

Department of Human Services
Bureau of Human Service Licensing

May 25, 2022

[REDACTED], OWNER
[REDACTED]
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/03/2022, 01/04/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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: *05/11/2022*
Address: *215 SLAUGHTERHOUSE ROAD, DAYTON, PA 16222*
County: *ARMSTRONG* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *R-4* Date: *08/03/2011* Issued By: *Bureau Veritas N.A. Inc,*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *16* Waking Staff: *12*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *01/04/2022*

Inspection Dates and Department Representative

01/03/2022 - On-Site: [REDACTED]
01/04/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *16* Residents Served: *15*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *4* Are 60 Years of Age or Older: *15*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *4*
Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

01/03/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/07/2022*

Inspections / Reviews (*continued*)

03/03/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *03/07/2022*

03/14/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *03/21/2022*

05/25/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

82a - Poisonous Materials

1. Requirements

2600.
82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On 1/3/22, there was a spray container with approximately 16oz. of liquid stored in the black chemical cabinet in the kitchen. The container was marked "Clorox Clean-up" in black marker.

Plan of Correction

Accept

The facility purchases cleaning products and disinfectant in bulk when possible and transfers them to other spray containers for use. They are normally labeled with black marker to identify product. An alternate procedure, for labeling, will be to take a picture of original label and attach it to the alternate container. (see attached) Staff has been notified of the change and administrator will follow-up to insure procedures are being followed..

Completion Date: 02/04/2022

Document Submission

Implemented

ok

92 - Windows

1. Requirements

2600.
92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

On 1/3/22, there was no screens in the double windows of resident #1' and #2's bedroom, the single window in resident #3's bedroom, and the single window in resident #4's bedroom. All of the windows are operable.

Plan of Correction

Accept

The facility has screens for all windows. They were temporally removed for winter weather and stored in the rooms, to be reinstalled in March, since there are no bugs during winter months. This in no way prohibits the residents from opening the windows if they so wish. Window screens have been reinstalled. Air conditioning units are installed in these windows for the months April-October, and the screens cannot be utilized anyway.

Completion Date: 02/01/2022

Document Submission

Implemented

ok

103g - Storing Food

1. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 1/3/22, the following food items in the kitchen were opened and unsealed:
1 pound bag of lightly salted potato chips, approximately 1/2 full, in the dry food storage
Sleeve of saltine crackers, approximately 3/4 full, in the dry food storage
5 pound bag of shredded cheese, full, in the left side white upright freezer

103g - Storing Food (continued)

Bag of white bread, 6 slices, on the stainless shelves
Bag of hot dog buns, 6 buns, on the stainless shelves

Plan of Correction

Accept

This issue has been addressed with all staff, and all corrections have been resolved. Also the attached has been affixed to all food storage areas and freezer/refrigerators. Administrator will monitor to insure procedures are being followed.

Completion Date: 02/01/2022

Document Submission

Implemented

ok

131f - Fire Extinguisher Inspection

1. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The Ansul fire extinguisher pull system in the kitchen has not been inspected by a fire safety expert since December 2018.

Plan of Correction

Accept

[REDACTED] was called in Jan. 2022, requesting an inspection of the Ansul fire suppression system at this facility. Due to a family emergency at JAWCO. the inspection had to be delayed for a date to be determined. (see attached). On March 4, 2022 a letter was faxed to Back to Basics, from JAWCO, confirming the inspection date to be scheduled for, March 17, 2022 at 7am. (see attached). Going forward there will be an annual inspection of the Ansul system.

Completion Date: 03/17/2022

Document Submission

Implemented

ok