pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 15 2016

Ms. Sherry A. Stockdale, Owner
178 Slaughterhouse Road
Dayton, Pennsylvania 16222

RE: Back to Basics Personal Care
215 Slaughterhouse Road
Dayton, Pennsylvania 16222
License #: 427180

Dear Ms. Stockdale:

As a result of the Department of Human Services' annual licensing inspections on July 8, 2015 and July 9, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

Matthew J. Jones
Director
SH

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: BACK TO BASICS PERSONAL CARE	License Number: 42718
Address: 215 SLAUGHTERHOUSE ROAD, DAYTON, PA 16222	County: Armstrong
Administrator: Sherry Stackdale	Region: WEST
Legal Entity Name: SHERRY STOCKDALE	
Legal Entity Address: 178 SLAUGHTERHOUSE ROAD, DAYTON, PA 16222	

Certificate(s) of Occupancy

R-4
08/03/2011
Wayne Township

Staffing Hours

Resident Support: 0 | Total Daily Staff: 12 | Waking Staff: 9

Type of Inspection: Full | BHA Docket Number: | Notice: Unannounced

Reason(s) for Inspection(s)

Renewal, Complaint

On-Site Inspections Dates and Department Representatives On-Site

07/08/2015: McConnell, Deb
07/09/2015: McConnell, Deb

Off-Site Inspection Dates and Inspectors, if Applicable

07/09/2015: McConnell, Deb

Other Details

Partial or Full Triggers: | Random Indicators:

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 12

Number of Residents Served: 10

Secured Dementia Care Unit in Home: No

Area:

Secured Dementia Unit Capacity, if Applicable:

Number of Residents Served in Secured Dementia Care Unit, if applicable:

Number of Current Hospice Residents: 0

Number of Hospice Residents in past year: 1

Number of Residents who:

Receive Supplemental Security Income: 6

Are 60 Years of Age or Older: 7

Have Mental Illness: 3

Have an Intellectual Disabliity: 0

Have a Mobility Need: 2

Have a Physical Disability: 2

Violation Report: 42718 - 07/08/2015 - McConnell, Deb
PCH Name: BACK TO BASICS PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 6/19/15, the home's administrator, staff person B, was made aware of an allegation of sexual abuse between resident #1 and #2 by the local Area Agency on Aging. The home did not report the incident to the Department.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Immediately: The administrator or designee will review all reportable incidents and conditions at least weekly to ensure all reportable incidents and conditions are reported to the Department in accordance with regulation 2600.16c. 2-19-16

Within 30 days of receipt of the accepted plan of correction: All staff persons will be educated on the home's policy and procedures for reportable incidents and conditions including the reporting requirements. Documentation of education shall be kept in the staff records. 2-19-16

See Page 2A of 9

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) Charles T. Bimmar

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) CHARLES T BIMMAR ADMINISTRATOR

Date 12/4/15

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2-19-16 (Date)

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of 2-19-16 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

On 06/19/15 the administrator was notified, by phone, that Area Agency on Aging was investigating an allegation of "inappropriate behavior" between resident 1 & 2 , not the alleged "sexual abuse" stated in this violation. Administrator notified AAA that the staff at the Home had informed the administrator, that resident 1 and resident 2, had been seen holding hands, and some time later, had been seen kissing each other. The staff confronted resident 1 & 2 and discouraged such activities, since resident 2 was married and his wife visited the facility at various times during the week. The activity was documented and given to AAA and DHS during their investigation. The Administrator interviewed both parties involved, prior to any involvement from the AAA or DHS, and they stated that "they were just friends". It was determined that this activity was consensual by both parties. Documentation was kept concerning this matter. It was determined by the administrator this was not an abusive situation and had not risen to the level where an incident report need be filed with DHS. Holding hands and kissing are not sexual abuse activities to be reported. On-going documentation and monitoring of these activities have been logged.

It was recommended by DHS inspector that an incident report be filed anyway. At that time the administrator did file, a report, with DHS briefly stating the situation. (Copy attached)

To date the Home has not received any information from AAA or DHS concerning this matter, or the outcome of either investigation.

The administrator is asking the Department to consider rescinding this violation based on a non-abusive situation. The Home understands the necessity of reporting abuse, but holding hands and kissing somehow doesn't seem to rise to that level.

Administrator: Charles E. Blanar

Owner: Shery Stockdale

Date: 12/4/15

2-19-16 g

Violation Report: 42718 - 07/08/2015 - McConnell, Deb
PCH Name: BACK TO BASICS PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION
On 7/8/15, the first floor common bathroom did not have a door which locks in order to provide privacy.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

violation withdrawn 4

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date

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- ☐ Not Implemented

Violation Report: 42718 - 07/08/2015 - McConnell, Deb
PCH Name: BACK TO BASICS PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

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 mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A did not receive training on: meeting the needs of the resident as described in the preadmission screening for, assessment tool, medical evaluation and support plan; safe management techniques or care for residents with mental illness or mental retardation, or both during the 2014 training year.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately include dates by which the steps will be completed.

Within 30 days of receipt of the approved plan of correction: The administrator will review all staff current training and records to ensure all direct care staff, including CNAs, have received the required training on all topics in accordance with regulation 2600.65(f) during the 2015 training year. The review will include interviewing all staff persons to measure which training topics were actually provided to each staff person. If any staff has not completed the required training topics in accordance with regulation 2600.65(f), the training will be completed within 30 days of receipt of the approved plan of correction. 2-19-16 ✓

Immediately - The administrator or designated staff person will monitor all direct care staff training through the quality management review process to ensure all direct care staff persons, including CNAs, receive the required trainings in accordance with regulation 2600.65(f) during each established training year. 2-19-16 ✓

See Page 4a of 9

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) Charles T Blair

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) CHARLES T. BLAIR Administrator

Date 12/4/15

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- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Direct care staff "person A" was hired 1/28/14. She was hired as a CNA and has a certificate in good standing. She was enrolled in the "NURSES AIDE REGISTRY"on 2/10/2014 and is good until 2/10/2016. Reg. 2600.65D exempts her from the 16 training courses in 65D which is also covered in 2600.65F, with the exception of medication self administration training. Person A was enrolled in med training in 2014 which she completed and was tested on 01/03/15.Though the test was completed for the entire med training course on 01/03/15 she had already completed the self -administration training with her med training course The home believes this fulfills the requirements for 2014 training. The home does not believe this constitutes a violation of 2600.65D since she has a current CNA certificate and was med trained during the 2014 year. Enclosed is a copy of CNA registration and also a copy of med training student certification form.

The Home is requesting the Department rescind this violation or provide a reasonable explanation why it should not.

Administrator: Charles T Blanar

Owner: Shery Stoddard

Date: 12/4/15

2-14-16

Violation Report: 42718 - 07/08/2015 - McConnell, Deb
PCH Name: BACK TO BASICS PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

On 7/8/15, there was a 12oz can of foam filler, with a manufacture's label indicating "if swallowed call physician immediately", was unlocked and accessible to residents in the basement furnace room. Residents of the home, including #3, have not been assessed capable of recognizing and using poisons safely.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Within 30 days of receipt of the accepted plan of correction: The administrator or designee will monitor the home weekly to ensure poisonous materials are locked and inaccessible to residents. 2-19-16 ✓

Within 30 days of receipt of the accepted plan of correction: All staff persons will be educated concerning the safe storage of poisonous materials and the risks to residents. Documentation of education shall be kept in the staff records. 2-19-16 ✓

See page 5A of 9

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) Charles T. Blaviar

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) CHARLES T. BLAVIAR ADMINISTRATOR

Date 12/4/15

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- ☐ Not Implemented

A new door lock to the basement area was installed that automatically locks when door is closed. This is a one way lock that can only be opened by a master key. There was an existing lock on the basement door that had to be manually locked, but mistakenly was left unlocked. This can no longer happen and will make it impossible for anyone to have access to the basement area unless they have a master key. The staff person on duty will have the key while on shift.

The 12 oz can of foam has been disposed of.

Administrator: Charles E. Blevins

Owner: Sherry Stockdale

Date: 12/4/15

2-19-16 d

Violation Report: 42718 - 07/08/2015 - McConnell, Deb
PCH Name: BACK TO BASICS PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION
The home has conducted four sleeping hour fire drills since 4/29/15. The four sleeping hour fire drill were conducted on 4/29/14, 10/29/14, 11/7/14 and 5/32/15. The home's fire drill record indicates all four sleeping hour fire drills were conducted at 11:00 p.m.

The home has conducted four sleeping hour fire drills since 4/29/15. The four sleeping hour fire drill were conducted on 4/29/14, 10/29/14, 11/7/14 and 5/32/15. The home's fire drill record indicates two staff persons participated in the evacuation of residents during all four fire drills. However, only one staff person is usually scheduled during sleeping hours.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Immediately: The administrator or designee will conduct unannounced fire drills. The staff person aware of the fire drill in advance and activating the fire alarm shall not participate in the evacuation of residents during a fire drill. Fire drill conducted during sleeping hours shall be conducted at different times between the hours of 11:00 p.m. and 7:00 a.m. Documentation of fire drills shall be kept in accordance with regulation 2600.132(c). 2-19-16 r

Immediately: The administrator will monitor the fire drill record monthly to ensure; an unannounced fire drill is conducted at least monthly, sleeping hour fire drills are conducted at different times between the hours of 11:00 p.m. and 7:00 a.m., and the fire drill record accurately indicates the number of staff persons participating in the evacuation of residents. 2-19-16 r

Page 6A of 9

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) Charles T. Blaniar

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) CHARLES T. BLANIAR ADMINISTRATOR

Date 12/4/15

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- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Most of our residents go to bed immediately after evening snack and meds, which occurs 7:30 – 8 pm. Usually by 10 pm all are sleeping. The "night sleeping" fire drills that been conducted around 11 pm because that is when all of the residents are sleeping. After 11:30 pm – 12 midnight various residents begin to get up and go to the bathroom and/or go to the dining/rec area and watch TV for a while before returning to their rooms. It is true there were 2 staff present and participating in the fire drill, but it is also true, there are always at least 2 staff present in the building during the entire night. Only one is on shift, the other is sleeping and available, should an emergency arise. During fire drills, ALL AVAILABLE STAFF present in the facility, weather on duty or sleeping, participate in the fire drill. The reg 2600.132 (G) does not state that the staff available must be awake at the time the fire drill is sounded. They certainly are awake within seconds after the alarm sounds and do participate in the fire drill. There is never just one staff present in the building during sleeping hours and it is manditory that all staff present participate in the drill.

The Home believes it has not violated 132 G and that it has complied with the true intent of this regulation. Please provide further explanation if our conclusion is in error.

Administrator: Charles E Blanian

Owner: Sherrey Stockdale

Date: 12/4/15

2-19-16

Violation Report: 42718 - 07/08/2015 - McConnell, Deb
PCH Name: BACK TO BASICS PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
Resident #1's annual medical evaluation, dated 4/3/15, does not include any medical diagnoses. The document indicates "see notes". However, there were no notes or attachments to the document.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately include dates by which the steps will be completed.

Immediately: The administrator or designated staff person will review all newly completed medical evaluations for accuracy and completion including diagnoses. If the medical form is incomplete or incorrect the medical evaluation will be corrected by the medical professional who completed the medical evaluation or an RN or LPN will contact the person who completed the medical evaluation and obtain permission to correct the medical evaluation form and will indicate the date, time and the person spoken to on the form next to the correction. 2-19-16 g

See Page 7A of 9

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) Charles T. Blanar

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) CHARLES T. BLANAR Administrator

Date 12/4/15

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Response & Plan of Correction pg 7A of 9

At the time of the annual evaluation the DME and MA-51 were left at the doctor's office, to be completed , and forwarded to the home by mail. The doctor,s office forgot to send the attachments at the time of mailing. During the inspection, by DHS, the doctor's office was called and was informed of the oversight and they were subsequently mailed to the home and attached to the proper DME and MA-51.

All other files have been reviewed to insure any attachments necessary are indeed attached to the related documents. This is being done on an "on going basis".

Administrator: Charles E Blanton

Owner: Sherry Sloothaak

Date: 12/4/15

2-19-16

Violation Report: 42718 - 07/08/2015 - McConnell, Deb
PCH Name: BACK TO BASICS PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600 183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

On 7/9/15, there was container of prescription Clotrimazole Cream 1%, apply to bottom of the feet twice daily for 4 weeks, prescribed for resident #3 in the medication cart. The medication was ordered on 4/18/14. The remainder of the medication was not disposed of after the prescription order expired.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Within 30 days of receipt of the accepted plan of correction: All staff persons qualified to administer medications will be educated that expired medications will be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations and the requirements of regulation 2600.183(f). Documentation of education shall be kept in the staff records. 2-19-16

See page 8A of 9

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) Charles T. Blaniar

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) CHARLES T BLANIAR ADMINISTRATOR

Date 12/4/15

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- ☐ Not Implemented

The clotrimazole cream 1% medication has been disposed of. It was an over site when going thru the med cabinet drawers.

A review of time limited medications will be performed on an ongoing monthly basis to insure they are tended to in a timely manor.

Administrator: Charles E Blanar

Owner: Sherry Stoddard

Date: 12/4/15
2-19-16

Violation Report: 42718 - 07/08/2015 - McConnell, Deb
PCH Name: BACK TO BASICS PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
Resident #3 is prescribed Lasix 20mg, 1 tab daily as needed for swelling and K-Dur 20meq, 1 tab daily as needed if taking Lasix. On 7/9/15 neither of the medications was available in the home for administration.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Within 30 days of receipt of the accepted plan of correction: All staff persons qualified to administer medications will be educated on the home's policy and procedures for ordering and distribution of medications and the home's policy and procedures for ordering medications to ensure all prescribed medications, including as needed "PRN" medications, are available in the home for administration. Documentation of education shall be kept in the staff records. 2-19-16 ✓

Within 30 days of receipt of the accepted plan of correction: The administrator or designated staff person qualified to administer medications will complete an initial and monthly audit of the medication cart, medication administration records and prescription orders to ensure all prescription medications are available for administration including as needed "PRN" medications. 2-19-16 ✓

See Page 9A of 9

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative
(Required on EVERY Page) Charles E Blanchard

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) CHARLES E BLANCHARD Administrator

Date 12/4/15

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The medication indicated for res #3 (lasix 20mg & K-Dur) were PRN meds and expire every 6 mo., and need to be reordered if refills are indicated. These meds had expired and were destroyed after the expiration date. Due to "lack of use", these meds had no refills indicated and the pharmacy does not "automatically" refill PRN medications. These meds had actually DC'd themselves after the expiration date. The doctors office was notified and "discontinue orders" were faxed to the pharmacy, which will eliminate the med from the monthly MAR.

PRN meds have been reviewed for all residents so that a similar situation does not exist.

Administrator : Charles L. Blanier

Owner : Sherry Stockdale

Date: 12/4/15

2-19-16