and training material for staff re-training.

187d - Follow Prescriber's Orders (*continued*)

Update - 08/17/2021

verification submitted, A, 8-17-21