

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

June 23, 2026

[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 04/23/2026 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:** dept 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:** 04/23/2026

Inspection Dates and Department Representative

04/23/2026 - 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: 8 **Are 60 Years of Age or Older:** 2

Diagnosed with Mental Illness: 9 **Diagnosed with Intellectual Disability:** 2

Have Mobility Need: 0 **Have Physical Disability:** 2

Inspections / Reviews

04/23/2026 Full

Lead Inspector: Jennie Heinberg **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/24/2026

06/03/2026 - POC Submission

Submitted By: Regina Kwapisz **Date Submitted:** 06/17/2026

Reviewer: Ryan Yankowy **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/10/2026

Inspections / Reviews (*continued*)

06/15/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/17/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/17/2026

06/23/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/17/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED that is recognized accepted or certified by the United States Department of Education or the Pennsylvania Department of Education or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept (█) - 06/15/2026

Direct care person A provided proof of further education upon hire. Inspector felt that certificate appeared questionable, so felt a copy of GED or diploma was also necessary to confirm education. Staff "A" was able to provide copy of proof of GED in addition to further education. See attached. All other staff records were reviewed and Administrator confirmed presence of appropriate diplomas or CNA certificates. Moving forward, Administrator will request copy of GED or HS diploma for anyone who's higher education certificate may be questioned.

Licensee's Proposed Overall Completion Date: 06/11/2026

Implemented (█) - 06/23/2026

107d - Procedure Emergency Management Agency Submission

2. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been submitted since 11/06/2019.

Plan of Correction

Accept (█) - 06/03/2026

Was previously informed via DHS inspector (in 2019, I believe) that notation needed to be made in yearly quality improvement plan that emergency plan was reviewed and "no changes made". If changes were made, the updated plan would then have to be resent to local emergency management agency, otherwise just a notation to prove that it was reviewed and no changes were made. We have gone 7 years since then without being cited, as I was following that direction. In order to meet expectations, an email was sent to Union Township by the Administrator, to notify them that there has been no changes to our plan since submission. Administrator will continue to review plan on a yearly bases, and report to Union Township with any changes, or lack there of.

Licensee's Proposed Overall Completion Date: 05/26/2026

Implemented (█) - 06/23/2026

132c - Fire Drill Records

3. Requirements

2600.

132c - Fire Drill Records (continued)

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 10/20/2025 at 7:00 p.m. does not include evacuation time and exit routes used.

The fire drill record for the drill conducted on 01/03/2026 at 5:02 p.m. does not include exit routes used.

Plan of Correction

Accept (█ - 06/03/2026)

Administrator will review all fire drill records on a monthly bases, before submission in tabula, to make sure that no information boxes were missed.

Licensee's Proposed Overall Completion Date: 05/26/2026

Implemented (█ - 06/23/2026)

132e - Fire Drill Sleeping Hours

4. Requirements

2600.

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

Description of Violation

The last fire drill conducted during sleeping hours was on 03/26/2026 at 9:47 p.m. The previous sleeping hours fire drill was conducted on 09/18/2025 at 5:38 a.m.

Repeated Violation 09/03/2025

Plan of Correction

Accept (█ - 06/03/2026)

After previously being cited for overnight fire drills, Administrator assured that reminders were in place to have them done in March and September, as previously noted in our CAP. Inspector this year now saying that they must be within specific dates (if done 3/26, needs to be done before 9/26, otherwise considered "out of compliance" despite being 6 months apart). Administrator was informed that this is a new requirement (?). Moving forward, Administrator will make sure to complete the overnight fire drills EXACTLY 6 months apart. Documentation of this will be kept in Tabula.

Licensee's Proposed Overall Completion Date: 05/26/2026

Implemented (█ - 06/23/2026)