



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 10 2018

Ms. Sherry A. Stockdale
Owner
Sherry Stockdale
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 6, 2017, 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.

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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 42718 - 10/06/2017 - Winters, Lynn

JAN 04 2018

PCH Name: Back to Basics Personal Care

1. REGULATION 55 Pa.Code §2600

2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #1, dated 06/29/17, does not include a mobility assessment. This section of the medical evaluation is blank.

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

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Charles T. Blawie*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CHARLES T. BLAWIE ADMINISTRATOR* Date *DEC 29, 2017*

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

The above plan of correction is approved as of <u>1/25/18</u> (Date)	Plan of correction implementation status as of <u>1/25/18</u> (Date)
The above plan of correction was approved by <u>BS</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

12/29/17
JAN 04 2018
10:00 AM
10:00 AM

Response & Plan of Correction pg 2 of 7

The medical evaluation for resident #1, dated 06/29/17 has been updated to reflect the current mobility needs and mobility assessment. Dr. office has been contacted so their files may also reflect the current status.

This was an oversight by both the Dr. office and the "Home". The new medical assessment was necessary due to a significant change from a stroke and extended recovery in hospital.

All resident medical evaluations have been reviewed to insure the forms have been filled out by the Dr. office correctly. In the future all medical evaluations will be reviewed by at least two individuals before being placed in the resident files.

Administrator: Charles L. Blamire

Owner: Skippy Stockdale

Date: DEC 29, 2017

Violation Report: 42718 - 10/06/2017 - Winters, Lynn
 PCH Name: Back to Basics Personal Care

JAN 04 2018

1. REGULATION 55 Pa.Code §2600
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
 At approximately 12:00 PM, the following medications were observed unlocked and accessible in the kitchen area:

- Resident #4's Fluticasone Propionate 50 mcg
- Resident #2's Latanoprost 0.0005%
- Unlabeled Clotrimazol & Betamethasone Dipropionate cream USP 1%/0.05% - 15 gram tube
- Resident #3's Budesonide 0.5MG/2ML-1 box
- Resident #3's Ipratropium Bromide/Albuterol Sulfate 0.5/3MG-5 boxes
- Resident #3's Albuterol Sulfate 0.083%.

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

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Charles T. Blaniar*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CHARLES T. BLANIAR Administrator</i>	Date <i>DEC 29, 2017</i>
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JAN 14 2018

Response & Plan of Correction pg. 3 of 7

It is the responsibility of the staff on duty to maintain the security of the kitchen area due to the fact the med cart is located there. Access to the kitchen is to be restricted to staff only and the door is to be locked at all times when staff is not present in the kitchen. This was not adhered to and resulted in the violations of storage of the stated medications.

The following corrections are currently under way and will be completed by January 15, 2018.

- 1) A new door with automatic closure device and automatic locking device will be installed. All staff have been given a key which will be worn on their person at the beginning of their shift and will return it at the end of shift. This door can no longer be accidentally left open. It will self close and lock with no intervention. This door will replace the current door which was made as a double half door and could be opened if the top half was not latched to the bottom half.
- 1) A camera monitoring system has been installed, and is currently in use, to monitor the med cart and the kitchen area.
- 2) Staff will be notified, that any attempt to bypass this measure, may result in termination of employment.

Administrator: Charles E. Blamir

Owner: Sherry Stoddard

Date: DEC 29, 2017

138 1/25/18

Violation Report: 42718 - 10/06/2017 - Winters, Lynn
PCH Name: Back to Basics Personal Care

REGULATORY VIOLATION REPORT

1. REGULATION 55 Pa.Code §2600

2600.183(c) - Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

2a. DESCRIPTION OF VIOLATION

At approximately 11:15 AM, the following medications were unlocked and accessible in the kitchen refrigerator:

- Resident #1's Lantus
- Unlabeled 60 capsule bottle of Adult Probiotics
- Unlabeled 30 capsule bottle of Super Bifido Plus Probiotic.

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 pages 4A and 4B

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Charles T. Blaniar*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CHARLES T. BLANIAR</i>	Date: <i>DEC 29, 2017</i>
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JAN 04 2018

Response & Plan of Correction pg. 4 of 7

The stated refrigerator is to be used for resident medications that are required to be refrigerated. It is a small unit located in the kitchen under the countertop near the med cart. This refrigerator has a small pad lock that is to be locked at all times. Refer to the following page for the corrective actions taken.

Administrator: Charles E. Blamain

Owner: Sherry Stockdale

Date: DEC 29, 2017

BB 1/25/18

Response & Plan of Correction pg. 4 of 7

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JAN 01 2018

It is the responsibility of the staff on duty to maintain the security of the kitchen area due to the fact the med cart is located there. Access to the kitchen is to be restricted to staff only and the door is to be locked at all times when staff is not present in the kitchen. This was not adhered to and resulted in the violations of storage of the stated medications.

The following corrections are currently under way and will be completed by January 15, 2018.

- 1) A new door with automatic closure device and automatic locking device will be installed. All staff have been given a key which will be worn on their person at the beginning of their shift and will return it at the end of shift. This door can no longer be accidentally left open. It will self close and lock with no intervention. This door will replace the current door which was made as a double half door and could be opened if the top half was not latched to the bottom half.
- 1) A camera monitoring system has been installed, and is currently in use, to monitor the med cart and the kitchen area.
- 2) Staff will be notified, that any attempt to bypass this measure, may result in termination of employment.

Administrator: Charles E. Blawie

Owner: Sherry Stockdale

Date: DEC 29, 2017

BB 1/25/18

JAN 06 2018

Violation Report: 42718 - 10/06/2017 - Winters, Lynn
PCH Name: Back to Basics Personal Care

1. REGULATION 55 Pa.Code §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
Resident #4's Propionate 50 mcg was discontinued on 8/10/17; however, the medication was still stored in 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 page 5A

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ADMINISTRATOR*
Charles T. BLANIAR Date *DEC 29, 2017*

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Plan of correction implementation status as of 1/25/18 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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The flonase propionate 50 mcg for resident #4 has been removed from the med cart and destroyed. To prevent this situation from occurring again, the staff on day shift will conduct a weekly review of the entire med cart of all, sample, OTC, & CAM medications as well all PRN medications for date expirations. ALL medications that have been discontinued will be removed from the med cart at the time the discontinuation order has been received.

To insure these measures have been taken, a log will be kept and, the staff will have to sign and date the time the review took place. The administrator will review the log to insure compliance.

Administrator: Charles E. Bloniar

Owner: Sherry Stork

Date: DEC 29, 2017

BB 1/25/18

JAN 24 2018

Violation Report: 42718 - 10/06/2017 - Winters, Lynn
 PCH Name: Back to Basics Personal Care

1. REGULATION 55 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 There were 2 open and undated Lantus pens for resident #1 in the kitchen refrigerator.

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 6A

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CHARLES T. BLANIAR Administrator</i>	Date <i>DEC 29, 2017</i>
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JAN 04 2018

Response & Plan of Correction pg. 6 of 7

The opened and undated lantus pens, for resident #1, have been discarded and a new pen was dated and opened for use. Staff has been notified that all lantus pens must be dated when they are placed in use and only one pen is to be opened at any one time. Administrator must be notified when a new pen is placed in use and the old one is destroyed.

A review, with the staff, of the 28 day time constraint of the lantus insulin pens was conducted. It was pointed out that this was part of their diabetes training and is also printed on the insulin pens.

Immediately and at least monthly thereafter: - A designated staff person will check the home to ensure that prescription medications, OTC medications and CAM are stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. *BB 1/25/18*

Administrator: *Charles E. Blavier*

Owner: *Sherry Stockdale*

Date: *DEC 29, 2017*

BB 1/25/18

Violation Report: 42718 - 10/06/2017 - Winters, Lynn

PCH Name: Back to Basics Personal Care

STATE OF PENNSYLVANIA
DEPARTMENT OF REVENUE

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Lantus -inject 10 units as directed daily; however, the label inaccurately indicates to inject 16 units subcutaneously every night at bedtime.

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 7A

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

DEC. 29, 2017

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1/25/18
(Date)

Plan of correction implementation status as of

1/25/18
(Date)

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

The above plan of correction was approved by

BB
(Initials)

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JAN 04 2018

Response & Plan of Correction pg. 7 of 7

The label on the lantus pens for resident #1 was correct at the time of the initial prescription. After diet modifications and monitoring, resident #1 PCP, ordered a reduction in the daily dose of insulin. The order was faxed to our facility by the Dr. office and the change was made on the medication admin. record. The PCP did not send the update to the pharmacy, consequently a new label was not issued for the medication. A copy of the PCP's order has been faxed to the pharmacy so a new label reflecting the current dose can be affixed to the lantus box.

After brief discussion with the pharmacy, it was recommended that our facility send all script related correspondence to the pharmacy whether or not the Dr.'s send the orders to the pharmacy.

Resident #1 has been receiving the proper dose of insulin as prescribed by the PCP and indicated by the MAR.

Immediately and at least monthly thereafter - A designated staff person will check the original container for prescription medications to ensure they are labeled with a pharmacy label that includes all of the requirements of Chapter 2600.184(a)(1)-(6)

*BB
1/25/18*

Administrator: Charles E. Blanton

Owner: Shirley Storkdale

Date: DEC 29, 2017

BB 1/25/18