

Department of Human Services
Bureau of Human Service Licensing

July 7, 2021

██████████ OWNER
SHERRY STOCKDALE
178 SLAUGHTERHOUSE ROAD
DAYTON, PA 16222

RE: BACK TO BASICS PERSONAL CARE
215 SLAUGHTERHOUSE ROAD
DAYTON, PA, 16222
LICENSE/COC#: 42718

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/02/2021, 02/03/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jody Garvey

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: BACK TO BASICS PERSONAL CARE **License #:** 42718 **License Expiration Date:** 05/11/2021
Address: 215 SLAUGHTERHOUSE ROAD, DAYTON, PA 16222
County: ARMSTRONG **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** 8142578699 **Email:** [REDACTED]

Legal Entity

Name: SHERRY STOCKDALE
Address: 178 SLAUGHTERHOUSE ROAD, DAYTON, PA, 16222
Phone: 8142578699 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: R-4 **Date:** 08/03/2011 **Issued By:** Bureau Veritas North Am.

Staffing Hours

Resident Support Staff: 4 **Total Daily Staff:** 22 **Waking Staff:** 17

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 02/02/2021

Inspection Dates and Department Representative

02/02/2021 - On-Site: [REDACTED]
02/03/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 16 **Residents Served:** 16

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 4 **Are 60 Years of Age or Older:** 16
Diagnosed with Mental Illness: 16 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 2 **Have Physical Disability:** 0

Inspections / Reviews

02/02/2021 - Full

Lead Inspector: *Thomas Smith*Follow Up Type: *POC Submission*Follow-Up Date: *03/25/2021*

3/25/2021 POC Submission

Lead Reviewer: *Jody Garvey*Follow-Up Type: *POC Submission*Follow-Up Date: *03/29/2021*

4/1/2021 - POC Submission

Lead Reviewer: *Jody Garvey*Follow-Up Type: *Document Submission*Follow-Up Date: *04/10/2021*

7/7/2021 - Document Submission

Lead Reviewer: *Jody Garvey*Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

- 18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 06/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. The fossil fuel burning furnace was located in the basement, however, there was no carbon monoxide detector in or near the home's basement furnace room.

Plan of Correction

Accept

There was a carbon monoxide alarm on the next level above the boiler heating system but none on the same floor level as the furnace. Administrator purchased and installed an additional carbon monoxide alarm outside the furnace room.

purchased from Lowes 2/3/2021 see attached receipt.

The carbon monoxide detector will be tested weekly by administrator and documented on chart. (see attached form)

Completion Date: 03/29/2021

Document Submission

Implemented

already accepted

85e - Trash Outside Home

1. Requirements

2600.

- 85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 2/2/21 at 3:30 p.m., the outside garbage dumpster was full of garbage up to approximately 1' above the top of the dumpster, preventing the lids from closing.

Plan of Correction

Accept

Trash is deposited in a closed dumpster and collected every Wed. by [redacted] Unfortunately the inspection took place on the very day the trash was to be picked up, and they failed to do so. Pick up of the previous week was also missed because of snow conditions. (see attached letter from [redacted] Do to the oversights we have terminated service with [redacted] and now use [redacted] Management will continue to hold accountable reasonable expectations. Former had failed for two wks. and had to go.

In addition, a larger dumpster, has been ordered, to increase the current capacity by 30%. This will add an additional buffer for inclement weather conditions. Trash pick up is scheduled weekly on Fridays and will be monitored by owner [redacted]

Completion Date: 03/29/2021

Document Submission

Implemented

already accepted

86b - Bathroom

1. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

On 2/2/21 at 11:25 a.m., the ventilation fan in the 1st floor women's bathroom was inoperable and there was no window in the bathroom.

Plan of Correction

Accept

Staff notified administrator on evening of 2/1/21 that the ventilation fan had quit working while tending to resident. New fan was purchased from Lowes on 2/3/21 and installed 7 PM that evening. Staff will continue to report to the management any issues that need repaired so they may be dealt with in a reasonable time frame.

The fan is checked daily by staff ([REDACTED]) and is to report to the administrator any issues. This has been the standard procedure for the facility and has also worked in this case. An additional fan has been purchased and will be kept on stock to reduce repair time. Staff keeps notes in a notebook located in the kitchen, that administrator reviews daily.

Completion Date: 03/29/2021

Document Submission

Implemented

already accepted

100b - Removal Snow/Obstructions

1. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

On 2/2/21 at approximately 11:17 a.m., there was approximately 3.5" of snow accumulation outside the second floor exit of the home, including the walkway that was approximately 30' in length, and 17 steps that led down to a landing.

100b - Removal Snow/Obstructions (continued)

Plan of Correction

Directed

On the morning of the inspection a snowfall of approx. 4 in. occurred during the night ending at approx. 10 am. Administrator, (normally does snow removal) had a doctors appointment at the [REDACTED] and had to leave the facility at 5:30 am during heavy snowfall, and returned at approx. 11:30 am, at which time the snow was removed from stairs, walkway, and parking lot. Task was completed by 12:30 pm. This may not have been ideal, but t was not unreasonable.

There needs to be a clearer definition of "reasonable amount of time" as stated in the discussion in the RCG. The staff had begun, clearing the entrance, when morning shift arrived.(while it was still snowing). They had to quit to attend to the residents. Administrator arrived after the snow had stopped and completed clearing the remainder. This administrator is requesting the dept. to expand on the limits of "reasonable time", given the above circumstances.

(Directed)-

By 4/10/21, the administrator or designated staff person will create and implement a policy and procedure to ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes. The policy and procedures will include a plan for snow removal including who is responsible for removing snow in the absence of the administrator. Documentation will be submitted to the Department. **(J.G. 4/1/21)**

(Directed)-

By 4/10/21, all staff will be educated on §2600.100(b) and the new policy and procedure. Documentation will be submitted to the Department. **(J.G. 4/1/21)**

Completion Date: 03/29/2021

Document Submission

Implemented

A new policy and procedure has been implemented pertaining to 2600.100(b) and all staff has been educated to the requirements and procedures. (see attached)

101f - Bedroom Window

1. Requirements

2600.

101.f. Each bedroom must have a window with direct exposure to natural light.

Description of Violation

Resident #1's bedroom does not have a window that offers direct exposure to natural light.

Plan of Correction

Accept

Resident has a door with full length 9 pane windows with direct access to hall which has direct light from outside. (see attached pictures) As per discussion in RCG the home is in compliance with 2600.101.f and no farther action is necessary. The inspector seemed to have an issue with the "window" verbiage, versus, "door with windows".

Completion Date: 02/02/2021

Document Submission

Implemented

already withdrawn

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #2 did not have access to a source of light that could be turned on/off at bedside. The resident's lamp was located approximately 5' from the foot of the resident's bed.

Plan of Correction

Accept

Resident in question has a night stand with an operable lamp, but does not want it located next to bed. Staff has mounted a wall touch light next to the bed, that can be activated bedside. It can also be used as a motion lite if desired.

Night staff () will test the functionality of the unit nightly and report any issues (via staff notebook). Administrator will review notes daily.

Completion Date: 03/29/2021

Document Submission

Implemented

already accepted

101r - Bedroom - shades/drapes/window covering

1. Requirements

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

The blinds covering the window in resident #1s bedroom door were missing approximately 10 slats, causing an approximately 7"X12" hole and allowing a clear view of the resident's bedroom from outside of the door.

Plan of Correction

Accept

New blinds have been replaced on resident bedroom door. This room had to be used as a temporary "hospice" room. Repairs were made to the room but blinds had not yet been addressed. Situation has been corrected by the administrator. Staff will notify administrator when necessary repairs need to be made (via staff notebook) which will be reviewed by administrator daily.

Completion Date 03/29/2021

Document Submission

Implemented

already accepted

109b - Rabies Vaccination

1. Requirements

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

109b - Rabies Vaccination (continued)

Description of Violation

On 2/2/21, a small dog named Sparky was present at the home; however, the home did not have a current certificate of rabies vaccination for the dog.

Plan of Correction

Accept

Due to covid pandemic, [REDACTED] service was performing "emergency only" services. All shots had to be delayed until a later date. Current scheduled date for "Sparky" to get his rabies shot is April 1, 2021.

A digital reminder has been placed on the phones of - [REDACTED] (owner), [REDACTED] (asst. administrator), [REDACTED] administrator). The reminder will be displayed 30 days prior to due date. [REDACTED] will be responsible for monitoring.

Completion Date: 03/29/2021

Document Submission

Implemented

already accepted

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's most recent medical evaluation was completed on 12/5/19 and there was no documentation from the resident's physician indicating an acceptable timeframe for completion of the next medical evaluation.

Plan of Correction

Directed

Resident had appointment for a medical evaluation, physical, (annual) and DME to be completed on 12/7/2020. PCP cancelled due to accident (office closed) and rescheduled eval. for 2/22/21 at 1 pm. This documentation was provided to the inspector on 2/3/21 and has been placed in resident records. Administrator will review all resident records to insure proper documentation is in compliance with current guidelines.

This is a documentation error, not a violation of the regulation. Staff has been notified that all Dr. appt. are to be kept in a separate log and any changes need to be faxed by the Dr. office, and not just a verbal acknowledgment by phone. Administrator will review log on daily basis.

(Directed)-

By 4/10/21, all staff responsible for ensuring timely completion of medication evaluations will be educated on §2600.141(b)(1) as well as suspended regulations guidance issued 3/9/20, including the limited suspension of §2600.141(b)(1), under the following circumstances: If the resident's primary care physician determines that the medical evaluation can be conducted at a later date, then the facility can postpone the medical evaluation to the date determined by the physician; provided that, the medical evaluation must be performed no later than 90 days after the Emergency Declarations is lifted. The facility shall document the primary care physician's determination in the resident's record for subsequent review. Documentation will be submitted to the Department. **(J.G. 4/1/21)**

Completion Date: 03/29/2021

141b1 - Annual Medical Evaluation (continued)

Document Submission

Implemented

The facility has software installed to monitor the needs of the residents. the software is used to help maintain compliance and monitors resident's annual forms including assessments, support plans, medical evaluations and more. a review of the software capabilities was conducted on 4/8/21. In attendance was the administrator ([REDACTED]), assist. administrator ([REDACTED]) facility owner ([REDACTED]) Also reviewed at that time was reg. 2600.141(b) (1) pursuant to memorandum of 3/9/20. The software has been set to flag up coming resident appointments and and annual doctor visits, and necessary forms, two months in advance to maintain compliance. The medical evaluation in this case had been determined by the primary care physician to be conducted at a later date. Residents PCP's office was closed until Feb. due to an accident involving the PCP. Information has been placed in the resident's file.

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

Description of Violation

Resident 2's most recent assessment was completed on 12/07/19.

Plan of Correction

Directed

An accurate assessment and support plan cannot be developed without a medical evaluation from the PCP. The medical eval and DME has been completed and a new assessment and support plan has been developed. This situation has occurred because of the above incident. Administrator will review all resident records to insure documentation is in compliance with current guidelines.

Due to the temporary suspension of 2600.141.b1 then 225c is an automatic default violation, since it was not addressed and no suspension applied. For the benefit of the resident, a doctors assessment is necessary so an accurate RASP can be developed. This seems a "catch 22" scenario. The Home feels this violation was improper, due to the current circumstances.

(Directed)-

By 4/10/21, the administrator or designated staff person will review all resident records to ensure timely completion resident assessments in accordance with §2600.225(c)(1), and all staff responsible for completing resident assessments will be educated on §2600.225(c)(1). Documentation will be submitted to the Department. **(J.G. 4/1/21)**

(Directed)-

Beginning 4/10/21, the administrator or designated staff person will conduct monthly reviews of resident assessments to ensure that all assessments due each month are completed timely. Documentation will be submitted to the Department. **(J.G. 4/1/21)**

Completion Date: 03/29/2021

Document Submission

Implemented

On 4/9/21 a review of all resident records was conducted by administrator and assistant administrator pertaining to annual assessments and all were current with 2600.225(c)(1). Monthly reviews will be conducted by the assistant administrator to ensure that all assessments will be up to date.