



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 07 2018

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's Bureau of Human Services Licensing annual inspection on September 7, 2017 and November 17, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2800**

Page 1 of 20

PCH Name: UPTON & 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		RECEIVED
Legal Entity Address: 544 BUCHANAN ROAD, NORMALVILLE, PA 15469		
Certificate(s) of Occupancy R-4 01/22/2013 UCC		NOV 09 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 23	Working Staff: 17
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/07/2017: Roser, Ashley; Bartlett, Patricia		
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: 18 Number of Residents Served: 18 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: 4 Number of Hospice Residents in past year: 7	Number of Residents who: Receive Supplemental Security Income: 5 Are 80 Years of Age or Older: 15 Have Mental Illness: 6 Have an Intellectual Disability: 3 Have a Mobility Need: 7 Have a Physical Disability: 0	

RECEIVED

NOV 09 2017

Page 2 of 20

Violation Report: 47470 - 09/07/2017 - Rosar, Ashley
PGH 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 # 2's medical information from Westmoreland Medical Equipment was unlocked, unattended, accessible and posted on the 1st floor bulletin board 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.

Removed medical information from board immediately.
Retrained staff; will keep reminding them the proper way to keep resident's records confidential

Immediately then weekly thereafter: The administrator or designated staff person shall monitor the home to ensure all resident records are confidential and secured. Documentation will be kept.

SO
7/25/18

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Melissa Johnson* Date *11-9-17*

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

The above plan of correction is approved as of *7/25/18* (Date)
The above plan of correction was approved by *SO* (Initials)
Plan of correction implementation status as of *7/25/18* (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress *SO*
 Partially Implemented - Inadequate Progress
 Not Implemented

RECEIVED

NOV 09 2017

Page 3 of 20

Violation Report: 47470 - 09/07/2017 - Roser, Ashley PCH Name: UPTON S COUNTRY COMFORT		WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 66 Pa.Code §2800 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.			
2a. DESCRIPTION OF VIOLATION Resident #1's resident-home contract, dated 2/20/17, was not signed by the resident.			
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>Will do audits on all records to make sure signatures are signed by resident r</p> <p>Resident # 1 passed away [redacted] 17. 00 7/25/18</p> <p>Within 30 days of receipt of the plan of correction: The administrator or designated staff person will review all current resident records to ensure all required signatures have been obtained for resident contracts. 00 7/25/18</p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Melissa M Johnson</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Melissa M Johnson</i>			Date <i>11-9-17</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>7/25/18</u> (Date)		Plan of correction implementation status as of <u>7/25/18</u> (Date)	
The above plan of correction was approved by <u><i>SO</i></u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SO</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

RECEIVED

NOV 09 2017

Page 4 of 20

Violation Report: 47470 - 09/07/2017 - Rosar, Ashley

PGH Name: UPTON S COUNTRY COMFORT

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.25(d) SOPc - If the home collects a resident's rent rebate under § 2600.25(a), the resident-home contract is to include a statement signed by the resident, and the resident's designated person if applicable, at the time of admission, informing the resident that the information required in § 2600.25(a) is to be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #1's resident-home contract, dated 2/20/17, does not include the resident's signature on the rent rebate statement.

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.

Will do audit checks to make sure all documents are signed that needs to be signed.

Resident # 1 passed away [redacted] 17. ~~SO~~ 7/25/18

Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall review all current resident records to ensure the resident has signed the rent rebate statement.

~~SO~~ 7/25/18

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Melissa Johnson* Date *11-9-17*

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

The above plan of correction is approved as of 7/25/18 (Date)

Plan of correction implementation status as of 7/25/18 (Date)

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

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

RECEIVED

NOV 09 2017

Page 6 of 20

Violation Report: 47470 - 09/07/2017 - Roser, Ashloy
PCH Name: UPTON S COUNTRY COMFORT

WEST REGION FIELD OFFICE

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
Motorola audio/video baby monitors are present in bedrooms #4 and #5, both of which house 4 residents. The receiver, located in the administrator's office, monitors audio and can manipulate video lens angles.

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.

Monitors was removed immediately. None will not use any type of ~~the~~ audio/video monitors again

Immediately then weekly thereafter: The administrator or designated staff person shall monitor the home to ensure the resident's right to privacy of self and possessions is maintained including cessation of the use of baby monitors in resident bedrooms. ~~se~~ 7/25/18

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Melissa M Johnson* Date *11-9-17*

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

The above plan of correction is approved as of 7/25/18
(Date)

Plan of correction implementation status as of 7/25/18
(Date)

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

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

RECEIVED

NOV 09 2017

Page 6 of 20

Violation Report: 47470 - 09/07/2017 - Rorer, Ashley
PCH Name: UPTON S COUNTRY COMFORT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 66 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff member A, hired 7/3/17, began providing unsupervised ADL services to residents on 7/23/17; however the direct care staff member did not successfully complete and pass the Department-approved direct care training course and competency test until 9/1/17.

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.

Will make sure all ~~staff~~ Direct Care Staff completes all the required training before they begin unsupervised ADL.

Immediately: The administrator will develop and implement a policy and procedures to ensure all direct care staff persons have met all of the requirements of regulation 2600.65d prior to providing unsupervised direct care services.

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 11-9-17

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

The above plan of correction is approved as of

7/25/18
(Date)

Plan of correction implementation status as of

7/25/18
(Date)

The above plan of correction was approved by

So
(Initials)

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

80
7/25/18

RECEIVED

NOV 09 2017

Page 7 of 20

Violation Report: 47470 - 09/07/2017 - Roser, Ashley		WEST REGION FIELD OFFICE	
PCH Name: UPTON S COUNTRY COMFORT		HUMAN SERVICES LICENSING	
1. REGULATION 65 Pa.Code §2600 2600.65(j) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.			
2a. DESCRIPTION OF VIOLATION Staff member B, the home's administrator, indicated he/she signed direct care staff member A's name on the "Direct Care Staff Person Training and Orientation" form on 9/7/17, indicating that the staff member "has been trained in all areas required by 2600.65 (a,b &c)". Direct care staff member C, hired 11/7/16, admitted to signing the "Direct Care Staff Person Training and Orientation" form on 9/7/17, indicating that direct care staff member C "has been trained in all areas required by 2600.65 (a,b &c). Direct care staff member C dated the form 11/7/17.			
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>Home will keep better methods on direct care staff training.</p> <p>Immediately: The administrator or designated staff person shall develop and implement policy and procedures to ensure thorough documentation of all staff training as specified in §2600.65, to include original signatures of staff once each training topic is completed. <i>See 7/25/18</i></p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Melissa M Johnson</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Melissa M Johnson</i>			Date <i>11-9-17</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>7/25/18</u> (Date)		Plan of correction implementation status as of <u>7/25/18</u> (Date)	
The above plan of correction was approved by <u>See</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>See</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

RECEIVED

NOV 09 2017

Page 8 of 20

Violation Report: 47470 - 09/07/2017 - Roser, Ashley
PCH Name: UPTON S COUNTRY COMFORT

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

At approximately 12:50 PM, ungloved direct care staff member C was observed clearing used plastic plates from tables and pushing the plates into the trash can. The ungloved staff member then blew his/her nose and proceeded to use unwashed hands to tear a sandwich into small pieces and, using unwashed fingers, placed the food directly into the mouth of resident #3.

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.

Retrained staff on sanitary conditions that shall be maintained.

Immediately then at least weekly thereafter for 1 month: The administrator or designated staff person shall observe staff assisting with resident feeding to ensure sanitary conditions are maintained. Documentation of observations shall be kept. *se* 7/25/18

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 *11-9-17*

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

The above plan of correction is approved as of 7/25/18 (Date)

Plan of correction implementation status as of 7/25/18 (Date)

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

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

RECEIVED

NOV 09 2017

Violation Report: 47470 - 09/07/2017 - Roser, Ashley
PCH Name: UPTON S COUNTRY COMFORT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2800
2600.90(b) - For a home serving nine or more residents, there shall be a system or method of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency.

2a. DESCRIPTION OF VIOLATION
The home serves 16 residents and does not have a system or method of communication in place that enables staff members to immediately contact other staff members in the home for assistance in the event of an emergency.

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 purchased walky-talky's

Immediately: The home shall utilize its walky-talky system as a means of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency. 7/25/18 [signature]

Immediately: All staff persons shall be educated regarding the use and operation of the walky-talky system, to include testing the operation of the system at the beginning of each shift. 7/25/18 [signature]

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

Signature of Legal Entity Representative (Required on EVERY Page) [signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Melissa M. Johnson Date 11-9-17

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

The above plan of correction is approved as of 7/25/18 (Date)

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

Plan of correction implementation status as of 7/25/18 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress [signature]
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

NOV 09 2017

Page 10 of 20

Violation Report: 47470 - 09/07/2017 - Roser, Ashley
PCH Name: UPTON S COUNTRY COMFORT WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION
A wooden slick is holding up the top sash of the window facing the carport in bedroom # 5.
There is no screen in the window facing the carport in bedroom # 6.

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 in the process of replacing
bedroom #5, #6 ; #7 windows that will have
screens on by 1-1-18

Immediately: The home shall repair or replace the window facing the carport in bedroom #5 and
replace the screen in the window facing the carport in bedroom #6. 7/25/18

Immediately then weekly thereafter: The administrator or designated staff person shall check the
home to ensure all windows, including windows in doors, are securely screened and in good repair.
7/25/18

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 11-9-17

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

The above plan of correction is approved as of 7/25/18 (Date)
The above plan of correction was approved by [Signature] (Initials)
Plan of correction Implementation status as of 7/25/18 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

RECEIVED

NOV 09 2017

Page 11 of 20

Violation Report: 47470 - 09/07/2017 - Roser, Ashley PCH Name: UPTON S COUNTRY COMFORT		WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 65 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 There is no adhesive tape, scissors or tweezers in the first aid kit in the administrator's office.			
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>Items was put in first aid kit immediately. Home will provide better audit to make sure all items are placed in first aid kit.</p> <p>Immediately then monthly thereafter and after each use: The administrator or designated staff person shall check the first aid kit to ensure compliance with §2600.96(a) SO 7/25/18</p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Melissa W. Johnson</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Melissa W. Johnson</i>			Date <i>11-9-18</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>7/25/18</u> (Date)		Plan of correction implementation status as of <u>7/25/18</u> (Date)	
The above plan of correction was approved by <u>SO</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SO</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

RECEIVED

NOV 09 2017

Page 12 of 20

Violation Report: 17470 - 09/07/2017 - Rover, Ashley
PCH Name: UPTON S COUNTRY COMFORT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code 52900

2600.101(c) - Each bedroom for one or more residents with a mobility need must have at least 100 square feet per resident, to allow for easy passage between beds and other furniture, and for comfortable use of a resident's assistive devices, including wheelchairs, walkers, special furniture or oxygen equipment. This requirement does not apply if there is a medical order from the attending physician that states the resident can maneuver without the necessity of the additional space. A legal entity with a personal care home license for the home as of October 24, 2005, that has one or more bedrooms serving a resident with physical mobility needs as of October 24, 2005, shall be exempt from the requirements specified in this subsection for the bedroom. If a bedroom is exempt in accordance with this subsection, additional square footage may be required sufficient to accommodate the assistive devices of the resident with mobility needs.

2a. DESCRIPTION OF VIOLATION

The following resident bedrooms are not large enough to accommodate residents with mobility needs. No resident has a medical order from the attending physician indicating the resident can maneuver without the necessity of the additional space.

Bedroom #1

Resident # 4, who is a resident with mobility needs
Resident # 5, who is a resident with mobility needs
Resident # 6, who is a resident with mobility needs
Square footage required: 300
Actual square footage: 185

Bedroom #4

Resident # 2, who is a resident with mobility needs
Resident # 3, who is a resident with mobility needs
Resident # 7, who is a resident with mobility needs
Resident # 8, who is a resident that is mobile
Square footage required: 380
Actual square footage: 170

Bedroom #5

Resident # 1, who is a resident that is mobile
Resident # 9, who is a resident that is mobile
Resident # 10, who is a resident with mobility needs
Resident # 11, who is a resident that is mobile
Square footage required: 280
Actual square footage: 225

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.

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 *11-9-17*

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

The above plan of correction is approved as of 7/25/18
(Date)

Plan of correction implementation status as of 7/25/18
(Date)

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

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

Violation Report: 47470 - 09/07/2017 - Roser, Ashley
 PCH Name: UPTON S COUNTRY COMFORT

1. REGULATION 66 Pa.Code §2800

2600.101(c) - Each bedroom for one or more residents with a mobility need must have at least 100 square feet per resident, to allow for easy passage between beds and other furniture, and for comfortable use of a resident's assistive devices, including wheelchairs, walkers, special furniture or oxygen equipment. This requirement does not apply if there is a medical order from the attending physician that states the resident can maneuver without the necessity of the additional space. A legal entity with a personal care home license for the home as of October 24, 2005, that has one or more bedrooms serving a resident with physical mobility needs as of October 24, 2005, shall be exempt from the requirements specified in this subsection for the bedroom. If a bedroom is exempt in accordance with this subsection, additional square footage may be required sufficient to accommodate the assistive devices of the resident with mobility needs.

On 11/21/17, bedroom #2 consisted of 1 resident who is mobile and an additional resident with mobility needs. Bedroom #2's square footage is 135. With this resident configuration, 160 square feet are needed.

On 11/21/17, the home provided documentation from the doctor of the following residents, that they can maneuver without the necessity of additional space in their bedrooms:

Bedroom # 1
 Resident #5 and #6

Bedroom #2
 The additional resident with mobility needs listed above

Bedroom #4
 Resident #4 and #10

On 4/8/18, bedroom assignments were as follows:

Bedroom #1
 Resident #5 and #6, who are residents with mobility needs

Bedroom #4
 Resident #4 and #10, who are residents with mobility needs

Bedroom #5
 Resident #8 and #11, who are residents that are mobile

Immediately: Prior to any further changes in bedroom configurations, the administrator will ensure that the square footage of the bedroom is in accordance with 2600.101(a), (b), (c) and (d).

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Melissa Johnson Administrator* Date *4-12-18*

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

The above plan of correction is approved as of <u>4/25/18</u> (Date)	Plan of correction implementation status as of <u>4/25/18</u> (Date)
The above plan of correction was approved by <u><i>SO</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SO</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

NOV 09 2017

Page 14 of 20

Violation Report: 47470 - 09/07/2017 - Roser, Ashley		WEST REGION FIELD OFFICE	
PCH Name: UPTON S COUNTRY COMFORT		Human Services Licensing	
1. REGULATION 55 Pa.Code §2809 2600.103(h) - Food shall be thawed either in the refrigerator, microwave, under cool water or as part of the cooking process.			
2a. DESCRIPTION OF VIOLATION At approximately 9:45 AM a 10 pound pork loin and approximately 20 whole potatoes were thawing in roughly 2 inches of water in the kitchen sink.			
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>Trained all staff proper thawing directions.</p> <p>Immediately then weekly thereafter for 1 month: The administrator or designated staff person shall monitor food preparation to ensure the approved methods of food preparation, including thawing, are implemented.</p> <p><i>SO</i> 7/25/18</p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Melissa M. Johnson</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Melissa M. Johnson</i>		Date <i>7-9-17</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <i>7/25/18</i> (Date)		Plan of correction implementation status as of <i>7/25/18</i> (Date)	
The above plan of correction was approved by <i>SO</i> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SO</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

RECEIVED

NOV 09 2017

Page 16 of 20

Violation Report: 47470 - 09/07/2017 - Roser, Ashley		WEST REGION FIELD OFFICE	
PCH Name: UPTON S COUNTRY COMFORT		Human Services Licensing	
1. REGULATION 66 Pa.Code §2600 2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.			
2a. DESCRIPTION OF VIOLATION The home currently serves 16 residents requiring a minimum of 48 gallons of drinking water for a 3-day emergency supply. However, there is no supply of emergency drinking water in the home and the contractual agreement from J and K Inc. Water on Wheels is from 2/9/13.			
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>Home still uses Water on Wheels no charge on the contractual agreement since 2-6-13</p> <p>On 11/21/17 the home secured an agreement with J and K Inc. Water on Wheels that is in compliance with §2600.107(c). SO 7/25/18</p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Melissa M. Johnson</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Melissa M. Johnson</i>			Date <i>11-9-17</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>7/25/18</u> (Date)		Plan of correction implementation status as of <u>7/25/18</u> (Date)	
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SO</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

RECEIVED

NOV 09 2017

Page 16 of 20

Violation Report: 47470 - 09/07/2017 - Rosor, Ashley
PCH Name: UPTON S COUNTRY COMFORT WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 66 Pa.Code §2600
2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually.
Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
The most recent fire safety inspection and fire drill conducted by a fire safety expert was completed on on 4/4/16.

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 drill was conducted by a fire expert
on 9-29-17

Prior to 9/27/18, a fire safety inspection and fire drill shall be conducted by a fire safety expert.
Documentation shall be kept.

See 7/25/18

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 11-9-17

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

The above plan of correction is approved as of 7/25/18 (Date)
The above plan of correction was approved by *[Signature]* (Initials)
Plan of correction implementation status as of 7/25/18 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

RECEIVED

NOV 09 2017

Page 17 of 20

Violation Report: 47470 - 09/07/2017 - Roser, Ashley		WEST REGION FIELD OFFICE	
PCH Name: UPTON S COUNTRY COMFORT		Human Services Licensing	
1. REGULATION 65 Pa.Code §2600 2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.			
2a. DESCRIPTION OF VIOLATION The home's menu is posted on the 2nd floor, however, 6 residents with mobility needs reside on the 1st floor and are unable to access the 2nd floor.			
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>Menu's shall be posted on both floors</p> <p>Immediately then at least weekly thereafter: The administrator or designated staff person shall post weekly menus at least 1 week in advance in a conspicuous and public place on the 1st and 2nd floors. <i>SO</i> 7/25/18</p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Melissa M Johnson</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Melissa M Johnson</i>		Date <i>11-9-17</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <i>7/25/18</i> (Date)		Plan of correction implementation status as of <i>7/25/18</i> (Date)	
The above plan of correction was approved by <i>SO</i> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SO</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

RECEIVED

NOV 09 2017

Page 18 of 20

Violation Report: 47470 - 09/07/2017 - Roser, Ashley
PCH Name: UPTON S COUNTRY COMFORT WEST REGION FIELD OFFICE
Human Services Licensing

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
There is no current weekly activity calendar posted in a conspicuous and public 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.

Started marking weekly activity on calendar posted in setting area

Immediately then at least weekly thereafter: The administrator or designated staff person shall post a weekly activity calendar in a conspicuous and public place in the home.

see 7/25/18

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 *11-9-11*

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

The above plan of correction is approved as of *7/25/18*
(Date)

Plan of correction implementation status as of *7/25/18*
(Date)

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

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

RECEIVED

NOV 09 2017

Violation Report: 47470 - 09/07/2017 - Roser, Ashley
PCH Name: UPTON S COUNTRY COMFORT WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION
Resident #2's most recent assessment, dated 12/15/16, indicates the resident is mobile; however, the resident's support plan, dated 12/15/16, indicates that the resident is not permitted to walk by himself/herself and needs assistance with transfers due to an unsteady gait.

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.

Will do audits to make sure all documentation is in correct order.

A new assessment for resident #2 was completed on 12/13/17. ~~see~~ 7/25/18

Within 30 days of the receipt of the plan of correction: The administrator or designated staff person shall check all resident records to ensure compliance with §2600.226(a). Documentation shall be kept.

~~see~~ 7/25/18

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 *11-9-17*

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

The above plan of correction is approved as of 7/25/18
(Date)

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

Plan of correction implementation status as of 7/25/18
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *SO*
- Partially Implemented - inadequate Progress
- Not Implemented

RECEIVED

NOV 09 2017

Page 20 of 20

Violation Report: 47470 - 09/07/2017 - Roser, Ashley
PCH Name: UPTON S COUNTRY COMFORT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 66 Pa.Code §2600

2600.253(c) - The home shall keep a log of resident records destroyed on or after October 24, 2005. This log must include the resident's name, record number, birth date, admission date and discharge date.

2a. DESCRIPTION OF VIOLATION

The home burns resident records however does not maintain a destruction log including resident names, record numbers, birth dates, admission dates and discharge dates.

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 uses a computer system & is currently working with them for more training on how to find such things

Immediately: The home will develop a log to track destruction of resident records in accordance with §2600.253(c).

7/25/18 *[Signature]*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Date 11-9-17

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

The above plan of correction is approved as of 7/25/18
(Date)

Plan of correction implementation status as of 7/25/18
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *[Signature]*

Partially Implemented - Inadequate Progress

Not Implemented

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

VIOLATION REPORT
PERSONAL CARE HOMES - 65 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		RECEIVED
Certificate(s) of Occupancy R-4 01/22/2013 UCC		MAR 28 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 23	Working Staff: 17
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Monitoring		
On-Site Inspections Dates and Department Representatives On-Site 11/21/2017: Roser, Ashley; Summers, Vicky		
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 who:	
Number of Residents Served: 15	Receive Supplemental Security Income: 5	
Secured Dementia Care Unit in Home: NO	Are 60 Years of Age or Older: 13	
Area:	Have Mental Illness: 7	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 7	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 8	
Number of Current Hospice Residents: 3	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 7		

RECEIVED

MAR 28 2018

Page 2 of 5

Violation Report: 47470 - 11/21/2017 - Reser, Ashley
PCH Name: UPTON S COUNTRY COMFORT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Ccode §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

Direct care staff person A, hired 8/19/17, did not receive training in any topics specified in 2600.65a.

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.

Came up with method that they training forms are put in a folder with new hire forms.

Immediately: The administrator will create a tracking system for new hires to ensure that newly-hired staff persons receive the training required by this regulation on or before the first work day and the documentation of training is kept in the staff person's record.

[Signature] 7/25/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Signature]

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

Melissa Johnson

administrator

Date 3-27-18

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

The above plan of correction is approved as of

7/25/18
(Date)

Plan of correction implementation status as of

7/25/18
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

RECEIVED

MAR 28 2018

Page 3 of 5

Violation Report: 47470 - 11/21/2017 - Roser, Ashley
PCH Name: UPTON S COUNTRY COMFORT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 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
Direct care staff person A, hired 8/19/17, did not receive training in any topics specified in 2600.65b. Direct care staff person A completed their 40th scheduled work hour 9/2/17.

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 was trained but documentation was misplaced started a new form for New hire ck list.

Immediately: Staff person A shall be trained in all topics specified in 2600.65(b). Documentation shall be kept

SOB
7/25/18

Immediately: The administrator will create a tracking system for new hires to ensure that newly-hired staff persons receive the training required by this regulation within 40 scheduled working hours and the documentation of training is kept in the staff person's record.

SOB
7/25/18

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 7/25/18
(Date)

Plan of correction implementation status as of 7/25/18
(Date)

The above plan of correction was approved by
(Initials)

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

RECEIVED

MAR 28 2018

Page 4 of 5

Violation Report: 47470 - 11/21/2017 - Roser, Ashley
PCH Name: UPTON S COUNTRY COMFORT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:
- (1) Training that includes a demonstration of job duties, followed by supervised practice.
 - (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
 - (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the Initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff member A, hired 8/19/17, began providing unsupervised ADL services to residents on 8/19/17; however the direct care staff member did not successfully complete and pass the Department-approved direct care training course and competency test until 9/22/17.

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.

Started a check list for all new hire staff that all things have to be completed before unsupervised ADL start

Immediately: The administrator will develop and implement procedures to ensure all direct care staff persons have met all of the requirements of regulation §2600.65d prior to providing unsupervised direct care services. 7/25/18

Immediately: The administrator will review all direct care staff member's training records to ensure compliance with §2600.65(d). Documentation shall be kept. 7/25/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Melissa Johnson

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

Melissa Johnson administrator

Date

3/27/18

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

The above plan of correction is approved as of

7/25/18
(Date)

Plan of correction implementation status as of

7/25/18
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)