



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

DEC 07 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 August 11, 2016 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,

  
Jacqueline L. Rowe  
Director

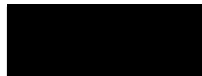
Enclosure  
License Inspection Summary





Violation Report: 47470 - 08/11/2016 - Gillespie, Denise PCH Name: UPTON S COUNTRY COMFORT	
1. REGULATION 55 Pa.Code §2600 2600.132(a) - 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 7/8/16. The previous drill conducted during sleeping hours was on 11/21/15, more than 6 months prior.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>A fire drill will be conducted during sleeping hours at least every six months.</p> <p>Administrator put reminders on calendar to make sure fire drills will be done during sleeping hours once every 6 months.</p>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 04/15/2015
Signature of Legal Entity Representative (Required on EVERY Page) <i>Warren J Upton</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Warren J Upton</i>	Date <i>10-21-16</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>10-31-16</u> (Date)	Plan of correction implementation status as of <u>10-31-16</u> (Date)
The above plan of correction was approved by <u>BE</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

RECEIVED TIME OCT. 21. 2:28PM



Violation Report: 47470 - 08/11/2016 - Gillespie, Denise  
PCH Name: UPTON S COUNTRY COMFORT

1. REGULATION 55 Pa.Code §2600  
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION  
Resident # 1's Lantus pen, 15 units to be administered at bedtime, was not labeled with an opening date.

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.

Date was put on Label when Lantus pen was opened, immediately. Administrator - *BE*  
Retrained staff to mark Label when any medication is opened. Administrator or designee will conduct an audit of all medications to ensure they are current and labeled appropriately by 11-30-16. *BE*

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 *10-21-16*

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

The above plan of correction is approved as of *10-31-16*  
(Date)

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

Plan of correction implementation status as of *10-31-16*  
(Date)

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



Violation Report: 47470 - 08/11/2016 - Gillespie, Denise  
PCH Name: UPTON S COUNTRY COMFORT

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

The medication container for Resident # 1's Novalog was not labeled.

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.

Placed label on Resident's 1 Novalog immediately. -EE  
 Administrator  
 Retrained staff the importance of medication Labels & dates - The Administrator or designee will conduct an audit of all medication to ensure all required information is captured on the labels by 11-30-16. -EE

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