

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

October 25, 2024

[REDACTED], 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 08/20/2024 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]  
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *DOWN ON THE FARM ADULT DAYCARE* License #: *20497* License Expiration: *06/17/2025*  
 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]

**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: *11* Waking Staff: *8*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *08/20/2024*

**Inspection Dates and Department Representative**

08/20/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *20* Residents Served: *11*  
 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: *4*  
 Diagnosed with Mental Illness: *9* Diagnosed with Intellectual Disability: *5*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

08/20/2024 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/16/2024*

09/18/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *10/24/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/23/2024*

Inspections / Reviews *(continued)*

09/25/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/24/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/30/2024

10/25/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/24/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

85b - Infestation

1. Requirements

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

The stairway to the outside exit from the second floor contained a large amount of webs, insects and leaves.

Plan of Correction

Accept ( ) - 09/18/2024)

Entire stairwell was cleaned. Weather stripping on bottom edge of door was replaced and now closes entire gap.

Stairwell will be cleaned on a quarterly basis and as needed by staff assigned to cleaning room 7 where the emergency exit is located. Weather stripping will be assessed in the spring and fall by maintenance staff to assure it is intact and working as it should.

Licensee's Proposed Overall Completion Date: 09/17/2024

Implemented ( ) - 10/25/2024)

88a - Surfaces

2. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The weather stripping on the rear exit door and the second-floor exit door was falling off leaving gaps between the door and frame.

Plan of Correction

Accept ( ) - 09/18/2024)

Weather stripping on all external doors were replaced and all gaps sealed. The weather stripping will be assess/replaced as needed by maintenance staff every spring and fall to assure it is intact and working as it should

Licensee's Proposed Overall Completion Date: 09/17/2024

Implemented ( ) - 10/25/2024)

103i - Outdated Food

3. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

The main kitchen freezer contained a 25 ounce bag of Tyson Chicken Tenders. The bag did not have the date of first use.

The main kitchen freezer contained a 25 ounce bag of Breakfast sausage. The bag did not have the date of first use.

Plan of Correction

Accept ( ) - 09/25/2024)

Spoke with staff, and it was reported that dates are hard to place on frozen bags/containers due to moisture, which lead to the above deficiency. Plan was put in place for Administrator to purchase food clips that a piece of tape with the open date can be secured to assure open dates are on all frozen products in original containers. New process will be reviewed with staff during week of 9/16/24-9/22/24 by the administrator and sign off sheet completed that

103i - Outdated Food (continued)

training was completed. New process will be effective 9/23/24 and will be monitored by random audit on a weekly basis by Admin to assure the new process is in place and working.

Licensee's Proposed Overall Completion Date: 09/18/2024

Implemented ( [redacted] - 10/25/2024)

187c - Refusal of Medication

4. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #1's medication administration record documented the resident refused accu-check on [redacted], and [redacted]. The home does not have documentation that the resident's physician was contacted.

Plan of Correction

Accept [redacted] - 09/25/2024)

Verbally discussed blood sugar readings/refusals with PCP on [redacted], and plan to discontinue them all together at next appointment. PCP notified that accu check was refused due to aggressive/explosive behaviors by resident. Blood sugar readings have been normal, so staff did not feel it emergent to report to PCP, but did document the behavior and that it was refused. Upon next appointments. Administrator will receive written orders on process to follow for refusals, should they occur to assure that proper/requested reporting procedures are followed. All refusals will be documented in resident MAR and Tabula. Admin will report refusals to prescribing doctor within 24 hours of refusal, or follow other refusal processes as directed by physician

Licensee's Proposed Overall Completion Date: 09/18/2024

Implemented ( [redacted] - 10/25/2024)