



March 2, 2020

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 21, 2019, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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,

A handwritten signature in black ink, appearing to read "Kevin Hancock".

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Violation Report

RECEIVED

OCT 24 2019

Violation Report

WEST REGION FIELD OFFICE
Human Services Licensing
License Number: 47470

Facility Information

Name: UPTON'S COUNTRY COMFORT
Address: 544 BUCHANAN ROAD,, NORMALVILLE, PA 15469
County: FAYETTE Region: WESTERN

Administrator

Name: MELISSA JOHNSON Phone: 7244551926 Email: JUNE7424@YAHOO.COM

Legal Entity

Name: WARREN J UPTON
Address: 544 BUCHANAN ROAD, NORMALVILLE, PA, 15469

Certificate(s) of Occupancy

Type: R-4 Date: 01/22/2013 Issued By: Fayette County

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 16 Waking Staff: 12

Inspection

Type: Full Reason: Renewal BHA Docket #: Notice: Unannounced

Inspection Dates and Department Representative

08/21/2019 - On-Site: Jan Cutter, Cindy Mulick

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 16 Residents Served: 13

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 5 Are 60 Years of Age or Older: 12
Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 4
Have Mobility Need: 3 Have Physical Disability: 0



RECEIVED

OCT 24 2019

47470

WEST REGIONAL FIELD OFFICE
HUMAN SERVICES LICENSING

UPTON'S COUNTRY COMFORT

3c - Post Current License

Regulations

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

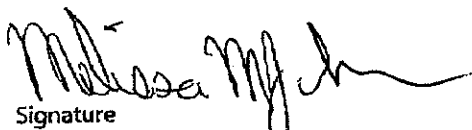
A copy of the current licensing inspection summary, dated 8/17/2018, was not posted in a conspicuous and public place in the home.

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 posted inspection summary 10-24-19.
Administrator put on calendar reminders to post summaries as updated.

Legal Entity Representative


Signature

Melissa Johnson adm. 10/24/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 2/28/20 (Date)
Plan of correction implementation status as of 2/28/20 (Date)
The above plan of correction was approved by  (initials)
Fully Implemented
Partially Implemented - Adequate Progress
Partially Implemented - Inadequate Progress
Not Implemented

08/21/2019

2 of 20

RECEIVED

47470

UPTON'S COUNTRY COMFORT

OCT 24 2019

17 - Record Confidentiality

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

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.

Description of Violation

At 10:15 am, notebook pages containing personal care needs of multiple residents were unlocked, unattended, and accessible in the drawer to the right of the sink in the upstairs kitchen.

At 10:47 am, a receipt from Hunter's pharmacy, with a prescription order for Lactulose 10 gm/15 ml for both resident #1 and #2, was unlocked, unattended and accessible downstairs on the table with the coffeemaker.

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.)

Reeducated staff on proper filing of confidential papers.
Have designated staff to watch for confidential papers
laying around; reminders to staff that is not
acceptable.

Legal Entity Representative

Melissa
Signature

Melissa Johnson administrator
Printed Name and Title

10-24-19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

2/28/20
(Date)

Plan of correction implementation status as of

2/28/20
(Date)

The above plan of correction was approved by

JW
(Initials)

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

08/21/2019

3 of 20

RECEIVED

47470

UPTON'S COUNTRY COMFORT

FEB 26 2020

64c - Annual Training

Western Region

Regulations

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff person A, the home's administrator, did not complete any Department-approved training in the 2018 training year.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Staff Person A completed 24 hours of Department approved training for 2018. Administrator was unable to find folder the day of training.

The administrator has reviewed annual training; will make sure documentations is available for Department review.

Legal Entity Representative

Melissa Johnson
Signature

Melissa Johnson administrator 2-14-20
Printed Name and Title Date

DEPARTMENT USE ONLY HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 2/28/20 (Date)

Plan of correction implementation status as of 2/28/20 (Date)

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

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

08/21/2019

4 of 20

RECEIVED

47470

FEB 26 2020

Western Region

UPTON'S COUNTRY COMFORT

65e - 12 Hours Annual Training

Regulations

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff person B, hired 9/1/17, only received 6 hours of annual training in the 2018 training year.

Repeat Violation 8/17/2018

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 complete the 12 hour training for 2018. Documentation could not be found day of inspection

The administrator reviewed staff training; will make sure documentation is available for department review.

Legal Entity Representative

Melissa Johnson
Signature

Melissa Johnson administrator 2-14-20
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 2/28/20 (Date)

Plan of correction implementation status as of 2/28/20 (Date)

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

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

08/21/2019

5 of 20

RECEIVED

47470

UPTON'S COUNTRY COMFORT

FEB 26 2020

65f - Training Topics

Western Region

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Direct care staff person B, hired 9/1/17, did not receive training in the following topics during the 2018 training year:

- * Medication self administration
- * Instructions on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- * Care for residents with dementia and cognitive impairments.
- * Personal care needs of the resident.
- * Care for residents with mental illness or mental retardation, or both if the population is served in the home.

Repeat Violation 8/17/2018

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 receive required training for 2018. Administrator could not find folder due of inspection.

Administrator reviewed training; will make sure documentation is available for Department review.

Legal Entity Representative

Melissa M Johnson
Signature

Melissa M Johnson
Printed Name and Title

2-14-20
Date

08/21/2019

6 of 20

65f - Training Topics (continued)

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

2/28/20
(Date)

Plan of correction implementation status as of

2/28/20
(Date)

The above plan of correction was approved by

JW
(Initials)

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

RECEIVED

OCT 24 2019

WEST REGION FIELD OFFICE
(Human Services Licensing)

RECEIVED

47470

UPTON'S COUNTRY COMFORT

OCT 24 2019

88a - Surfaces

Regulations

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

WEST REGION FIELD OFFICE
(603) 271-1177 (TDD/VOICEMAIL)

Description of Violation

There were multiple tears in the vinyl floor in the upstairs kitchen posing a trip and fall hazard.

The upstairs bathroom door had to be pulled extremely firmly to open.

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 under contract (verbal) for contractor to replace flooring. Home has already purchased the floor. Door ~~was~~ in bathroom was sanded down 10/2/19. Home will make sure all floors are in compliance with reg. 88a

The flooring in the upstairs kitchen was replaced. JW 2/28/20

At least monthly, a designated staff person will check the home to ensure surfaces are clean, in good repair and free of hazards. JW 2/28/20

Melissa Johnson
Signature

Melissa Johnson administrator 2-14-20
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of	2/28/20 (Date)	Plan of correction implementation status as of	2/28/20 (Date)
The above plan of correction was approved by	JW (initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

08/21/2019

8 of 20



RECEIVED

47470

UPTON'S COUNTRY COMFORT

FEB 26 2020

94a - Interior/Exterior Doors

Western Region

Regulations

2600.

94.a. Interior and exterior doors that open directly into a stairway and are used for exit doors, resident areas and fire exits must have a landing, which is a minimum of 3 feet by 3 feet.

Description of Violation

There is no landing beyond the saloon style doors which open directly into the interior stairway leading from the second floor kitchen/dining room to the first floor.

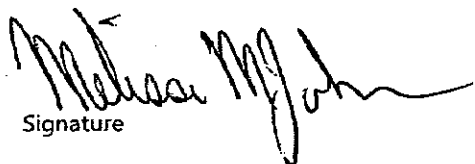
Plan of Correction (POC)

(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.)

Contacted Facilities contractor 2-14-20 at 11:45Am
Contractor will be out by 2-20-20 to have saloon door swing away from the steps.

The administrator will walk through facility i make sure home is in compliance with reg. 2600.94A

Legal Entity Representative


Signature

Melissa Johnson administrator 2-14-20
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of
(Date)

2/28/20
(Date)

Plan of correction implementation status as of
(Date)

2/28/20
(Date)

The above plan of correction was approved by


(Initials)

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

08/21/2019

9 of 20

RECEIVED

OCT 24 2019

47470

UPTON'S COUNTRY COMFORT

100a - Exterior - Free of Hazards

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

Approximately 22 boards of the exterior porch, in the designated smoking area, have rusty screws protruding from them, posing a laceration hazard.

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.)

Boards was removed 8-22-2019

Home will do inspections weekly to make sure in compliance with 2000.000a.

Legal Entity Representative

Melissa M. Johnson
Signature

Melissa M. Johnson administrator
Printed Name and Title

10/24/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

2/28/20
(Date)

Plan of correction implementation status as of

2/28/20
(Date)

The above plan of correction was approved by

JW
(Initials)

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

08/21/2019

10 of 20

RECEIVED

47470

FEB 26 2020

Western Region

UPTON'S COUNTRY COMFORT

101j7 - Lighting/Operable Lamp

Regulations

2600.

101j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

There was no light bulb in the lamp next to resident #1's bed and no other source of operable lighting that can be turned on/off from bedside.

Repeat Violation 8/17/2018

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.)

A Light bulb was placed in Lamp for resident 1 bed on ~~10/17~~ day of inspection.

Administrator will reeducate staff making sure that reg. 2600.101j is in compliance. Staff are to do weekly checks to make sure all beds have operable lighting.

Legal Entity Representative

Melissa Johnson
Signature

Melissa Johnson administrator 2-14-20
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 2/28/20 (Date) Plan of correction implementation status as of 2/28/20 (Date)

The above plan of correction was approved by

JW
(Initials)

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

08/21/2019

11 of 20

RECEIVED

47470

UPTON'S COUNTRY COMFORT

OCT 24 2019

107b - Emergency Procedures

WEST REGION FIELD OFFICE
Human Services Unit

Regulations

2600.

107.b. The home shall have written emergency procedures that include the following:

Description of Violation

The home's written emergency procedures do not include contact information for each resident's designated person.

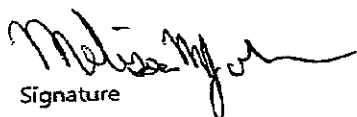
Plan of Correction (POC)

(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.)

An updated emergency procedures was updated on 8-22-19
is updated to the existing one.

Administrator will make sure an updated emergency contact
list is updated upon admission/discharge of residents.


Legal Entity Representative


Signature

Melissa Johnson
Printed Name and Title

8-24-19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of	2/28/20 (Date)	Plan of correction implementation status as of	2/28/20 (Date)
The above plan of correction was approved by	 (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

08/21/2019

12 of 20

121a - Unobstructed Egress

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

There was a key-pad lock on the emergency exit door leading from the upstairs living room with no code posted near the door.

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.)

A code was posted on door 8-21-19.

Administrator will make sure all key-pad lock on the emergency exit doors are posted on the door at all times.

Legal Entity Representative

Melissa Myer
Signature

Melissa Myer administrator
Printed Name and Title

10-24-19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 2/28/20 (Date)

Plan of correction implementation status as of 2/28/20 (Date)

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

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



RECEIVED

47470

UPTON'S COUNTRY COMFORT

OCT 24 2019

125a - Combustible Storage

VICTIM SERVICES FIELD OFFICE
Human Services Licensing

Regulations

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

There were multiple plastic shopping bags and a large shopping bag containing blankets stored within 1 inch of the hot water tank in the laundry room.

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 no combustibile / flammable materials are not located near heat sources or hot water heaters.

Have designated staff making sure that home in compliance with BSA.

The combustibile materials were removed on the day of inspection.

JW 2/28/20

Legal Entity Representative

Melissa Johnson
Signature

Melissa Johnson
Printed Name and Title

administrator

10/24/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 2/28/20 (Date)

Plan of correction implementation status as of 2/28/20 (Date)

The above plan of correction was approved by JW (initials)

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

08/21/2019

14 of 20

RECEIVED

OCT 24 2019

47470

UPTON'S COUNTRY COMFORT

130h - Inoperable Smoke Detector

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

130.h. The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

Description of Violation

The home's emergency procedures do not indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable.

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.)

A policy was put in play & also attached to the emergency preparedness posting.

Administrator will update policy as needed

Legal Entity Representative

Melissa Johnson
Signature

Melissa M Johnson administrator 10/24/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 2/28/20
(Date)

Plan of correction implementation status as of 2/28/20
(Date)

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

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

08/21/2019

15 of 20

RECEIVED

OCT 24 2019

47470

UPTON'S COUNTRY COMFORT

185a - Implement Storage Procedures

WEST VIRGINIA HEALTH OFFICE
Community Care Services Licensing

Regulations

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.

Description of Violation

Resident #3's glucometer is not calibrated to the correct date.

Resident #3's glucometer readings do not match the documented readings recorded on the following dates and times:

Date and time	Glucometer	Documented reading
August 20 8:44 am	75	85
August 15 12:53 pm	216	287
August 15 9:31 am	89	87

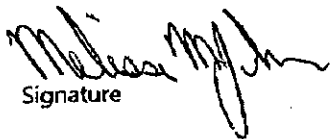
Repeat Violation 8/17/2018

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.)

Recalibrated to the correct date 8-21-19
 at least weekly JW 2/28/20
 Administrator has a double check to make sure machine is matched with date; readings by a designated staff if any does not match retraining & lectures are given.

Legal Entity Representative


 Signature

Melissa M Johnson administrator
 Printed Name and Title

10/24/19
 Date

08/21/2019

16 of 20

185a - Implement Storage Procedures (continued)

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 2/28/20 (Date)

The above plan of correction was approved by JW (initials)

Plan of correction implementation status as of 2/28/20 (Date)
Fully Implemented
Partially Implemented - Adequate Progress
Partially Implemented - Inadequate Progress
Not Implemented

RECEIVED

OCT 24 2019

WEST REGION - EAST OFFICE
(1010001 1010001 1010001)

RECEIVED

47470

UPTON'S COUNTRY COMFORT

OCT 24 2019

187a - Medication Record

VISIT REGISTRATION OFFICE
COURTNEY WYMAN (301) 410-1100

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 3. Name of medication.
- 8. Frequency of administration.

Description of Violation

Resident #1, is ordered Hydroxyzine Pamoate, 25 mg capsule, take 1 by mouth twice daily as needed for severe itching; however, the medication administration record (MAR) indicates Hydroxyzine HCL, 25 mg, take 1 tablet by mouth three times a day as needed for itch.

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 order faxed over same day for Resident 1; retrained staff the importance of the steps for proper medication administration.

Administrator will make sure all labels match when she's not available has an appointed staff.

Resident #1's MAR was updated with current medications.

JW 2/28/20

Legal Entity Representative

Melissa M Johnson
Signature

Melissa M Johnson administrator
Printed Name and Title

10/24/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 2/28/20 (Date) Plan of correction implementation status as of 2/28/20 (Date)

The above plan of correction was approved by JW (Initials)

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

08/21/2019

18 of 20

RECEIVED

47470

UPTON'S COUNTRY COMFORT

OCT 24 2019

225c - Additional Assessment

WISCONSIN FIELD OFFICE
COMMUNITY SERVICES LICENSING

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

Description of Violation

Resident #2's most recent assessment was completed on 7/31/2018.

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.)

Assessment was completed 8-22-2019. for ~~staff~~ resident 2

Administrator will make sure all assessments are completed in a timely manner.

Within 30 days of receipt of the plan of correction: A designated staff person will review all resident records to ensure each resident has an assessment, completed in its entirety, and kept in the resident's record.

JW 2/28/20

Legal Entity Representative

Melissa Johnson
Signature

Melissa Johnson Administrator
Printed Name and Title

10-24-16
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

2/28/20
(Date)

Plan of correction implementation status as of

2/28/20
(Date)

The above plan of correction was approved by

JW
(Initials)

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

08/21/2019

19 of 20

RECEIVED

47470

UPTON'S COUNTRY COMFORT

OCT 24 2019

227d - Support Plan Medical/Dental

VISITATION FIELD OFFICE
CHILDREN'S SERVICES LICENSING

Regulations

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. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1's assessment, dated 4/28/2019, does not include contact information, services provided and frequency of services for hospice care being provided.

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.)

Resident #1 contact information was added to the assessment.

Administrator will make sure that all contact information is added to all residents assessments.

Within 30 days of receipt of the plan of correction: A designated staff person will review all resident records to ensure each resident has an assessment, completed in its entirety, and kept in the resident's record.

JW 2/28/20

Legal Entity Representative

Melissa Mathison
Signature

Melissa Mathison administrator
Printed Name and Title

10-24-19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 2/28/20 (Date)

Plan of correction implementation status as of 2/28/20 (Date)

The above plan of correction was approved by JW (initials)

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

08/21/2019

20 of 20