

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

February 7, 2024

[REDACTED], OWNER

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 01/09/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: BACK TO BASICS PERSONAL CARE **License #:** 42718 **License Expiration:** 05/11/2023
Address: 215 SLAUGHTERHOUSE ROAD, DAYTON, PA 16222
County: ARMSTRONG **Region:** WESTERN

Administrator

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

Legal Entity

Name: SHERRY STOCKDALE
Address: [REDACTED]

Certificate(s) of Occupancy

Type: R-4 **Date:** 08/03/2001 **Issued By:** Wayne TWP

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:** 01/09/2024

Inspection Dates and Department Representative

01/09/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 16 **Residents Served:** 14

Secured Dementia Care Unit

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

Hospice

Current Residents: 14

Number of Residents Who:

Receive Supplemental Security Income: 3 **Are 60 Years of Age or Older:** 14
Diagnosed with Mental Illness: 3 **Diagnosed with Intellectual Disability:** 3
Have Mobility Need: 2 **Have Physical Disability:** 0

Inspections / Reviews

01/09/2024 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/26/2024

01/31/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 02/07/2024
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/07/2024

Inspections / Reviews *(continued)*

02/07/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/07/2024

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

02/07/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/07/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

81b - Resident Personal Equipment

2. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #2 has bedrails on both sides of the bed. The bedrail on the right side of the bed has an uncovered opening of approximately 17" by 14" and is not fully secured. This allows for movement of the bedrail of approximately 2 1/2"-6" between it and the mattress. The bedrail on the left side of the bed has an uncovered opening of approximately 6" by 8." This presents a potential entrapment hazard.

Repeated Violation: 2/6/23

Plan of Correction

Accept () - 01/30/2024

on 1/17/24 asst. administrator/owner called resident #2 PCP requesting a review of resident #2's need for bed rails and D/C if necessary. On 1/17/24 asst. administrator notified resident #2 family by phone, that bedrails will be removed from resident #2 bed, pending a D/C order from the PCP. on 1/18/24 asst. administrator provided the family and resident #2 with a copy of "Bureau of Human Services Licensing use of Bedside Mobility Devices in Personal Care Homes and Assisted Living Residences", dated 06/26/23, that was provided by inspector. On 1/24/24 D/C order, discontinuing the need for bedrails, was received from resident #2 PCP. On 1/24/24 asst. administrator instructed staff to remove the bedrails on resident #2 bed. On 1/24/24 administrator instructed staff that they are to assist resident #2, getting out of bed and getting back into bed from here on. On 1/24/24 administrator updated resident #2 support plan to reflect changes as to the need and removal of bedrails. Beginning 2/1/24 bed rails will no longer be used at Back to Basics PCH.

Licensee's Proposed Overall Completion Date: 01/26/2024

Implemented () - 02/07/2024

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

3. Requirements

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

There is no grab bar, handrail or assist bar for the toilet and urinal in the men's common bathroom.

Plan of Correction

Accept () - 01/30/2024

On 1/24/24 administrator installed a new "grab bar" for the toilet and urinal in the men's common bathroom. On 1/24/24 administrator informed staff the grab bar had been install in the men's room and instructed staff to inspect the bathrooms on the daily cleaning and report any issues on the daily log located in the kitchen. Beginning 1/24/24, administrator will review log book weekly and address any issues.

Licensee's Proposed Overall Completion Date: 01/26/2024

Implemented () - 02/07/2024

103e - Left Overs

4. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There was an unlabeled, undated, large plastic container of soup in the double refrigerator in the kitchen.

Plan of Correction

Accept (█ - 01/30/2024)

On 1/9/24 facility owner/asst. administrator removed the large plastic container of soup, from the double refrigerator in the kitchen, and placed a label on the container stating it was vegetable soup dated 1/8/24. On 1/9/24 asst. administrator re-educated the staff as to the requirements of 2600.103(e), informing them that all food must be labeled and dated before placing in the refrigerator. On 1/17/24 administrator reminded staff that any leftover food exceeding 3 days, from date on label, must be removed and thrown away. This is standard operating procedure and has not changed.

Beginning 1/24/24 asst. administrator or assigned staff, will check refrigerator daily for proper labeling and dates on food, and will document the date of the inspection on a sheet attached to the refrigerator. Beginning 1/24/24 administrator will follow-up to insure inspection has been done.

Licensee's Proposed Overall Completion Date: 01/26/2024

Implemented (█ - 02/07/2024)

181c - Self-administration Assessment

5. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #1 self-administers the medication, █, inject 10mg. Sub-Q once daily; however, Resident #1 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding the ability to self-administer medications and the need for reminders to take medications. Resident #1's medical evaluation, dated 1/5/23, does not indicate if the resident can or cannot self-administer medications.

Plan of Correction

Accept (█ - 01/30/2024)

Resident #1 is in the process of changing PCP. Resident #1 is a veteran and has decided to receive all medical care with VA Healthcare System, Butler Pa. Resident #1 first visit to VA was on █. On █, asst. administrator called resident #1 PCP, at the VA, to request a statement on resident's ability to self-administer the █ shot. On █ resident #1 PCP, from the VA, faxed a letter to the facility stating, resident #1 can self-administer the prescribed injection. On █, resident #1 was reassessed by PCP and a new DME filled out by the VA PCP indicating resident #1 can self-administer medications. On █ administrator informed staff that resident #1 was able to self-administer medications. On █ administrator instructed staff that resident #1's medications were to be prepared and presented to the resident at the appropriate time. On 1/18/24 administrator updated resident #1 records with the new DME, assessment & support plan to reflect the new status of the resident's ability to self-administer medications. [Beginning January 2021, the home will ensure that the ability to self-administer

181c - Self-administration Assessment (continued)

medications is documented during each resident's initial and annual medical evaluations.]

Proposed Overall Completion Date: 01/26/2024

Licensee's Proposed Overall Completion Date: 01/26/2024

Implemented () - 02/07/2024)

183e - Storing Medications

6. Requirements

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.

Description of Violation

On [redacted], Resident #2's [redacted], instill 1 drop each eye 3 times a day as needed, was opened and not dated with the opening date. According to the manufacturer's instructions, the medication expires three months after opening.

Plan of Correction

Accept () - 01/30/2024)

On 1/22/24 administrator removed and discarded resident #2 [redacted]. On 1/22/24 administrator purchased new [redacted] to replace discarded eye drops. On 1/22/24 administrator educated staff as to the importance of dating OTC/CAM medications. Beginning 2/5/24 administrator or delegated staff will inventory med cart, monthly, to insure medications and OTC/CAM meds have been properly dated and stored, for all residents. The documentation for these inspections will be kept on chart with the med cart.

Licensee's Proposed Overall Completion Date: 01/26/2024

Implemented () - 02/07/2024)

184a - Resident's Meds Labeled

7. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 3. The date the prescription was issued.
- 4. The prescribed dosage and instructions for administration.
- 5. The name and title of the prescriber.

Description of Violation

Resident #1 is prescribed, [redacted], 1 capsule via inhaler, inhale once a day (2 puffs per cap). The pharmacy label for Resident 1's [redacted] does not include the date that the prescription was issued, prescription dosage and instructions for administration, and the name and title of the prescriber.

Resident #3 is prescribed, [redacted], 1 drop each eye as needed. The pharmacy label indicates 1 drop into both eyes twice a day.

Repeated violation: 2/6/23

184a - Resident's Meds Labeled (continued)

Plan of Correction

Accept [redacted] - 02/07/2024)

The label information for resident #1 [redacted], was not included by the pharmacy. The information was correct on the MAR. On 1/9/24 staff placed a label on the inhaler medication to "refer to MAR for administration". On 1/18/24 resident #1 visit to PCP at VA, the spiriva inhaler medication was discontinued due to lack of use. Resident #1 will be re-evaluated by pulmonary in Feb. VA appointment.

On 1/10/24 owner of Back to Basics called [redacted] Pharmacy to schedule meeting with a representative. On 1/12/24 owner and administrator met with Diamond rep. On 1/19/24 administrator of Back to Basics signed contract for pharmacy services. On 1/24/24 contract took effect. Scheduled pharmacy deliveries are to begin 2/5/24. This should resolve most of the labeling and delivery issues that have been on going with the current pharmacy. beginning 1/24/24 staff will monitor and report all med issues on chart located on med cart. Beginning 1/24/24 administrator or asst. administrator will review chart daily and address necessary issues.

Resident #3 original pharmacy label was "one drop in both eyes twice daily". Due to insurance issues the script had to be changed to a PRN "1 drop each eye as needed". The information on the MAR is correct. On 1/9/24 staff attached a label to resident #3 systane stating to "refer to MAR for administration".

Beginning Feb. 5, 2024 administrator or delegated staff will inventory med cart monthly to insure medications and OTC/CAM meds have been properly dated and necessary information is included. [Resident #3's medication label will contain all the required information.] Documentation of this inventory will be kept on chart with the med cart.

Proposed Overall Completion Date: 01/26/2024

Licensee's Proposed Overall Completion Date: 02/07/2024

Implemented [redacted] - 02/07/2024)

187d - Follow Prescriber's Orders

8. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

On [redacted], Resident #2 was prescribed [redacted], 1 tablet 3 times a day for 90 days. However, this medication was not administered to Resident #2 on [redacted], because the medication was not available in the home.

Repeated violation: 2/6/23

Plan of Correction

Accept [redacted] - 01/30/2024)

On [redacted] resident #2 PCP ordered additional 2pm dose of [redacted]. On [redacted] pharmacy delivered the additional 2pm dose for [redacted]. Next med cycle delivery on [redacted] did not include resident #2 additional 2pm dose of [redacted]. On 1/8/24 asst. administrator called pharmacy and notified them of the missing 2pm doses of resident #2 [redacted]. On 1/8/24 conversation, pharmacy assured asst. administrator the 2pm doses of [redacted] would be delivered next day (1/9/24) in time for 2pm resident #2 medication administration. On 1/9/24 pharmacy failed to deliver resident #2 Buspirone until 8:11pm.

On November 1, 2023, Back to Basics pharmacy was sold to another pharmacy supplier. Since the sale there have been numerous issues with the new pharmacy which were not easily resolved. Back to Basics PCH has decided to

187d Follow Prescriber's Orders (continued)

change pharmacy suppliers. On 1/10/24 Owner of Back to Basics called [redacted] Pharmacy to schedule meeting with a representative. On 1/12/24 owner and administrator met with diamond rep. On 1/19/24 administrator of Back to Basics signed contract for pharmacy services. On 1/24/24 contract took effect. Scheduled pharmacy deliveries are to begin 2/5/24. This should resolve most of the labeling and delivery issues that have been on going with the current pharmacy. Beginning 1/24/24 staff will monitor and report all med issues on chart located on med cart. Beginning 1/24/24 administrator or asst. administrator will review chart daily and address necessary issues.

Licensee's Proposed Overall Completion Date: 01/26/2024

Implemented ([redacted] - 02/07/2024)

227d - Support Plan Medical/Dental

10. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessments for Resident #2, dated [redacted], and Resident #4, dated [redacted] indicate that each resident has a need for bedrails. Resident #2's support plan, dated [redacted] and Resident #4's support plan, dated [redacted], do not reflect the risks associated with the use of the devices, each resident's ability to use the device safely for the purpose it was intended, identification of the specific devices to be used, whether covers are required to meet FDA guidelines or how these needs will be met.

Plan of Correction

Accept ([redacted] - 01/30/2024)

The assessment and support plan dated [redacted], has been replaced by the new annual RASP dated [redacted]. On [redacted], asst. administrator contacted Resident #2 and resident #4, PCP by phone, requesting a review of the resident's need for bed rails, and D/C if necessary. On 1/18/24 asst. administrator provided, resident #2 and Resident #4, a copy of "Bureau of Human Services Licensing Use of Bedside Mobility Devices in Personal Care Homes and Living Residences", describing the possible dangers involved with the use of bed rails.

On [redacted] resident #4 PCP issued a D/C order for the use of bed rails. On [redacted] administrator instructed staff to remove resident #4 bed rails. On [redacted] resident #2 PCP issued a D/C order for the use of bed rails. On 1/24/24 administrator instructed staff to remove resident #2 bed rails. On [redacted] administrator up dated resident #4 support plan (dated 10/12/23) to reflect the discontinued use of the bed rails. On [redacted] administrator up dated resident #2 support plan to reflect the discontinued status of bed rails.

Beginning [redacted] bed rails will no longer be used at Back to Basics PCH.

Licensee's Proposed Overall Completion Date: 01/26/2024

Implemented ([redacted] - 02/07/2024)

227h - Support Plan Refuse Sign

11. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident #2's support plan, dated [REDACTED] was not signed by Resident #2 and the home did not notate the resident's inability or refusal to sign.

Plan of Correction

Accept [REDACTED] - 01/30/2024)

On [REDACTED] asst. administrator obtained resident #2 signature on the support plan dated [REDACTED]. Beginning [REDACTED] the administrator and asst. administrator will conduct quarterly reviews of all resident records for signatures and updated information. The dates of the reviews will be documented on the inside cover of each resident folder.

Licensee's Proposed Overall Completion Date: 01/26/2024

Implemented [REDACTED] - 02/07/2024)