



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 19 2014

Mr. Warren J. Upton, Owner
544 Buchanan Road
Normalville, Pennsylvania 15469

RE: Upton's Country Comport
License #: 474700

Dear Mr. Upton:

As a result of the Department of Public Welfare's licensing inspection on November 20, 2013, January 6, 2014 and April 18, 2014, 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.

Your regular license for the period February 20, 2014 to February 20, 2015 was issued on November 1, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: Upton's Country Comfort Personal Care Home		License Number: 47470
Address: 544 Buchanan Road, Normalville, PA 15469		County: Fayette
Administrator: Melissa Johnson		Region: WEST
Legal Entity Name: Uptons Country Comfort Personal Care Home c/o Warren Upton		
Legal Entity Address: 544 Buchanan Road, Normalville, PA 15469		
Certificate(s) of Occupancy R-4 01/22/2013 Fayette Cty Paul Pato		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 18	Waking Staff: 14
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
11/20/2013: Georgoulis, Karen; Williams, Jason		
01/06/2014: Georgoulis, Karen; Williams, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 16 Number of Residents Served: 14 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 13 Have Mental Illness: 1 Have an Intellectual Disability: 4 Have a Mobility Need: 4 Have a Physical Disability: 1	

Violation Report: 47470 - 11/20/2013 - Georgoulis, Karen
 PCH Name: Upton's Country Comfort Personal Care Home

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

Resident #1's and #6's blood glucose readings were posted on the bulletin board in the living room.

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.

Removed resident's #6 blood glucose readings from board 11/30/13,
 Removed resident's #6 sliding scale off board 11/14.

Resident records shall be confidential; except emergencies, residents records will only be accessible to resident themselves or designated person; staff that is providing services, agents of the Department; long-term care ombudsman effective 11/14.

Staff was educated 11/30/13; will keep all resident's records kept confidential; administrator will monitor on a monthly basis that all residents records are kept confidential.

6-30-14. A designated staff member will monitor the home at least weekly to ensure resident records are maintained in a confidential manner in accordance with 2600.17. Documentation of checks will be kept.

6-4-14

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Warren Upton*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Warren Upton* Date *2-21-14*

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

The above plan of correction is approved as of 6-4-14
 (Date)

The above plan of correction was approved by gsc
 (Initials)

Plan of correction implementation status as of 6-4-14
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *13*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 47470 - 11/20/2013 - Georgoulis, Karen
 PCH Name: Upton's Country Comfort Personal Care Home

1. REGULATION 55 Pa.Code §2600

2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

2a. DESCRIPTION OF VIOLATION

The home manages finances for residents #1, #3, #8, #10, #11 and #12. On 1/6/14, the home's financial documentation for these residents, dated 1/3/14, indicates a deposit of \$85.00. The financial documentation for these residents does not indicate a current balance.

The home manages finances for resident #14. On 1/6/14, the home's financial documentation for resident #1, dated 1/3/14, indicates a deposit of \$85.00. The financial documentation for the resident does not indicate a current balance.

The home manages finances for resident #9. The home's financial documentation for the resident, dated 12/4/13, indicates a balance of \$0.00. The home's financial documentation indicates a deposit of \$85.00 on 1/3/14 and does not indicate a current balance, any deposits or any withdraws since 1/3/14. There is no written receipt for disbursements since the deposit on 1/3/14; however, the home is currently holding \$125.00 for resident #9.

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.

Home will keep better financial records for all residents that the home manages money. Home as of 1/6/14 at all times when transaction are made, deposited or withdrawn, will keep written records with residents signature on all transactions. On 1/6/14 administrator: residents 1, 3, 8, 10, 11 & 12 reviewed all documents. Administrator will review homes financial transaction on a monthly basis.

See Page 3A

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Warren J Upton*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Warren J Upton* Date *2-20-14*

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

The above plan of correction is approved as of <u>6-4-14</u> (Date) The above plan of correction was approved by <i>[Signature]</i> (Initials)	Plan of correction implementation status as of <u>6-4-14</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 47470 - 11/20/2013 - Georgoulis, Karen
 PCH Name: Upton's Country Comfort Personal Care Home

1. REGULATION 55 Pa.Code §2600

2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

2a. DESCRIPTION OF VIOLATION

The home manages finances for residents #1, #3, #8, #10, #11 and #12. On 1/6/14, the home's financial documentation for these residents, dated 1/3/14, indicates a deposit of \$85.00. The financial documentation for these residents does not indicate a current balance.

The home manages finances for resident #14. On 1/6/14, the home's financial documentation for resident #1, dated 1/3/14, indicates a deposit of \$85.00. The financial documentation for the resident does not indicate a current balance.

The home manages finances for resident #9. The home's financial documentation for the resident, dated 12/4/13, indicates a balance of \$0.00. The home's financial documentation indicates a deposit of \$85.00 on 1/3/14 and does not indicate a current balance, any deposits or any withdraws since 1/3/14. There is no written receipt for disbursements since the deposit on 1/3/14; however, the home is currently holding \$125.00 for resident #9.

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.

6-30-14 The administrator or designated staff person will reconcile all resident accounts for 2013 and 2014 including accountability of all resident funds and proper documentation in accordance with regulations 2600.20(b)(1) through 2600.20(b)(10).

6-30-14 - A copy of all 2013 financial transactions (records) will be provided to all residents (who receive financial services) and their designated persons if applicable by May 1, 2014.

6-30-14 - All staff persons managing or handling resident funds will be educated on the home's financial management policy and procedures. Documentation of education will be kept.

6-30-14 - The administrator or designated staff person will conduct an initial and monthly audit of financial records and finances for all residents who the home is providing financial management, to ensure the requirements of regulations 2600.20(b)(1) through 2600.20(b)(10) are met.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Melissa M Johnson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Melissa M Johnson administrator* Date *4-18-14*

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

The above plan of correction is approved as of <u>6-4-14</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u><i>gm</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 47470 - 11/20/2013 - Georgoulis, Karen
 PCH Name: Upton's Country Comfort Personal Care Home

1. REGULATION 55 Pa.Code §2600

2600.20(b)(3) - The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

2a. DESCRIPTION OF VIOLATION

The home manages finances for resident #10. The home's financial documentation indicates a deposit of \$85.00 on 1/3/14. The home only has \$70.00 on-hand of the resident's funds. There is no documentation of any disbursements since 1/3/14 for resident #10.

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.

Resident #10 ask for roll of coins from bank, home forgot to have resident ~~draw~~ withdraw & resident's signature that she gave resident coins. Home started & will keep better financial documentation on all resident's cash disbursements at the time of disbursement 1/14. Administrator on a monthly basis will review all resident's financial statements that the home manages funds for that all receipt match with documentation on records of funds.

See page 4A

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Litonia J Upton* Date *2-21-14*

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

The above plan of correction is approved as of 6-11-14
 (Date)

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

Plan of correction implementation status as of 6-11-14
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[initials]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 47470 - 11/20/2013 - Georgoulis, Karen
PCH Name: Upton's Country Comfort Personal Care Home

1. REGULATION 55 Pa.Code §2600
2600.20(b)(3) - The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

2a. DESCRIPTION OF VIOLATION
The home manages finances for resident #10. The home's financial documentation indicates a deposit of \$85.00 on 1/3/14. The home only has \$70.00 on-hand of the resident's funds. There is no documentation of any disbursements since 1/3/14 for resident #10.

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.

- 6-30-14 - The administrator or designated staff person shall obtain a written receipt from the resident for cash disbursements at the time of disbursement, for all disbursements.
- 6-30-14 - All staff persons involved with the financial management of resident funds will be educated that the home shall obtain a written receipt from the resident for each disbursement at the time of disbursement. Documentation of education will be kept.
- 6-30-14 - The administrator or designated staff person will review the documentation of cash disbursements monthly to ensure the home has obtained a written receipt from the resident for all cash disbursements at the time of disbursement.
- 6-30-14 - The administrator or designated staff person will reconcile all resident accounts for 2013 and 2014 including accountability of all resident funds and proper documentation in accordance with regulations 2600.20(b)(1) through 2600.20(b)(10).

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Melissa M Johnson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Melissa M Johnson (administrator)</i>	Date <i>4-18-14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

<p>The above plan of correction is approved as of <u>6-4-14</u> (Date)</p> <p>The above plan of correction was approved by <u><i>MC</i></u> (Initials)</p>	<p>Plan of correction implementation status as of _____ (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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Violation Report: 47470 - 11/20/2013 - Georgoulis, Karen
 PCH Name: Upton's Country Comfort Personal Care Home

1. REGULATION 55 Pa.Code §2600
 2600.20(b)(5) - Commingling of resident funds and home funds is prohibited.

2a. DESCRIPTION OF VIOLATION

The home manages finances for residents #1, #2, #3, #5, #8, #10 and #15, all of whom receive SSI payments. The home receives the resident's SSI payments and deposits the entire payment including the residents personal care needs allowance into the home's business back account.

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.

Home at no time will deposit residents personal care allowance into business account. Home started on 2/14 ~~with~~ just payment of residents rent payment not residents personal care needs allowance that are deposited into account & will ~~not~~ not deposit their personal allowance into business account. Administrator will review on a monthly basis that ~~be~~ resident's 1, 2, 3, 5, 8, 10, & 15 funds will not commingling with the homes funds.

SEE PAGE 5A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Warren J. Upton

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Warren J Upton

Date 2-11-14

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

The above plan of correction is approved as of 6-4-14
 (Date)

Plan of correction implementation status as of 6-4-14
 (Date)

The above plan of correction was approved by GSC
 (Initials)

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

Violation Report: 47470 - 11/20/2013 - Georgoulis, Karen
 PCH Name: Upton's Country Comfort Personal Care Home

1. REGULATION 55 Pa.Code §2600
 2600.20(b)(5) - Commingling of resident funds and home funds is prohibited.

2a. DESCRIPTION OF VIOLATION

The home manages finances for residents #1, #2, #3, #5, #8, #10 and #15, all of whom receive SSI payments. The home receives the resident's SSI payments and deposits the entire payment including the residents personal care needs allowance into the home's business back account.

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.

Immediately – At no time will resident funds including personal care needs allowances or rent rebate checks be deposited in the same account with the home's funds or the administrator's personal funds

6-30-14 - The administrator or designated staff person will review and update the policy and procedures for financial management and financial records. All staff persons managing or handling resident funds will be educated on the home's financial management policy and procedures. Documentation of education will be kept.

6-30-14 - The administrator or designated staff person will review the financial management of resident funds and financial records at least monthly to ensure resident funds are not comingled with the homes funds and the proper financial documentation is maintained.

6-30-14 - The administrator or designated staff person will reconcile all resident accounts for 2013 and 2014 including accountability of all resident funds and proper documentation in accordance with regulations 2600.20(b)(1) through 2600.20(b)(10).

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Melissa M Johnson*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Melissa M Johnson Administrator* Date *4-18-14*

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

The above plan of correction is approved as of <u>6-4-14</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u><i>SM</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 47470 - 11/20/2013 - Georgoulis, Karen
 PCH Name: Upton's Country Comfort Personal Care Home

1. REGULATION 55 Pa.Code §2600

2600.42(e) - A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.

2a. DESCRIPTION OF VIOLATION


Residents of the home are only permitted to use the telephone from 5:00 p.m. to 9:00 p.m. Monday through Friday and 9:00 a.m. to 9:00 p.m. on Saturday and Sunday.

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.

Resident's shall have access to a telephone at all times. Another phone was installed on 4/5/13 just for residents personal use - Purchased a cordless phone will arrive 4/2/14 so resident can use phone in privacy. Administrator will monitor on a monthly basis that residents ~~are~~ have access to phone.

7-15-14 - All STAFF persons including the Administrator will be educated on resident rights by an outside training source approved by the Department. Documentation of education will be kept.

6-4-14



Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) 


Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Warren J Upton	Date 2-21-14
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6-4-14
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 6-4-14
 (Date)

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

Violation Report: 47470 - 11/20/2013 - Georgoulis, Karen
 PCH Name: Upton's Country Comfort Personal Care Home

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B started working in the home in 1996. Direct care staff person B did not complete direct care staff training during the 2012 training year as follows: Medication self-administration, infection control, safe management and care for residents with mental illness or intellectual disabilities.

Direct care staff person C started working in the home in 8/5/10. Direct care staff person C did not complete direct care staff training during the 2012 training year as follows: Medication self-administration, infection control, safe management and care for residents with mental illness or intellectual disabilities.

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.

Direct care staff person C was giving the following trainings Medication self-administration ^{1/14}; Staff BSC will be giving trainings for Infection control, safe management; care for residents with mental illness or intellectual disabilities in March 2014. Home will keep better records for staff training ^{2/14} Staff person B no longer works in the home. Administrator checked all staff records for 2013 & built train all staff to be trained in compliance with 2600.65(f); administrator will start a check list to insure all proper training is done on a yearly basis; will monitor training ^{compliance}

Repeat Violation: No	Date(s) of Previous Violation(s):		Dues
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Signature of Legal Entity Representative (Required on EVERY Page) *Wanna J Upton*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Wanna J Upton* Date *2-21-14*

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

The above plan of correction is approved as of <u>6-4-14</u> (Date)	Plan of correction implementation status as of <u>6-4-14</u> (Date)
The above plan of correction was approved by <u><i>GC</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>GC</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

See p 14 p 7A

Violation Report: 47470 - 11/20/2013 - Georgoulis, Karen
 PCH Name: Upton's Country Comfort Personal Care Home

1. REGULATION 55 Pa.Code §2600
 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
 (1) Medication self-administration training.
 (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 (3) Care for residents with dementia and cognitive impairments.
 (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 (5) Personal care service needs of the resident.
 (6) Safe management techniques.
 (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person B started working in the home in 1996. Direct care staff person B did not complete direct care staff training during the 2012 training year as follows: Medication self-administration, infection control, safe management and care for residents with mental illness or intellectual disabilities.

 Direct care staff person C started working in the home in 8/5/10. Direct care staff person C did not complete direct care staff training during the 2012 training year as follows: Medication self-administration, infection control, safe management and care for residents with mental illness or intellectual disabilities.

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.
 6-30-14 - The administrator or designated staff person will review the annual staff training plan to ensure all required training including training in accordance with 2600.65(g) is scheduled annually.

 6-30-14 - The administrator or designated staff person will review all required staff training as part of the quality management review process to ensure all staff persons receive the required annual training in accordance with regulation 2600.65g.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Melissa M Johnson*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Melissa M Johnson administrator* Date *4-18-14*

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

The above plan of correction is approved as of <u>6-4-14</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>gc</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 47470 - 11/20/2013 - Georgoulis, Karen
 PCH Name: Upton's Country Comfort Personal Care Home

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B started working in the home in 1996. Direct care staff person B did not complete annual training during the 2012 training year as follows: Fire Safety, emergency preparedness, resident rights, OAPSA and falls and accident prevention.

Direct care staff person C started working in the home in 8/5/10. Direct care staff person C did not complete annual training during the 2012 training year as follows: Fire Safety, emergency preparedness, resident rights, OAPSA and falls and accident prevention.

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.

All Direct Care Staff persons shall be trained annually according to 2600.65g. Classes are scheduled for all classes for 2014 some had to be rescheduled due to bad weather & s. Staff Person B no longer works in the home. Direct care staff C will complete all annual training by 3-31-14 and ~~administrator~~ will have all staff do the annual training; will put in quality management of all ~~classes~~ training that complies with 2600.65 f;g. and will monitor on a Monthly basis insuring all staff are up to date on trainings required by 2600.65 f;g.

See Page 8A

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Warren J Upton*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Warren J Upton* Date *2-21-14*

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

The above plan of correction is approved as of <u>6-4-14</u> (Date)	Plan of correction implementation status as of <u>6-4-14</u> (Date)
The above plan of correction was approved by <u>gs</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

Violation Report: 47470 - 11/20/2013 - Georgoulis, Karen
PCH Name: Upton's Country Comfort Personal Care Home

1. REGULATION 55 Pa.Code §2600
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
 (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
 (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
 (3) Resident rights.
 (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
 (5) Falls and accident prevention.
 (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person B started working in the home in 1996. Direct care staff person B did not complete annual training during the 2012 training year as follows: Fire Safety, emergency preparedness, resident rights, OAPSA and falls and accident prevention.
 Direct care staff person C started working in the home in 8/5/10. Direct care staff person C did not complete annual training during the 2012 training year as follows: Fire Safety, emergency preparedness, resident rights, OAPSA and falls and accident prevention.

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.
 6-30-13 - The administrator or designated staff person will review all current staff training records to ensure all staff persons have completed the required training in accordance with regulation 2600.65g during the 2013 training year.
 6-30-14 - The administrator or designated staff person will review the annual staff training plan to ensure all required training including training in accordance with 2600.65(g) is scheduled annually.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Melissa M Johnson*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Melissa M Johnson administrator* Date *4-18-14*

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

The above plan of correction is approved as of <u>6-4-14</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>gll</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 47470 - 11/20/2013 - Georgoulis, Karen
 PCH Name: Upton's Country Comfort Personal Care Home

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

There were two cans of Raid Flying Insect Killer with a manufacture's label indicating "if swallowed contact poison control center" unlocked and accessible to residents on the ledge at the top of the stairs behind the kitchen.

There was a 174oz container of cascade dishwasher detergent with a label indicating "if swallowed or gets in mouth, rinse mouth, give a glassful of water and call a poison control center immediately" and a 32oz bottle of Drano Max Gel with a label indicating "in all cases call physician or poison control center immediately" unlocked and accessible under the kitchen sink.

There was a 32oz bottle Lysol All Purpose Cleaner with a label indicating "call poison control center immediately" unlocked and accessible under the sink of first bathroom closest to the exit.

Residents of the home, including Resident #2 have not been assessed capable of recognizing and using poisons safely.

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.

On 1/20/13 All poisonous materials was made inaccessible to residents. On 2/14 locks was installed on Kitchen sink so it is unaccessible to residents. 2600.82c has been added to the quality management plan & administrator will monitor all training on monthly basis. All staff was trained on poisonous materials & administrator does a weekly walk through to make sure all poisonous materials are locked.
 6-30-14 - A designated STAFF person will check the home daily to ensure poisonous materials are not accessible to residents. 6-4-14

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Warren J Upton*
 Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Warren J Upton
 Date 6-21-14

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

The above plan of correction is approved as of 6-4-14 (Date)
 The above plan of correction was approved by *[Signature]* (Initials)

Plan of correction implementation status as of 6-4-14 (Date)

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

Violation Report: 47470 - 11/20/2013 - Georgoulis, Karen
 PCH Name: Upton's Country Comfort Personal Care Home

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 11/20/13 there were pieces of old food and red sauce splattered on the base of the microwave oven above the stove in the kitchen.
 On 11/20/13 there was a build-up of dust on the exhaust vent in the first floor bathroom closest to the laundry room.

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.

Microwave was cleaned 11/20/13 and all staff was told to wipe out on a daily basis.

Exhaust fan vent was cleaned on 11/20/13 and instructed staff to dust on a weekly basis.

Administrator made a check list that needs verified every shift's administrator will monitor check list on a weekly basis.

All staff was trained to be in compliance with 2600.85(c)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Warren J Upton*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Warren J Upton* Date *11-14*

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

The above plan of correction is approved as of 6-4-14 (Date)

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

Plan of correction implementation status as of 6-4-14 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[initials]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 47470 - 11/20/2013 - Georgoulis, Karen
PCH Name: Upton's Country Comfort Personal Care Home

1. REGULATION 55 Pa.Code §2600
2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION
On 11/20/13 there was no grab bar or handrail for the step leading to the bathroom closest to the exit.

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.

Grab bar was installed 2/3/14 for step leading to bathroom.

6-30-14 - The Administrator or designated STAFF person will check all handrails inside and outside of the home at least monthly to ensure all handrails are well-secured. 6-21-14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Warren J Upton*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Warren J Upton* Date *2-21-14*

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

The above plan of correction is approved as of 6-4-14
(Date)

The above plan of correction was approved by JUC
(Initials)

Plan of correction implementation status as of 6-4-14
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *6-4-14*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 47470 - 11/20/2013 - Georgoullis, Karen
 PCH Name: Upton's Country Comfort Personal Care Home

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 On 11/20/13 at 10 35 a.m. the temperature of the kitchen refrigerator measured 44 degrees Fahrenheit.

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.

Talked to repair man 11/20/13, said to move thermometers to back of refrigerator so thermometer is having a more accurate reading. Installed thermometer in rear of fridge & trained staff to check daily for accurate temp. Administrator will monitor on a weekly basis.

6-30-14 - All staff persons involved in food storage and preparation will be educated on proper food storage and safe food storage temperatures. Documentation of education will be kept. 6-4-14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/06/2013		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Warren J Upton*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Warren J Upton</i>	Date <i>2-21-14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>6-4-14</u> (Date)	Plan of correction implementation status as of <u>6-4-14</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>gpc</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by <u><i>gpc</i></u> (Initials)	

Violation Report: 47470 - 11/20/2013 - Georgoulis, Karen
 PCH Name: Upton's Country Comfort Personal Care Home

1. **REGULATION 65 Pa.Code §2600**
 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.

2a. **DESCRIPTION OF VIOLATION**
 On 11/20/13 the home's puppy "Jules" was present at the home. The home does not have a current certificate of rabies vaccination for the puppy.

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.

The home's puppy "Jewels" shall have a current certificate of rabies vaccination by 4/12/14.

S. 3.14 - The home's puppy "Jules" was vaccinated. 6.4.14 gm

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Warren J Upton*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Warren J Upton* Date *6.4.14*

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

The above plan of correction is approved as of <u>6-4-14</u> (Date)	Plan of correction implementation status as of <u>6-4-14</u> (Date)
The above plan of correction was approved by <u>JAC</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>gm</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 47470 - 11/20/2013 - Georgoulis, Karen

PCH Name: Upton's Country Comfort Personal Care Home

1. REGULATION 55 Pa.Code §2600

2600.123(a) - Exit doors must be equipped so that they can be easily opened by residents from the inside without the use of a key or other manual device that can be removed, misplaced or lost.

2a. DESCRIPTION OF VIOLATION

The back hall exit door is equipped with a sliding bolt lock with the latch knob located 79" off of the floor at top edge of the door. Staff indicated all residents probably could not operate lock.

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.

On 6/4/14 sliding bolt lock was removed before inspectors left premises. Educated all staff that all doorways can be easily opened & all pathways clear. Administrator will monitor on a weekly basis that ~~all~~ all doorways are clear.

6-30-14 - A designated staff person will check all exit doors daily to ensure all exit doors can be easily opened. 6-4-14 JJC

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Warren J Upton

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Warren J Upton

Date

6-4-14

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

The above plan of correction is approved as of

6-4-14
(Date)

Plan of correction implementation status as of 6-4-14
(Date)

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

The above plan of correction was approved by

JJC
(Initials)

Violation Report: 47470 - 11/20/2013 - Georgoulis, Karen
 PCH Name: Upton's Country Comfort Personal Care Home

1. REGULATION 55 Pa.Code §2600
 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.

2a. DESCRIPTION OF VIOLATION
 The fire extinguisher located on the first floor at the bottom of the stairs was last inspected in May of 2012.
 The fire extinguisher located in the medication/laundry room was last inspected in May of 2012.

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.

Fire extinguishers was inspected by fire expert 1/16/14
 Home will keep better records for inspection of
 extinguishers. Administrator ~~will~~ added to calendar when
 fire extinguishers need inspected again.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Warren J Upton*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Warren J Upton

Date 2-21-14

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

The above plan of correction is approved as of <u>6-4-14</u> (Date)	Plan of correction implementation status as of <u>6-4-14</u> (Date)
The above plan of correction was approved by <u>WJU</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

Violation Report: 47470 - 11/20/2013 - Georgoulis, Karen
 PCH Name: Upton's Country Comfort Personal Care Home

1. REGULATION 55 Pa.Code §2600

2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION

On 11/20/13 the first aid kit in the vehicle used to transport residents for appointments and outings did not contain a thermometer, tape or protective eye coverings.

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.

Home will start keeping better eye making sure all contents in 2600.96 (relating to first aid kit) is kept in all first aid kits - Educated Staff: added to a checklist to insure all items relating to 2600.96 are in kit. Administrator will monitor a weekly basis.
 4-28-14 - All Required items were placed in the vehicle first aid kit. 6-4-14 gje

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Warren J. Upton*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Warren J. Upton</i>	Date <i>2-2-14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6-4-14
 (Date)

The above plan of correction was approved by gje
 (Initials)

Plan of correction implementation status as of 6-4-14
 (Date)

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

Violation Report: 47470 - 11/20/2013 - Georgoulis, Karen
 PCH Name: Upton's Country Comfort Personal Care Home

- 1. REGULATION 55 Pa.Code §2600**
 2600.171(c) - The home shall maintain current copies of the following documentation for each of the home's vehicles used to transport residents:
- (1) Vehicle registration.
 - (2) Valid driver's license for each vehicle operator.
 - (3) Vehicle insurance.
 - (4) Current inspection.
 - (5) Commercial driver's license for vehicle operator if applicable.

2a. DESCRIPTION OF VIOLATION

On 11/20/13 the home did not have a copy of the vehicle's registration or insurance cards for the van used to transport residents for appointments or outings.

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.

Home has made a folder accessible at all times on computer for the home's vehicle registration & insurance cards.
 1/21/14

1-21-14 - The vehicle used to transport residents has a current and valid registration and current insurance. 6-4-14

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Warren J Upton*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Warren J Upton* Date *2-21-14*

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

The above plan of correction is approved as of <u>6-4-14</u> (Date)	Plan of correction implementation status as of <u>6-4-14</u> (Date)
The above plan of correction was approved by <u><i>WU</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>pk</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 47470 - 11/20/2013 - Georgoulis, Karen
 PCH Name: Upton's Country Comfort Personal Care Home

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #3's November MAR does not include the resident's prescribed Lamotrigine 25mg -1 tablet by mouth 1 x a day for 2 weeks and reads ASPRIN for the prescription of Aspirin 81mg- take one tablet by mouth 1x a day.

Resident #4's November medication administration record (MAR) does not indicate the resident's prescribed Atropine 1% eye drop 2 drops as PRN for eyes and Maytitrate up to 4 drops in both eyes every 2hrs as needed for secretions.

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.

1/6/14 Home or designated staff will make sure MAR indicates all & only the medication resident is taking - Educated staff will have a designated staff recheck MAR on a shift basis & administer will monitor on a weekly basis. Added Recheck MAR on a checklist. 11-20-13. Resident # 3's and resident #4's medications were added to their MAR's. 6-4-14

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Wendy Upton*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Wendy J Upton* Date *6-4-14*

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

The above plan of correction is approved as of <u>6-4-14</u> (Date)	Plan of correction implementation status as of <u>6-4-14</u> (Date)
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 <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 47470 - 11/20/2013 - Georgoulis, Karen
 PCH Name: Upton's Country Comfort Personal Care Home

1. REGULATION 55 Pa.Code §2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #1's November MAR does not indicate the administration of the following medications:

- On 11/19/13 Simvastatin 10mg. at 8:00 p.m.
- On 11/19/13 DOC-Q-Lace 100mg at 9:00 p.m.
- On 11/19/13 Glipizide 5mg at 4:00 p.m.
- On 11/19/13 Diphenhydramine 25mg at 9:00 p.m.
- On 11/20/13 Clopidogrel 75 mg at 8:00 a.m.

Resident #2's November MAR does not indicate the administration of the following medications:

- On 11/18/13 and 11/19/13 and 8:00 p.m. on 11/19/13 Risperidine 0.5mg at 8:00 a.m.
- On 11/18/13 & 11/19/13 50mg at 9:00 p.m. Quetiapine
- On 11/19/13 at 7:00 a.m. Furosimide

Resident #3's November MAR does not indicate the administration of the following medications:

- On 11/19/13 at 8:00pm Fluoxetine 40mg.
- On 11/19/13 & 11/20/13 at 8:00am Levothyroxine 100mcg.

Resident #4's November MAR does not indicate the administration of the following medications:

- On 11/17/13 and 11/18/13 Cabhr-topgel - 1 syringe every 6hrs as needed.

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.

1/6/14 Administrator is doing routine checks to make sure all trained staff are keeping record of all medication that is being administered. Educated staff on rechecking MAR per shift. i added to a check list per shifter at least 2x day.

Administrator will monitor on a weekly basis.
 6-20-14 - All STAFF persons qualified to administer medications will be re-educated on medication administration practices including documentation of medication administration. Documentation of education will be kept 6-4-14

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Warren J Upton*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Warren J Upton*

Date *2-21-14*

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

The above plan of correction is approved as of 6-4-14
 (Date)

Plan of correction implementation status as of 6-4-14
 (Date)

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

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

Violation Report: 47470 - 11/20/2013 - Georgoulis, Karen
PCH Name: Upton's Country Comfort Personal Care Home

1. REGULATION 55 Pa.Code §2600
2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
 On 11/20/13, the home did not have a current weekly activity calendar posted in a public and conspicuous place 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.

11/21/13 Home started posting a 2 week activity calendar for all residents to see - Administrator will monitor biweekly.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Werner J Upton*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Werner J Upton* **Date** *2-21-14*

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

The above plan of correction is approved as of <u>6-4-14</u> (Date)	Plan of correction implementation status as of <u>6-4-14</u> (Date)
The above plan of correction was approved by <u>gpc</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

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: UPTON S COUNTRY COMFORT		License Number: 47470
Address: 544 BUCHANAN ROAD, NORMALVILLE, PA 15469		County: Fayette
Administrator: Melissa Johnson		Region: WEST
Legal Entity Name: WARREN J UPTON		
Legal Entity Address: 544 BUCHANAN ROAD, NORMALVILLE, PA 15469		<p align="center">RECEIVED</p> <p align="center">JUN 03 2014</p> <p align="center">WEST REGION FIELD OFFICE Human Services Licensing</p>
Certificate(s) of Occupancy R-4 01/22/2014 Fayette Cty Paul Pato		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 14	Waking Staff: 11
Type of Inspection: Interim - POC	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Interim		
On-Site Inspections Dates and Department Representatives On-Site 04/18/2014: Georgoulis, Karen; Phillips, Joseph		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 16 Number of Residents Served: 13 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 12 Have Mental Illness: 7 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 0	

JUN 03 2014

Violation Report: 47470 - 04/18/2014 - Georgoulis, Karen
PCH Name: UPTON S COUNTRY COMFORT

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

Resident #8's prescription for Vicodine dated 4/2/14, was posted on the bulletin board in the livingroom.

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.

Removed resident's #8 prescription from board on 4/18/14.
Reeducated staff on keeping resident's records confidential.
Have a designated staff to ck daily that all resident's records are kept confidential; administrator will check on a weekly basis.
Home has designated a ~~spot~~ location for pick up prescriptions, etc. that is keep in a private area locked down.
6-30-14 - Documentation of the designated staff person's rounds to ensure all resident records are maintained in a confidential manner will be kept. 6-4-14

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Melissa M Johnson*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Melissa M Johnson administrator* Date *5-27-14*

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

The above plan of correction is approved as of 6-4-14
(Date)

Plan of correction implementation status as of 6-4-14
(Date)

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

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

JUN 03 2014

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 47470 - 04/18/2014 - Georgoulis, Karen
PCH Name: UPTON S COUNTRY COMFORT

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff person E started working in the home on 3/21/14. Staff person E did not complete any of the required orientation in general fire safety and emergency preparedness.

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.

Staff person E no longer works in the home.
 Administrator went over staff's records to make sure all staff was trained according 2600.65a.
 Home has started a program on computer to remind administrator off all training required by reg. 2600.65a

6-30-14 - The Administrator will review all new staff person training records to ensure all new staff persons have received an orientation in general fire safety and emergency preparedness in accordance with regulation 2600.65a prior to or during the first work day. 6-4-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Melissa M Johnson

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Melissa M Johnson administrator

Date

5-28-14

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

The above plan of correction is approved as of

6-4-14
(Date)

Plan of correction implementation status as of

6-4-14
(Date)

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

The above plan of correction was approved by

gpc
(Initials)

Violation Report: 47470 - 04/18/2014 - Georgoulis, Karen
PCH Name: UPTON S COUNTRY COMFORT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Staff person E started work in the home on 3/21/14 and completed 40 working hours in the home on 4/10/14. Staff person E did not complete orientation in: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under Older Adult Protective Services Act and reporting of reportable incidents and conditions.

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.

Staff E no longer works for the home.
 Administrator checked all staff's records making sure that all staff is educated in compliance in reg. 2600.65b.
 Home started a program on computer for future hires & staff that gives updates when training is due.

6-30-14 - The Administrator will review all new staff person training records to ensure all new staff persons have received orientation in Resident rights, Emergency medical plan, mandatory reporting of abuse and reporting of reportable incidents and conditions, within 40 scheduled working hours. 6-4-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Melissa M Johnson

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Melissa M Johnson Administrator

Date

5-28-14

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The above plan of correction is approved as of

6-4-14
(Date)

Plan of correction implementation status as of

6-4-14
(Date)

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

The above plan of correction was approved by

gpc
(Initials)

Violation Report: 47470 - 04/18/2014 - Georgoulis, Karen
PCH Name: UPTON S COUNTRY COMFORT

JUN 03 2014

1. REGULATION 55 Pa.Code §2600
2600.100(a) - The exterior of the building and the building grounds or yard must be kept clear and free of hazards.

WEST REGION FIELD OFFICE
Hazardous Waste Unit

2a. DESCRIPTION OF VIOLATION
There is a small pond, approximately 5' by 6', and fountain by the main entrance to the home with approximately 1 1/2' of water. There are no protective barriers or signs around the pond/fountain and residents have not been assessed to identify or safely be around the pond/fountain.
There is ravine parallel to the driveway of the home which begins at the driveway entrance and runs to the back of the home. The ravine is approximately five feet deep. There is garbage, broken glass and rusted metal in the ravine. There are no protective barriers or signs around the ravine and residents have not been assessed to identify or safely be around the ravine.
There is a large pile of scrap wood with protruding nails behind the home's carport presenting an injury hazard to residents.
There were four 15 foot long strips on vinyl siding on the walkway next to the right side of the home presenting a trip and fall hazard.

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.
Small pond has fence in around. Pictures provided.
Put caution tape around ravine will install protective barriers at a later time within a 6 month time period.
Scrap wood was removed pictures provided.
Vinyl siding was also removed pictures provided.
Home has educated staff & administrator will do walk through on a weekly basis. Administrator added on to a daily check list.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Melissa M Johnson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Melissa M Johnson administrator* Date *5/28/14*

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

The above plan of correction is approved as of <u>6-4-14</u> (Date)	Plan of correction implementation status as of <u>6-4-14</u> (Date)
The above plan of correction was approved by <u>gbc</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

JUN 03 2014

Violation Report: 47470 - 04/18/2014 - Georgoulis, Karen
PCH Name: UPTON S COUNTRY COMFORT

WEST REGION FIELD OFFICE
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

The home's smoking policy prohibits smoking inside the home and on the property. The administrator indicated any resident that smokes can do so at the end of the driveway. Resident #6 smokes on the rear patio of the home in the evenings and at night. There are thirteen oxygen cylinders on the back patio 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.

Home updated a notice of change of policy for smoking procedure on 4-18-14; all home rules & policies was updated; added to residents' contact. Resident's ~~to~~ & staff has been educated on reg. 2600.144c.

A designated staff will check the facility each shift to make sure all residents & staff are following procedures.

6-30-14 - The administrator will monitor the home at least weekly to ensure the home's smoking policy and procedures are followed. 6-4-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Melissa M Johnson

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Melissa M Johnson

Administrator

Date

5-28-14

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

The above plan of correction is approved as of

6-4-14
(Date)

Plan of correction implementation status as of

6-4-14
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *pa*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

pa
(Initials)