

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

February 5, 2026

[REDACTED]  
COLONIAL MANOR ADULT HOME INC  
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 01/14/2026 of the above facility, no regulatory citations have been identified as a result of this inspection.

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

Sincerely,

[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

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

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *11* Waking Staff: *8*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *01/14/2026*

**Inspection Dates and Department Representative**

*01/14/2026 - On-Site* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *15* 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: *3*  
 Diagnosed with Mental Illness: *10* Diagnosed with Intellectual Disability: *4*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

*01/14/2026 Partial*  
 Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND