



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 19 2016

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

RE: Upton's Country Comfort
License #: 474700

Dear Mr. Upton:

As a result of the Department of Human Services' annual licensing inspection on April 15, 2015 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

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

RECEIVED

| | | |
|---|---|--|
| PCH Name: UPTON 3 COUNTRY COMFORT | | License Number: 47479 |
| Address: 544 BUCHANAN ROAD, NORMALVILLE, PA 15469 | | County: Fayette |
| Administrator: Melissa Johnson | | Region: WES |
| Legal Entity Name: WARREN J UPTON | | WEST REGION FIELD OFFICE Human Services Licensing |
| Legal Entity Address: 544 BUCHANAN ROAD, NORMALVILLE, PA 15469 | | |
| Certificate(s) of Occupancy R-4 01/22/2013 Fayette County | | |
| Staffing Hours Resident Support: 3 Total Daily Staff: 13 Waking Staff: 10 | | |
| Type of Inspection: Full BHA Docket Number: Notice: Unannounced | | |
| Reason(s) for Inspection(s) Renewal | | |
| On-Site Inspections Dates and Department Representatives On-Site 04/15/2015: Marni, Michael | | |
| 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: 12 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: 2 Number of Hospice Residents in past year: 3 | Number of Residents who: Receive Supplemental Security Income: 6 Are 60 Years of Age or Older: 11 Have Mental Illness: 1 Have an Intellectual Disability: 4 Have a Mobility Need: 1 Have a Physical Disability: 1 | |

Violation Report: 47470 04/15/2016 - Marini, Michael
PCH Name: UPTON S COUNTRY COMFORT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

The door to the upstairs bathroom and the folding doors of the two stalls in that bathroom do not have locks to allow for privacy while in use

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.

Installed locks on the bathroom doors.
Will make sure all bathroom doors have locks on in the future for residents privacy

within 30 days of receipt of the plan of correction - The administrator will monitor the home at least monthly to ensure the residents right to privacy of self and possessions is maintained including operable locks on bathroom doors. *W. 4/14/16*

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 4-4-16

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

The above plan of correction is approved as of

4/16/16
(Date)

Plan of correction implementation status as of

4/14/16
(Date)

The above plan of correction was approved by

W. J.
(Initials)

Fully Implemented

Partially Implemented - Adequate Progress *W. J.*

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 47470 - 04/15/2015 - Marini, Michael
PCH Name: UPTON S COUNTRY COMFORT

WESTFIELD FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa Code §2600

2600.64(b) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION

Staff person A, the home's administrator, completed only 22 hours of annual training in training year January to December 2014.

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 A completed 26 hours for 2015 training.
Staff person A will complete 24 hours of annual training in the future.

Within 30 days of receipt of the plan of correction - the administrator will develop a staff training plan for the 2016 training year which includes 24 hours of Department-approved training. J.W. 4/19/16

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

4-4-16

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

The above plan of correction is approved as of

4/19/16
(Date)

Plan of correction implementation status as of

4/19/16
(Date)

Fully Implemented

Partially Implemented - Adequate Progress J.W.

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

J.W.
(Initials)

Violation Report: 47470 - 04/15/2015 - Marini, Michael

PCH Name: UPTON S COUNTRY COMFORT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.66(a) - A staff training plan shall be developed annually

2a. DESCRIPTION OF VIOLATION

The home does not have a staff training plan for training year 2015.

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 put a staff training plan together for the future

A staff training plan has been developed for the 2016 training year. *AW* 4/19/16

By 12/1/16 - The administrator will develop a staff training plan for 2017 which includes all components of 2600.66b. Documentation will be kept. *AW* 4/19/16

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 *4-4-16*

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

| | |
|---|---|
| The above plan of correction is approved as of <u>4/19/16</u> (Date) | Plan of correction implementation status as of <u>4/19/16</u> (Date) |
| The above plan of correction was approved by <u><i>AW</i></u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>AW</i> <input type="checkbox"/> Partially Implemented - inadequate Progress <input type="checkbox"/> Not Implemented |

Violation Report: 47470 - 04/15/2015 - Marini, Michael
PCH Name: UFTON S COUNTRY COMFORT

WEST HANSON FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The first aid kit does not include gauze pads or scissors

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.

Gauze pads & scissors was put in first aid kit & first aid kit supplies was added to a daily check list.

Repeat Violation: No

Date(s) of Previous Violation(s):

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

4-4-16

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

The above plan of correction is approved as of

4/19/16
(Date)

Plan of correction implementation status as of

4/19/16
(Date)

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

The above plan of correction was approved by

WU
(Initials)

Violation Report: 47470 - 04/15/2015 - Marini, Michael

PCH Name: UPTON S COUNTRY COMFORT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

The last fire drill conducted during sleeping hours was on 8-15-14 at 5:00 AM

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 shall hold fire drills during sleeping hours at least once every six months.
Put reminder on calendar for every 6 months sleeping hours for fire drill

A fire drill was conducted on 4/15/16 at 1 AM. g.m. 4/19/16

Immediately - The administrator will conduct a fire drill during sleeping hours for the months of May and June 2016. g.m. 4/19/16
Documentation will be kept.

Within 30 days of receipt of the plan of correction - The administrator will monitor the fire drill record on a monthly basis to ensure a sleeping hour fire drill is conducted at least every six months. g.m. 4/19/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Date

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

The above plan of correction is approved as of 4/19/16
(Date)

Plan of correction implementation status as of 4/19/16
(Date)

Fully Implemented

Partially Implemented - Adequate Progress g.m.

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by g.m.
(Initials)