

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

October 1, 2025

[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 09/03/2025 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: *06/17/2026*
 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: *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: *09/03/2025*

Inspection Dates and Department Representative

09/03/2025 - 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: *2* Are 60 Years of Age or Older: *3*
 Diagnosed with Mental Illness: *10* Diagnosed with Intellectual Disability: *4*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

09/03/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/20/2025*

Inspections / Reviews *(continued)*

09/26/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/01/2025

10/01/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in the training topics required by this regulation during training year 2024.

Plan of Correction

Accept (█ - 09/26/2025)

Cited staff was hired █ Administrator was completing staff training yearly based on their "hire date", after completing onboarding training, which includes all required yearly training topics. Staff cited completed onboarding training for █ 2023-█ 2024, and was not cited during 2024 inspection. Cited staff has completed 9 hours of training between █ 2024 and █ 2025. █ is on target to meet the full 12 hours training before the end of 2024. Moving forward, all staff will be trained according to calendar year regardless of their hire date/recent completion of same training topics in order to meet regulatory requirements. Documentation of training will be kept in the staff binder.

Licensee's Proposed Overall Completion Date: 09/12/2025

Implemented (█ - 10/01/2025)

65g - Annual Training Content

2. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Direct care staff person A did not receive training on the topics required by this regulation during the training year 2024.

Plan of Correction

Accept (█ - 09/26/2025)

Cited staff was hired █ Administrator was completing staff training yearly based on their "hire date", after completing onboarding training, which includes all required yearly training topics. Staff cited completed

65g - Annual Training Content (continued)

onboarding training for [redacted]/2023-[redacted]/2024, and was not cited during 2024 inspection. Cited staff has completed 9 hours of training between [redacted]/2024 and [redacted]/2025. [redacted] is on target to meet the full 12 hours training before the end of 2025. Moving forward, all staff will be trained according to calendar year regardless of their hire date/recent completion of same training topics in order to meet regulatory requirements. Documentation of training will be kept in the staff binder.

Licensee's Proposed Overall Completion Date: 09/12/2025

Implemented ([redacted] - 10/01/2025)

82a - Poisonous Materials

3. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

At approximately 9:40 a.m. two spray bottles labeled as Lysol and Windex respectively using scotch tape were found on a shelf in the basement stairwell.

Plan of Correction

Accept ([redacted] - 09/26/2025)

The noted bottles were left by ex-staff member ([redacted] has not worked here in many years), and were clearly unused for quite sometime (settling within the bottles). Bottles were immediately disposed of during inspection. Since Admins arrival, all chemicals in home have been/are purchased and maintained in original, labeled containers. To assure on-going compliance with this, all current staff will sign off that they are aware of this regulation, and will continue to follow it. New hires will also be made aware of this regulation during new hire orientation

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented ([redacted] - 10/01/2025)

89c - Testing Non-Public Water

4. 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 home did not have coliform water testing completed during the 3rd quarter of 2024. The home is not connected to a public water source.

Plan of Correction

Accept ([redacted] - 09/26/2025)

The email communication between Administrator and [redacted] Water Testing was provided to inspector showing discussion with water testing company that the PAID company missing a test is not acceptable. The administrator was assured that it would not happen again. Despite this, due to the other citation, a new water testing company was contacted to take over quarterly testing and remediation. New company has already established testing. Administrator will continue to monitor that testing is completed quarterly, and will maintain documentation in inspection binder.

Licensee's Proposed Overall Completion Date: 09/20/2025

89c - Testing Non-Public Water (continued)

Implemented (█) - 10/01/2025)

89d - Contaminant Level

5. Requirements

2600.

89.d. If the water is found to be above maximum contaminant levels, the home shall conduct remediation activity to reduce the level of contaminants to below the maximum contaminant level. During remediation activity, an alternate source of drinking water shall be provided to the residents.

Description of Violation

The home's coliform water test on 6/25/25 indicated contaminant levels above maximum acceptable levels. The home did not conduct remediation activity to reduce the level of contaminants to below the maximum contaminant level.

Plan of Correction

Accept (█) - 09/26/2025)

Previous water testing company was set up to automatically complete testing and remediation, if needed. Due to two citations related to them not completing work they were paid for, services with them were ended. New testing company immediately obtained and water testing was completed on 9/15/25. Results from test show that both coliform and ecoli levels passed. Testing will be maintained on a quarterly basis with new company. Administrator will sign quarterly testing reports as evidence that they were reviewed and that immediate remediation obtained, if needed.

Licensee's Proposed Overall Completion Date: 09/20/2025

Implemented (█) - 10/01/2025)

109b - Rabies Vaccination

6. Requirements

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

On 9/3/25 a cat named "Kitty" was present at the home. The home does not have a current certificate of rabies vaccination for Kitty.

Plan of Correction

Accept (█) - 09/26/2025)

Efforts were made on 2 occasions to have TeeTee's rabies vaccine updated. The first attempt, the clinic only had "the dog rabies vaccine", which they reported could increase potential side effects. The second time, the doctor called out sick the day of the scheduled appointment. TeeTee's rabies vaccine was updated on 9/11/25. It will be administered again in Sept 2026, and then every 3 years following (as per vaccine schedule). Proof of vaccination will be maintained by administrator in the inspection binder.

Licensee's Proposed Overall Completion Date: 09/20/2025

Implemented (█) - 10/01/2025)

132e - Fire Drill Sleeping Hours

7. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

132e - Fire Drill Sleeping Hours (continued)

Description of Violation

The last fire drill conducted during sleeping hours was 4/4/25 at 5:50 a.m. The previous sleeping hours fire drill was conducted on 9/20/24 at 5:45 a.m.

Plan of Correction

Accept (█ - 09/26/2025)

Sleeping fire drills will be completed yearly in MARCH and September. September fire drill was completed 9/17/25 and will be completed again prior to 3/17/26. Documentation of all fire drills will be maintained in both Tabula Pro (EMR) and the inspection binder for DHS review.

Licensee's Proposed Overall Completion Date: 09/20/2025

Implemented (█ - 10/01/2025)

141b1 - Annual Medical Evaluation

8. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 1's most recent annual medical evaluation was completed on █. The resident's previous annual medical evaluation was completed on █.

Plan of Correction

Accept (█ - 09/26/2025)

Resident 1 was scheduled for an appointment within the designated timeframe for █ annual paperwork. The provider cancelled the appointment due to "billing", reporting that they "cannot bill for the paperwork being completed until greater than one year since (resident 1's) last physical" (despite the paperwork being mostly filled out before the appointment). An out of compliance appointment was provided. When the regulation was explained, they stated it was the soonest availability they had. Moving forward, Administrator will assure that appointments are scheduled in a timely manner, even if that means not disclosing that a paper needs to be signed, and will attend the appointment with the paperwork to assure it is signed by the doctor. Any issues will be reported in an incident report, and completed forms maintained in the residents' records.

Licensee's Proposed Overall Completion Date: 09/20/2025

Implemented (█ - 10/01/2025)