



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: August 4, 2017**

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

RE: Upton's Country Comfort  
Certificate #: 474700

Dear Mr. Upton:

As a result of the Department of Human Services' licensing inspection on February 2, 2017 and February 3, 2017, 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,

  
Larry Mazza  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 47470 - 02/02/2017 - Marini, Michael  
PCH Name: UPTON S COUNTRY COMFORT

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

On 2-3-17, the home served 6 residents with mobility needs. 3 of these residents require physical assistance to evacuate and 3 residents require multiple prompts during emergency evacuations. However, only 1 staff person is routinely scheduled during the 12:00AM-8:00AM shift.

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.

From 12AM-8AM the administrator is on call ; is in the building ; at anytime she is unable to be there another trained staff is scheduled to be at the home.

Immediately: The home shall develop and implement a backup schedule during the hours of 12:00am-8:00am shift in the event the administrator is unavailable to ensure resident needs are met.

8/11/17

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* Date *4-8-17*

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

The above plan of correction is approved as of 8/11/17 (Date)

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

Plan of correction implementation status as of 8/11/17 (Date)

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



Violation Report: 47470 - 02/02/2017 - Marini, Michael  
PCH Name: UPTON S COUNTRY COMFORT

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION

On 2-2-17, the home failed to remove the ice and snow from the following areas that are indicated on the evacuation route to the designated meeting place at the carport:

- The driveway between the TV room door and carport
- The sidewalk from the driveway to the office door
- The steps from the sidewalk to the office door

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 administrator will ensure that all ice, snow  
obstructions are moved from all walkways, steps.

Immediately: During inclement weather, a designated staff person shall inspect all walkways, ramps, steps, recreational areas and exterior fire escapes hourly to ensure they are free from ice, snow and obstructions. *R*  
8/1/17

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</i>	Date <i>4-8-17</i>
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The above plan of correction was approved by <i>R</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>R</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 47470 - 02/02/2017 - Marini, Michael PCH Name: UPTON S COUNTRY COMFORT	WEST REGION FIELD OFFICE Human Services Licensing
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**1. REGULATION 55 Pa.Code §2600**  
 2600.130(i) - In homes housing five or more residents with mobility needs, the fire alarm system shall be directly connected to the local fire department or 24-hour monitoring service approved by the local fire department, if this service is available in the community.

**2a. DESCRIPTION OF VIOLATION**  
 The home's fire alarm system is not directly connected to the local fire department or a 24-hour monitoring service approved by the local fire department. On 2-3-17, the home served 6 residents with mobility needs.

**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 is working with a local fire alarm system for installation. Due to cost home will have one installed by May 1 2018

As of 8/1/17, the home has installed a new fire system and is monitored 24-hours a day by an approved company. 8/1/17

Immediately, the fire system shall continue to be monitored 24-hours a day by an approved company when the home is housing 5 or more residents with mobility needs. 8/1/17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Melissa Johnson</i>	Date <i>4-8-17</i>
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Violation Report: 47470 - 02/02/2017 - Marini, Michael  
PCH Name: UPTON S COUNTRY COMFORT

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

According to staff person A, the home's administrator, residents were evacuated to the door of the TV room rather than to the designated meeting place at the carport during the following fire drills:

- \* 11-21-16 at 1:30AM
- \* 12-5-16 at 8:30AM
- \* 1-7-17 1:30PM

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 make sure that all resident's evacuate  
i meet at the designated meeting place during  
all fire drills.

Immediately: All staff persons and residents shall be educated  
that all residents must evacuate to the designated meeting  
place away from the building during each fire drill.

8/1/17

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*      Date *4-8-17*

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APR 08 2017

Violation Report: 47470 - 02/02/2017 - Marini, Michael  
PCH Name: UPTON S COUNTRY COMFORT

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

The home's medication policy and procedures do not include the following:

- \* Documentation of the receipt of controlled substances and prescription medications
- \* A process to investigate and account for missing medications and medication errors
- \* Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration

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 new policy with more detail in the policy.

Policy attached

Immediately: All staff persons qualified to administer medications shall be educated on the new policies and procedures. 8/1/17

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

Date 4-8-17

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