



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 07 2017

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 inspection on October 14, 2016 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



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DEC 28 2016

Violation Report: 42718 - 10/14/2016 - Georgoulis, Karen  
PCH Name: BACK TO BASICS PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

The home's copy of the Chapter 2600 regulations was posted in a locked glass case and not accessible. The home's administrator is the only person who has access to the locked case.

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.

SEE ATTACHED PAGE 2A OF 12

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Charles L. Blaniaro Sherry Stockdale*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *SHERRY STOCKDALE* Date *12/22/16*

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

The above plan of correction is approved as of 2-7-17  
(Date)

Plan of correction implementation status as of 2-7-17  
(Date)

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

The above plan of correction was approved by *SC*  
(Initials)

**Response & plan of correction pg. 2<sup>A</sup> of 12, reg 2600.3 (c)**

**Response:**

The locked glass case, referred to, was adopted to protect these documents from individuals with diminished mental capacity from unknowingly or intentionally destroying or discarding them. On two occasions, in the past, this has happened. One resident, with a paper fetish, totally cleared the bulletin board and shredded all the documents and discarded them in the dumpster during the night. Another resident, with dementia, thought [REDACTED] was an attorney and cleaned the board and discarded the documents in the garbage in the ladies bathroom. While these documents are free and available for viewing, they are not free for the taking and their destruction. The home felt this was the prudent action for the preservation of these required documents. Should anyone, including the above mentioned, wish to examine any of the displayed documents in the case, they need only to ask any staff, and the case would be opened, for their examination, with no questions asked. This action saves considerable time to reconstruct the information contained in the display case, some of which may no longer be available.

Regulation 2600.3(c) does not state any restriction as to the immediate accessibility of these documents, only that they be posted in a public place in the personal care home. Only in the inspection procedures are these restrictions mentioned but 2600.3(c) does not make this distinction. **The Home believes it has complied with the 2600.3(c) regulation as written, and is asking that this violation be withdrawn.**

**POC:** In the spirit of compliance, at the Departments request, the following actions will be taken:

- 1) The lock will be removed from the glass case.
- 2) Copies of all relevant documents will be posted.
- 3) Original documents will be on file in the office so reconstruction of the information in the display case can be performed in a reasonable time frame should this become necessary.
- 4) This will be completed within 30 days of this filing.

Thank you,  
Charles T. Blaniar --- Administrator

Charles T. Blaniar  
Sherry Stockdale --- Owner  
Sherry Stockdale

Date: 12/22/16

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DEC 23 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

8 2-7-17.

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Violation Report: 42718 - 10/14/2016 - Georgoulis, Karen  
PCH Name: BACK TO BASICS PERSONAL CARE

DEC 23 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

The licensing inspection summary, dated 7/8/15 and 7/9/15, was posted in the main hall by bedroom #4. The licensing inspection summary included the resident privacy coding document identifying residents #1, #2, and #3.

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.

SEE ATTACHED PAGE 3A OF 12

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Charles L. Blawie*      *Sherry Stockdale*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)      *SHERRY STOCKDALE*      Date *12/22/16*

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

The above plan of correction is approved as of 2-7-17  
(Date)

Plan of correction implementation status as of 2-7-17  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress ✓
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *g*  
(Initials)

Response & Plan of Correction pg. 3<sup>A</sup> of 12, Regulation 2600.17

**Response:**

**Suggestion to the Department:** The “resident privacy coding document” that is attached as the last page of the “licensing inspection summary” should have a notation or header indicating : “**this page should be detached and kept on file and not displayed for purposes of privacy**”. The Home was attempting to comply with 2600.3(c) so that the inspection summary, in its entirety, was posted in a public place.

**POC:**

The “resident privacy coding document” has been removed and filed in the office. This will be done, on any future violation reports, should they occur.

Thank you,

Charles T. Blaniar --- Administrator

Charles T. Blaniar

Sherry Stockdale --- Owner

Sherry Stockdale

Date: 12/22/16

2-7-17 d

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DEC 28 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

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DEC 28 2016

Violation Report: 42718 - 10/14/2016 - Georgoulis, Karen  
PCH Name: BACK TO BASICS PERSONAL CARE

WEST REGIONAL OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The home is operating a boiler. The home's boiler has not been inspected, approved and been issued a certificate of operation by the Pennsylvania Department of Labor and Industry.

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.

SEE ATTACHED PAGE 4A OF 12

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Charles L. Bloniar* *Sherry Stockdale*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) **SHERRY STOCKDALE** Date **12/22/16**

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

The above plan of correction is approved as of <u>2-7-17</u> (Date)	Plan of correction implementation status as of <u>2-7-17</u> (Date)
The above plan of correction was approved by <u>g</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Response & Plan of Correction pg. 4, Regulation 2600.18<sup>A</sup>

**Response :**

An inspection of the Homes "boiler system" was performed, on Nov. 8, 2016, by [REDACTED] from the Department of labor & Industry, to obtain the proper certifications for the current heating system. The inspection resulted in the need of an additional "high temp. limit control aqua stat" to meet the current safety requirements. No additional problems were found.

[REDACTED] can be reached by the following: Phone: [REDACTED] or e-mail: [REDACTED]

**POC:**

A "high temp. limit control aqua stat" was ordered and installed on the boilers to bring the system in compliance with the current safety requirements. [REDACTED] was notified and has indicated the inspection results have been corrected to reflect these changes and the Home should receive the certificate within 4-6 weeks. Attached is additional documentation concerning this matter.

Thank you,

Charles T. Blaniar --- Administrator

Charles T. Blaniar  
Sherry Stockdale --- Owner

Date: 12/22/16

Sherry Stockdale

2-7-17 g

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DEC 23 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

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Violation Report: 42718 - 10/14/2016 - Georgoulis, Karen  
PCH Name: BACK TO BASICS PERSONAL CARE

DEC 28 2016

WEST MICHIGAN FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(d) SOPb2 - If the home collects a resident's rent rebate under § 2600.25(a), the resident-home contract is to include the home's intended use of the revenue collected from the rent rebate.

2a. DESCRIPTION OF VIOLATION

The home collects 50% of the rent rebate benefit for eligible residents. Resident #4 is eligible to receive the rent rebate benefit; however, the resident-home contract, dated 10/2/12, does not include the home's intended use of the revenue collected from the rent rebate. The rebate indicates "to be determined at time".

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.

SEE ATTACHED PAGE 5A OF 12

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Charles L. Blansino* *Sherry Stockdale*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *SHERRY STOCKDALE* Date *12/22/16*

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

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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>✓</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Response & Plan of Correction pg. 5<sup>A</sup> Regulation 2600.25(d)

**Response:**

Rent rebates will be used to fund various activities and outings for the residents at the Home, throughout the year. (to be determined at time)

**POC:**

Resident #4 contract has been amended to reflect the above statement. Resident #4 has been notified of the changes and has acknowledged the change with [redacted] initials. (copy provided)

All other SSI residents contracts will be reviewed to see if any changes are necessary. Currently on going.

Thank you,

Charles T. Blaniar --- Administrator

Charles T. Blaniar

Sherry Stockdale --- Owner

Sherry Stockdale

Date: 12/22/16

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DEC 23 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

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Violation Report: 42718 - 10/14/2016 - Georgoulis, Karen  
PCH Name: BACK TO BASICS PERSONAL CARE

DEC 8 2016

1. REGULATION 55 Pa.Code §2600  
2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

WEST REGIONAL OFFICE  
Human Services License Unit

2a. DESCRIPTION OF VIOLATION  
The exterior wooden emergency steps, from the 9th step to the 13th step downward, were obstructed by overgrown foliage of thorny rose bush branches and vining greenery that have grown through the back onto the steps and over the sides onto the steps.

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.

SEE ATTACHED PAGE 8A OF 12

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Charles J. Blomaw Sherry Stockdale*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) SHERRY STOCKDALE      Date 12/22/16

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

The above plan of correction is approved as of <u>2-7-17</u> (Date)	Plan of correction implementation status as of <u>2-7-17</u> (Date)
The above plan of correction was approved by <u>SC</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Response & plan of correction pg 8,<sup>A</sup> Regulation 2600.121(a)

Response:

Admitted

POC:

The overgrown foliage has been trimmed back so as not to impede or obstruct the stairway and shall be checked on a routine monthly basis.

Thank you,

Charles T. Blaniar --- Administrator

Charles T. Blaniar

Sherry Stockdale - Owner

Date: 12/22/16

Sherry Stockdale

2-7-174

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DEC 28 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 42718 - 10/14/2016 - Georgoulis, Karen  
 PCH Name: BACK TO BASICS PERSONAL CARE

DEC 8 2016

WEST PENNSYLVANIA OFFICE  
 Human Services Oversight

**1. REGULATION 55 Pa.Code §2600**

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

**2a. DESCRIPTION OF VIOLATION**

The Armstrong County emergency preparedness plan was posted in a locked glass case and not accessible. The home's administrator is the only person who has access to the locked case.

**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.

SEE ATTACHED PAGE 910012

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Charles L. Blain* Sherry Stockdale

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *SHERY STOCKDALE* Date *12/22/16*

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

The above plan of correction is approved as of <u>2-7-17</u> (Date)  The above plan of correction was approved by <u><i>JS</i></u> (Initials)	Plan of correction implementation status as of <u>2-7-17</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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**Response & plan of correction pg. 9<sup>A</sup> of 12, reg 2600.123(b)**  
**Response:**

The locked glass case, referred to, was adopted to protect these documents from individuals with diminished mental capacity from unknowingly or intentionally destroying or discarding them. On two occasions, in the past, this has happened. One resident, with a paper fetish, totally cleared the bulletin board and shredded all the documents and discarded them in the dumpster during the night. Another resident, with dementia, thought [REDACTED] was an attorney and cleaned the board and discarded the documents in the garbage in the ladies bathroom. While these documents are free and available for viewing, they are not free for the taking and their destruction. The home felt this was the prudent action for the preservation of these required documents. Should anyone, including the above mentioned, wish to examine any of the displayed documents in the case, they need only to ask any staff, and the case would be opened, for their examination, with no questions asked. This action saves considerable time to reconstruct the information contained in the display case, some of which may no longer be available.

Regulation 2600.123 (b) does not state any restriction as to the immediate accessibility of these documents, only that they be posted in a public place in the personal care home. Only in the inspection procedures are these restrictions mentioned but 2600.123 (b) does not make this distinction. **The Home believes it has complied with the 2600.123 (b) regulation as written, and is asking that this violation be withdrawn.**

**POC:** In the spirit of compliance, at the Departments request, the following actions will be taken:

- 1) The lock will be removed from the glass case.
- 2) Copies of all relevant documents will be posted.
- 3) Original documents will be on file in the office so reconstruction of the information in the display case can be performed in a reasonable time frame should this become necessary.
- 4) This will be completed within 30 days of this filing.

Thank you,  
Charles T. Blaniar --- Administrator

Charles T. Blaniar  
Sherry Stockdale --- Owner  
Sherry Stockdale

RECEIVED

DEC 28 2016

WEST REGIONAL FIELD OFFICE  
Human Services Licensing

Date: 12/22/16

2-7-17 g

DEC 28 2016

Violation Report: 42718 - 10/14/2016 - Georgoulis, Karen  
PCH Name: BACK TO BASICS PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home has a fire safe evacuation time of 5 minutes specified by a fire safety expert on 1/22/16. However, the home exceeded the fire safe evacuation time on 6/07/16 at 12:30 a.m. with an evacuation time of 5 minutes and 30 seconds.

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.

SEE ATTACHED PAGE 10A OF FILE

Immediately: The administrator shall monitor all fire drills and the fire drill record to ensure a fire drill is conducted at least once a month, a fire drill is conducted during sleeping hours every 6 months, all residents are evacuated to a public thoroughfare or to a fire-safe area within the time specified in writing by a fire safety expert within the past year, and documentation is kept for each fire drill in a record which includes all information required by 2600.132(c).

Immediately: The administrator or designee shall review all resident assessments and support plans to ensure appropriate staffing is available to evacuate all residents to a public thoroughfare or a designated fire safe area within the time specified by the fire safety expert. 2-7-17

Immediately: The administrator shall complete the following steps to reduce the safe evacuation to a time specified in writing by a fire safety expert within the past year:

- Conduct at least two fire drills a month until the home can meet the safe evacuation time specified in writing by a fire safety expert within the past year, for three consecutive months.
- If the home exceeds the safe evacuation time specified in writing by a fire safety expert within the past year, for two consecutive fire drills, the home shall add additional staff to the regular schedule and maintain the staffing level at all times. 2-7-17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Charles J. Blumhard*      *Sherry Stockdale*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      Date  
*SHERRY STOCKDALE*      *12/22/16*

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

The above plan of correction is approved as of 2-7-17  
(Date)

Plan of correction Implementation status as of 2-7-17  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress ✓
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *[Signature]*  
(Initials)

Response & Plan of Correction pg.10<sup>A</sup> Regulation 2600.123 (d)

**Response:**

The fire drill, conducted on 06/07/16, was a night drill. Unfortunately, at the time of the drill, a [REDACTED] resident with mobility needs was going to the bathroom at the time the alarm was sounded. This necessitated the need for the extra 30 sec. over the maximum evacuation time. The resident did do [REDACTED] best to hurry as quickly as possible, but was unable to complete in time to meet the 5 min requirement.

In the past, the Home, has been able to meet the time requirements, stated, in the fire evacuation time, estimated by the Fire Chief. But sometime incidents occur, that are beyond our reasonable control, and this was one such incident. Not that this is a justifiable excuse, but it is what happened.

**POC:**

Fire drill procedures have been reviewed and discussed with staff. The importance of fire drills have been explained to the residence and, expressed, that their co-operation is vital to a successful evacuation, should an emergency arise. The Home will continue to strive to meet the time specified by the Fire Chief in future fire drills.

Thank you,

Charles T. Blaniar --- Administrator

Charles T. Blaniar  
Sherry Stockdale --- Owner

Date: 12/22/16

Sherry Stockdale

2-7-17  
S'

RECEIVED  
DEC 28 2016  
WEST REGION FIELD OFFICE  
Cherry Hill, NJ

RECEIVED

Violation Report: 42718 - 10/14/2016 - Georgoullis, Karen  
PCH Name: BACK TO BASICS PERSONAL CARE

DEC 20 2016

1. REGULATION 55 Pa.Code §2600  
2600.141(b)(1) - A resident shall have a medical evaluation at least annually. WEST REGIONAL OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION  
Resident #7's had a medical evaluation completed on 3/16/15. However, the resident's next medical evaluation was not completed until 6/8/16.  
Resident's #8's had a medical evaluation completed on 4/13/15. However, the resident's next medical evaluation was not completed until 6/6/16.

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.  
*SEE ATTACHED PAGE 11 & 12*  
  
Immediately: The administrator will develop and implement a tracking system to ensure medical evaluations are completed in accordance with regulation 2600.141(a). *2-7-17*  
  
Within 30 days of receipt of the plan of correction: All staff persons involved with the medical evaluation process will be educated on the required time frames of medical evaluations in accordance with regulation 2600.141(a). Documentation of education shall be kept. *2-7-17*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 07/08/2015

Signature of Legal Entity Representative (Required on EVERY Page) *Charles L. Blarinas*      *Sherry Stockdale*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *SHERRY STOCKDALE*      Date *12/22/16*

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

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The above plan of correction was approved by <u><i>SC</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

A

**Response & Plan of Correction pg. 11, Regulation 2600.141 (b) (1)**

**Response:**

Resident #7 was admitted to Back to Basics PCH on [REDACTED] 2015 as a result of a home closing (Wellington Hgt's sold). At the time of [REDACTED] arrival, [REDACTED] annual medical evaluation would not be covered by [REDACTED] insurance, since there would be two in one year [REDACTED] current medical eval. from the previous home was used and placed in [REDACTED] file, and the assessment/ support plan was generated.

Resident #7 had been placed in guardianship in 2013, with [REDACTED] Aunt being the guardian and POA. At the time of admission the aunt had agreed to make all arrangements for medical, dental, clothing and personal needs. His PCP, Dr. [REDACTED] located in Brookville, Pa., was to remain the same. As the March deadline approached the aunt was notified of the need to obtain an annual physical for resident #7. She later notified the home that she had made the arrangements but could not get [REDACTED] in until the first of June. Unfortunately trying to do the right thing does not always work.

Mention has been made of Resident #8, but there is no such resident on the "resident privacy coding document".

**POC:**

A review of resident files are currently under way to ensure that arrangements have been made with the resident's PCP's to have the annual medical evaluations performed within 30 days leading up to their due date.

Thank you,

Charles T. Blaniar --- Administrator

Charles T. Blaniar

Sherry Stockdale --- Owner

Sherry Stockdale

Date: 12/22/16

3-7-17g

RECEIVED

DEC 23 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

RECEIVED

Violation Report: 42718 - 10/14/2016 - Georgoulis, Karen  
PCH Name: BACK TO BASICS PERSONAL CARE

DEC 8 2016

1. REGULATION 55 Pa.Code §2600

2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

WEST REGIONAL OFFICE  
1001 S. 10TH ST  
PHILADELPHIA, PA 19104

2a. DESCRIPTION OF VIOLATION

At 9:00 a.m. and several times throughout the day, resident #6 was observed smoking a cigarette while standing on the left side of the front porch near the front door of the home. The front porch is not the designated smoking area; the designated smoking area is a detached "smoking shack" on the left side of the home.

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.

SEE ATTACHED 12 P OF 12

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Charles L. Blumauer* *Sherry Stockdale*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *SHERRY STOCKDALE (owner)*      Date *12/22/16*

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

The above plan of correction is approved as of 2-7-17  
(Date)

Plan of correction implementation status as of 2-7-17  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *g*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *g*  
(Initials)

Response & Plan of Correction pg. 12, Regulation 2600.144(c)<sup>A</sup>

**Response:**

Resident #6 has been counseled as to the importance of following the home rules pertaining to the smoking policy of this facility. ■■■ is aware of the "smoking shack" provided to all who smoke, at this facility, including the staff ■■■ has stated ■■■ intent to be respectful and follow the home rules in the future.

**POC:**

- 1) The administrator has reviewed and counseled with all smokers, as to the importance of following the Homes policy concerning "smoking" and the use of tobacco products. **Continued and repeated violation of this rule could result in their discharge from the facility.**
- 2) All cigarettes and lighters are to be kept, by the staff, in the kitchen and provided to the resident, at their request, so as to better monitor home rule compliance, and insure the safety of all other residents.

Thank you,

Charles T. Blaniar --- Administrator

Charles T. Blaniar

Sherry Stockdale --- Owner

Date: 12/22/16

Sherry Stockdale owner

2-7-17/4

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DEC 23 2016

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