



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 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 August 17, 2018, 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 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		
Certificate(s) of Occupancy R-4 01/22/2013 Fayette County		
Staffing Hours Resident Support: 0	Total Daily Staff: 19	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 08/17/2018: Garrigan, Laurie; Graziano, Belinda		
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: 15 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: 3	Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 13 Have Mental Illness: 2 Have an Intellectual Disability: 2 Have a Mobility Need: 4 Have a Physical Disability: 0	

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Violation Report: 47470 - 08/17/2018 - Garrigan, Laurie
PCH Name: UPTON S COUNTRY COMFORT

1. REGULATION 55 Pa.Code §2600
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The Influenza Awareness Act, effective July 2016, states that "Each facility shall ensure that the required influenza information is posted in a public place in the facility year-round". However, a copy of the influenza awareness poster was not posted 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.

The Influenza Awareness Act Poster was posted on bulletin board.

The Administrator will make sure the home shall comply with applicable Federal, State, and local laws,

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 *11-16-18*

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

The above plan of correction is approved as of 12/4/18
(Date)

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

Plan of correction implementation status as of 12/4/18
(Date)

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

Violation Report: 47470 - 08/17/2018 - Garrigan, Laurie
 PCH Name: UPTON S COUNTRY COMFORT

1. REGULATION 55 Pa.Code §2600
 2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION
 The home manages finances for resident #1; however, the home has not given the resident a record of financial transactions on a quarterly basis.

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.

Put calendar reminders to print out qtrly statements.
 Resident #1 is aware of all his financial transactions
 his cash money is left in his account; used for
 personal; copy items.

Within 5 days of receipt of the plan of correction: A designated staff person shall review all financial records for whom the home manages finances to ensure each resident has received a quarterly statement of financial transactions.

LM

NOV 17 2018

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) *Melissa M Johnson administrator* Date *11-16-18*

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 (Date)

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 (Initials)

Plan of correction implementation status as of 12/4/18
 (Date)

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- Partially Implemented - Adequate Progress *LM*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 47470 - 08/17/2018 - Garrigan, Laurie
PCH Name: UPTON S COUNTRY COMFORT

1. REGULATION 55 Pa.Code §2600
2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION
The home has not conducted a quality management review since 5/8/17.

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.

The home conducted a quality management plan
on 2-12-18, 5-12-18, & 11-12-18

Put on Repeat calendar events for the
administrator to conduct a quarterly quality management
plan

NOV 17 2018

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(Date)

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

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(Date)

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

Violation Report: 47470 - 08/17/2018 - Garrigan, Laurie
 PCH Name: UPTON S COUNTRY COMFORT

1. REGULATION 55 Pa.Code §2600
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person A, hired on 11/1/12, received only 8 hours of annual training during the 1/1/17 to 12/31/17 training year.

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.

Training was completed.
 Effective 2019 on training is going to be completed in January by Melissa Johnson; start of new hire shift.

Immediately: The home shall develop a tracking system to ensure all direct care staff persons receive at least 12 hours of annual training during each established training year. Documentation of the system shall be kept. *LH*

NOV 17 2018

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 *11-16-18*

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 47470 - 08/17/2018 - Garrigan, Laurie
 PCH Name: UPTON S COUNTRY COMFORT

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 A, hired on 11/1/12, did not receive training in the following topics during the 1/1/17 to 12/31/17 training year.

- * Medication self-administration
- * Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
- * Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration
- * Personal care service needs of the resident
- * Safe management techniques
- * Care for residents with mental illness or intellectual disability - The home currently serves 2 residents with a diagnosis of a mental illness and 2 residents with an intellectual disability diagnosis.

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.

Attached to Previous Violation

Staff person A received the trainings on 5/12/18. *LH*

Immediately: The home shall develop a tracking system to ensure all direct care staff persons receive training on all topics specified in 2600.65f during each established training year. Documentation of the system shall be kept.

LH

NOV 17 2018

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: *11-16-18*

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- Not Implemented

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 (Initials)

Violation Report: 47470 - 08/17/2018 - Garrigan, Laurie
 PCH Name: UPTON S COUNTRY COMFORT

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 A, hired on 11/1/12, did not receive training in the following topics during the 1/1/17 to 12/31/17 training year:

- Emergency preparedness procedures and recognition and response to crises and emergency situations
- Resident rights
- The Older Adult Protective Services Act
- 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.

Attached to previous violations

Staff person A received the trainings on 5/12/18. *I/M*

Immediately: The home shall develop a tracking system to ensure all staff persons receive training on all topics specified in 2600.65g during each established training year. Documentation of the system shall be kept. *I/M*

NOV 17 2018

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Printed Name and Title of Legal Entity Representative
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Date 11-16-18

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 (Date)

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- Partially Implemented - Adequate Progress *I/M*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

I/M
 (Initials)

Violation Report: 47470 - 08/17/2018 - Garrigan, Laurie
 PCH Name: UPTON S COUNTRY COMFORT

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
 Residents #2 and #3 did not have a lamp or other source of lighting that can be turned on/off at bedside.

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.

Put a torch lamp mounted to the wall.
 Placed battery operated push lights by each residents bed & trained staff to check light why making residents bed to make sure it is operable.

Immediately, then monthly thereafter: A designated staff person shall check each resident's room to ensure an operable light, which can be turned on/off at bedside, is present.

LM

NOV 17 2018

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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Melissa Johnson

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

Melissa Johnson

Date

11-16-18

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 (Date)

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 (Initials)

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Violation Report: 47470 - 08/17/2018 - Garrigan, Laurie

PCH Name: UPTON S COUNTRY COMFORT

1. REGULATION 55 Pa.Code §2600

2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION

At 9:00 a.m., 10:45 a.m. and 12:10 p.m., there was no soap in the soap dispenser in the upstairs bathroom that has two toilets. Department representatives requested soap for the residents at 9:10 a.m. and 10:45 a.m.

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.

Replaced a majority soap dispensers with other disposable soap dispensers.

Trained staff to make sure soap is available at all times.

NOV 17 2018

Repeat Violation: No

Date(s) of Previous Violation(s):

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Melissa M. Johnson

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

Melissa M. Johnson

Date: 11-16-18

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(Date)

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(Initials)

Plan of correction implementation status as of 12/4/18
(Date)

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

Violation Report: 47470 - 08/17/2018 - Garrigan, Laurie
 PCH Name: UPTON S COUNTRY COMFORT

1. REGULATION 55 Pa.Code §2600
 2600.103(d) - Food shall be stored off the floor.

2a. DESCRIPTION OF VIOLATION

At 11:00 a.m., there were two 5 pound bags of potatoes and a 24 pack box of peanut butter crackers stored directly on the floor in the kitchen pantry.

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 that food shall be stored off the floor.

Immediately: A designated staff person shall check the home monthly to ensure no food is stored on the floor. *JM*

NOV 17 2018

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>11-16-18</i>
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 (Date)

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

Plan of correction implementation status as of 12/4/18
 (Date)

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

Violation Report: 47470 - 08/17/2018 - Garrigan, Laurie
 PCH Name: UPTON S COUNTRY COMFORT

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
 At approximately 9:55 a.m., there was no thermometer in the small, black refrigerator in 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.

Retrained Staff that every Freezer & Fridge
 has thermometers & where they are located
 at

A thermometer was added to the black refrigerator. *IM*

Immediately: A designated staff person shall check all refrigerators/freezers daily to ensure proper temperature storage in accordance with 2600.103f. *IM*

NOV 17 2018

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 *11-16-18*

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

Plan of correction implementation status as of 12/4/18
 (Date)

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

Violation Report: 47470 - 08/17/2018 - Garrigan, Laurie
PCH Name: UPTON S COUNTRY COMFORT

1. REGULATION 55 Pa.Code §2600
2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION
The location of the fire extinguishers in the laundry room and dining room were not indicated on the emergency evacuation diagram posted in the lower level sitting room. The home currently serves 15 residents.

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.

Put 2 indicator marks showing where the fire extinguishes are.

Administrator will make sure when an extra extinguisher is placed that it is marked on the diagram

NOV 17 2018

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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) *Melissa M Johnson* Date *11-16-18*

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

Plan of correction implementation status as of 12/4/18 (Date)

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Violation Report: 47470 - 08/17/2018 - Garrigan, Laurie
 PCH Name: UPTON S COUNTRY COMFORT

1. REGULATION 55 Pa.Code §2600
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION

No fire drills were held during the months of January and June 2018.

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.

Monthly fire drills were held during August 2018 through November 2018. *LM*

Put reminders on calendar that make sure monthly fire drills are conducted -

NOV 17 2018

Repeat Violation: No

Date(s) of Previous Violation(s):

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Melissa Johnson

Printed Name and Title of Legal Entity Representative
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Melissa Johnson

Date

11-16-18

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Violation Report: 47470 - 08/17/2018 - Garrigan, Laurie
 PCH Name: UPTON S COUNTRY COMFORT

1. REGULATION 55 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
 A fire safety inspection and fire drill conducted by a fire safety expert was completed on 4/4/16. However, the next fire safety inspection and fire drill conducted by a fire safety expert was not completed until 9/29/17.

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.

Had annual fire drill done with fire safety inspector in Sept. 2018

A fire safety inspection and supervised fire drill was conducted by a fire safety expert on 9/30/18. *LM*

Fire safety inspector is scheduled for 2019 annual fire drill. Will continue scheduling for each year when he arrives to do that drill.

NOV 17 2018

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/07/2017 *e.a.l.*

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 *11-16-18*

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Violation Report: 47470 - 08/17/2018 - Garrigan, Laurie
 PCH Name: UPTON S COUNTRY COMFORT

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record does not include a.m. or p.m. for the drill conducted on 5/31/18 at 1:50.

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 fire drill was completed at 1:50pm.
 Will ensure that am or pm will be written on all fire drill logs.

Immediately: A designated staff person shall review the fire drill records monthly to ensure all items indicated in 2600.132c are present.

LM

NOV 17 2018

Repeat Violation: No

Date(s) of Previous Violation(s):

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 (Required on EVERY Page)

Melissa M. Johnson

Printed Name and Title of Legal Entity Representative
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Melissa M. Johnson

Date

11-16-18

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LM
 (Initials)

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Violation Report: 47470 - 08/17/2018 - Garrigan, Laurie
 PCH Name: UPTON S COUNTRY COMFORT

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 most recent fire drill conducted during sleeping hours was on 10/27/17 at 2:00 a.m.

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.

Administrator put on calendar to make sure a fire drill be conducted during sleeping hours every 6 months

A fire drill was held during sleeping hours on 11/30/18 at 10:55 pm. *IM*

NOV 17 2018

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/11/2016
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Melissa Johnson*

Printed Name and Title of Legal Entity Representative
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 (Date)

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

Violation Report: 47470 - 08/17/2018 - Garrigan, Laurie
PCH Name: UPTON S COUNTRY COMFORT

1. REGULATION 55 Pa.Code §2600
2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
The medical evaluation, dated 2/20/18, for resident #1 does not include the resident's weight, pulse rate, blood pressure, temperature and body positioning/movement. These sections of the medical evaluation are blank.
A medical evaluation was not completed for resident #4, admitted on 6/21/18.

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 that all DME is totally completed before filing

Resident #1's medical evaluation was updated. *IM*
A medical evaluation was completed for resident #4 on 6/27/18. *IM*

Within 5 days of receipt of the plan of correction: A designated staff person shall review all resident records to ensure each resident has a medical evaluation completed in its entirety, and present in each resident record. *IM*

NOV 17 2018

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 *11-16-18*

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

The above plan of correction is approved as of 12/4/18
(Date)

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

Plan of correction implementation status as of 12/4/18
(Date)

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

Violation Report: 47470 - 08/17/2018 - Garrigan, Laurie
 PCH Name: UPTON S COUNTRY COMFORT

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
 The insurance card, for the Ford van used to transport residents, expired on 8/5/18.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date my 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.

Administrator was on vacation; the designated staff could not find new card.

A new insurance card, valid from 8/5/18 through 8/5/19, was obtained. *IM*

Immediately: The home shall ensure all items indicated in 2600.171c are present when the vehicle is used to transport residents. *IM*

NOV 17 2018

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 *11-16-18*

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

The above plan of correction is approved as of 12/4/18 (Date)

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

Plan of correction implementation status as of 12/4/18 (Date)

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

Violation Report: 47470 - 08/17/2018 - Garrigan, Laurie
 PCH Name: UPTON S COUNTRY COMFORT

1. REGULATION 55 Pa.Code §2600
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
 At 1:35 p.m., resident #4's Novolog Flex Pen syringe was unlocked, unattended and accessible in the cabinet above the medication cart in the lower level dining 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.

Re trained staff to properly put medication back in the locked secured medicine cabinet

Immediately: A designated staff person shall check the home daily to ensure all prescription medications, OTC medications, CAM and syringes are kept in an area or container which is locked. *IM*

NOV 17 2018

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Melissa M Johnson* Date *11-16-18*

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

The above plan of correction is approved as of <u>12/4/18</u> (Date) The above plan of correction was approved by <u><i>IM</i></u> (Initials)	Plan of correction implementation status as of <u>12/4/18</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>IM</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 47470 - 08/17/2018 - Garrigan, Laurie
 PCH Name: UPTON S COUNTRY COMFORT

1. REGULATION 55 Pa.Code §2600

2600.183(c) - Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

2a. DESCRIPTION OF VIOLATION

At approximately 9:55 a.m., there were unlocked insullns, belonging to residents, stored in the unlocked and unattended small, black refrigerator in 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.

The laundry room has a locked door that is to be kept locked at all times.

A designated staff person shall check the laundry room door daily to ensure it is locked. *JM*

Retrained staff to make sure that the door is kept locked when no staff is in there

NOV 17 2018

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 Johnson</i>	Date <i>11-16-18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12/4/18
 (Date)

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

Plan of correction implementation status as of 12/4/18
 (Date)

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

Violation Report: 47470 - 08/17/2018 - Garrigan, Laurie
 PCH Name: UPTON S COUNTRY COMFORT

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

Resident #3 is prescribed Hydroxyzine Pamoate 25 mg - take one capsule every 8 hours as needed. However, the medication was not available.

Resident #4's glucometer was not calibrated to the correct date.

Resident #4 is prescribed Novolog Flexpen insulin three times daily per the following sliding scale; however, the resident's blood glucose level and amount of insulin administered is not included in the resident's August 2018 medication administration records:

Blood sugar	Insulin
0 - 100	0 units
100 - 150	8 units
151 - 200	10 units
201 - 250	12 units
251 - 300	14 units
351 - 400	18 units
>400	Call physician

NOV 17 2018

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.

Administrator will make sure that all Disc. meds are off the MAR with a PCP written order.

Administrator: Staff Supervisor will check glucometer is calibrated to the correct date on a monthly basis

Immediately: A staff persons qualified to administer medications shall be reeducated that all resident blood sugars, and amount of insulin administered shall be documented on the home's blood glucose logs. Documentation of the education shall be kept. *LM*

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

Printed Name and Title of Legal Entity Representative *Melissa M Johnson* Date *11-16-18*
 (Required on EVERY Page)

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

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 (Date)

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

Plan of correction implementation status as of 12/4/18
 (Date)

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

Violation Report: 47470 - 08/17/2018 - Gamigan, Laurie
 PCH Name: UPTON S COUNTRY COMFORT

1. REGULATION 55 Pa.Code §2600

2600.186(c) - Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

2a. DESCRIPTION OF VIOLATION

On 7/10/18, a verbal order was given to staff for the following change in resident #4's sliding scale prescription for Novolog insulin; however, the home does not employ nurses and a written order by the prescriber was not obtained until 10/17/18; Novolog three times daily per the following sliding scale:

Blood sugar	Insulin
0 - 100	0 units
100 - 150	8 units
151 - 200	10 units
201 - 250	12 units
251 - 300	14 units
351 - 400	18 units
> 400	Call physician

NOV 17 2018

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.

Administrator will make sure that a written order is stating any changes for any medication change

Within 5 days of receipt of the plan of correction: A designated staff person shall review all resident records to ensure written orders by the prescriber are present for all prescribed medications. *LM*

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 *11-16-18*

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

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

Plan of correction implementation status as of 12/4/18 (Date)

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

Violation Report: 47470 - 08/17/2018 - Garrigan, Laurie
 PCH Name: UPTON S COUNTRY COMFORT

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person B did not complete a Department- approved medications administration course until 10/1/18. However, he/she administered several medications to residents in August 2018 to include the following:

- Resident #1 on 8/7/18, 8/8/18 and 8/13/18 at 9:00 a.m.:
- * Amlodipine-Benazepril, 2.5 mg-10mg
 - * Meclizine, 12.5 mg
 - * Baclofen, 10 mg
 - * Phenobarbital, 64.8 mg

NOV 17 2018

- Resident #4 on 8/7/18, 8/8/18, 8/13/18 and 8/17/18 at 9:00 a.m.:
- * Omeprazole, 20 mg
 - * Metoprolol, 12.5 mg
 - * Myrbetriq ER, 25 mg

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 B did have here medication administration course - on 10/1/18. *IM*

Immediately: The home shall develop a tracking system to ensure all staff persons administering medications receive training, including annual practicums, in accordance with the Department-approved medication administration course. *IM*

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Melissa M Johnson* Date *11-16-18*

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

Plan of correction implementation status as of 12/4/18 (Date)

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

Violation Report: 47470 - 08/17/2018 - Garrigan, Laurie
 PCH Name: UPTON S COUNTRY COMFORT

1. REGULATION 55 Pa.Code §2600

2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

2a. DESCRIPTION OF VIOLATION

Staff person B did not complete a Department- approved medications administration course until 10/1/18, and has not completed a Department-approved diabetic patient education program. However, he/she administered 20 units of Toujeo insulin to resident #4 on 8/1/18, 8/6/18, 8/7/18, 8/12/18 and 8/16/18 at 9:00 p.m.

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 B was trained on 9-11-2018

Administer put on calendar for yearly reminder of when recertification is due to have trained before they administer insulin

NOV 17 2018

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 *11-16-18*

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The above plan of correction is approved as of 12/4/18 (Date)

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

Plan of correction implementation status as of 12/4/18 (Date)

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

Violation Report: 47470 - 08/17/2018 - Garrigan, Laurie
 PCH Name: UPTON S COUNTRY COMFORT

1. REGULATION 55 Pa.Code §2600
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION
 Resident #4's support plan, dated 7/3/18, indicates a personal needs allowance account will be kept at the home for the resident's needs and a record will be kept for transaction use. However, staff person C, administrator, indicated the home does not provide this service to resident #4. The resident's family manages his/her finances.

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.)

Administrator updated Resident's # 4 support plan 11-16-18. Resident # 4 family takes care of her financial needs. Home does not have access to that

Within 5 days of receipt of the plan of correction: A designated staff person shall review all current resident support plans for accuracy and completion. *LH*

NOV 17 2018

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>11-16-18</i>
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The above plan of correction is approved as of 12/4/18
 (Date)

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

Plan of correction implementation status as of 12/4/18
 (Date)

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