

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

June 20, 2023

[REDACTED], ADMINISTRATOR/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 [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/06/2023, 03/24/2023, 04/17/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *DOWN ON THE FARM ADULT DAYCARE* License #: *20497* License Expiration: *06/17/2023*
 Address: *2308 EAST MAIN STREET, DOUGLASSVILLE, PA 19518*
 County: *BERKS* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *10* Total Daily Staff: *20* Waking Staff: *15*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *04/17/2023*

Inspection Dates and Department Representative

03/06/2023 - Off-Site: [REDACTED]
 03/24/2023 - Off-Site: [REDACTED]
 04/17/2023 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *20* Residents Served: *10*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *0*
 Number of Residents Who:
 Receive Supplemental Security Income: *8* Are 60 Years of Age or Older: *4*
 Diagnosed with Mental Illness: *10* Diagnosed with Intellectual Disability: *7*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

03/06/2023 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/29/2023*

Inspections / Reviews (*continued*)

05/05/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/17/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 05/11/2023

05/12/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/17/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/17/2023

06/20/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/17/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

25d - Rent Rebate

1. Requirements

2600.

25.d. A home may not seek or accept payments from a resident in excess of one-half of any funds received by the resident under the Senior Citizens Rebate and Assistance Act (72 P. S. § § 4751-1—4751-12). If the home will be assisting the resident to manage a portion of the rent rebate, the requirements of § 2600.20 (relating to financial management) may apply. There may be no charge for filling out this paperwork.

Description of Violation

The home failed to remit to resident #1's Representative Payee resident #1's [REDACTED] annual portion of the rent rebate funds for calendar years 2020, 2021 and 2022. The total amount due to resident #1 is [REDACTED]. This amount was not remitted to resident #1's SSA's approved legal Representative Payee. The home's Administrator applied resident #1's [REDACTED] annual rent rebate toward balance on arrearages owed by resident #1 for room and board payments for calendar years 2020, 2021 and 2022. The home was not designated by the Social Security Administration (SSA) as resident #1's legal Representative Payee. Resident #1's contract dated 10/5/13 under Section III ACKNOWLEDGEMENTS SUB SECTION, A. (3) LEGAL ENTITY ACKNOWLEDGES THE FOLLOW: "The home may not seek or accept in excess of one-half of any rent rebate monies received under the Senior Rent Rebate and Assistance Act by the resident who is an SSI recipient. The resident will retain 50% percent of any rebate monies received."

The home shall remit a check payable to resident#1's Representative Payee within two weeks of receipt of this violation notice and provide the Department's Personal Care Home Regional Office with proof of payment within three weeks of the receipt of this violation notice.

Plan of Correction**Accept ([REDACTED] - 05/12/2023)**

Despite the rep payee being reported for mishandling residents funds, and also obtaining verbal permission from the resident to apply the rent rebate towards rent arrearages and activities which she wished to participate in, the home will have to take a loss on care and time spent on this resident. We are strongly encouraging AGAIN the [REDACTED] be looked into and HELD ACCOUNTABLE, as there is no reason why the residents rent should not have been paid IN FULL and ON TIME, as well as the resident having spending money to participate in activities [REDACTED] wished. A check (#9026) in the amount of [REDACTED] 5 was mailed on [REDACTED] by the owner, [REDACTED]. Effective immediately, the Administrator, [REDACTED], will monitor all funds due to the home. Any resident or representative that does not pay the owed funds within 30 days will be presented a 30-days notice for non-payment, as our home cannot afford to provide charity care with no reimbursement.

Licensee's Proposed Overall Completion Date: 05/09/2023**Implemented [REDACTED] 06/20/2023)**