

Department of Human Services
Bureau of Human Service Licensing

November 3, 2021

[REDACTED], OWNER
544 BUCHANAN ROAD
NORMALVILLE, PA 15469

RE: UPTON'S COUNTRY COMFORT
544 BUCHANAN ROAD
NORMALVILLE, PA, 15469
LICENSE/COC#: 47470

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/04/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: *UPTON'S COUNTRY COMFORT* License #: *47470* License Expiration Date: *02/20/2022*
Address: *544 BUCHANAN ROAD, NORMALVILLE, PA 15469*
County: *FAYETTE* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *724-455-1926*

Email: [REDACTED]

Legal Entity

Name: [REDACTED]
Address: *544 BUCHANAN ROAD, NORMALVILLE, PA, 15469*
Phone: *7244551926* Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *17* Waking Staff: *13*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *10/04/2021*

Inspection Dates and Department Representative

10/04/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *16* Residents Served: *15*

Secured Dementia Care Unit

In Home: <i>No</i>	Area:	Capacity:	Residents Served:
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Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: <i>8</i>	Are 60 Years of Age or Older: <i>12</i>
Diagnosed with Mental Illness: <i>7</i>	Diagnosed with Intellectual Disability: <i>2</i>
Have Mobility Need: <i>2</i>	Have Physical Disability: <i>0</i>

Inspections / Reviews

10/04/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *10/15/2021*

10/8/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *10/12/2021*

10/13/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *10/23/2021*

11/3/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65a - FS Orientation 1st Day

1. Requirements

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.

Description of Violation

Ancillary staff person A, hired on [REDACTED], did not receive general fire safety and emergency preparedness orientation on any of the topics specified in 2600.65a.

Plan of Correction

Directed

Trained staff member A on topics of 2600.65a and in future will comply with proper training required. (DIRECTED: Documentation of staff person A's training shall be kept in staff person A's record. [REDACTED] 10/13/21)

DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall review the staff records of all current staff persons to ensure each staff person has received training on all topics specified in 2600.65a. Documentation of the training shall be kept in each staff person's record. [REDACTED] 10/13/21

DIRECTED: Within 7 days of receipt of the plan of correction: A designated staff person shall develop and implement a new hire checklist to ensure all newly-hired staff persons receive training on all topics specified in 2600.65a prior to or during the first work day. Documentation of the checklist, as well as documentation of the completed trainings, shall be kept in each staff person's record. [REDACTED] 10/13/21

Completion Date: 10/04/2021

Document Submission

Implemented

Trained staff member A on topics of 2600.65a and in future will comply with proper training required. Documentation of staff person A's training shall be kept in staff person A's record.

A designated staff person shall review the staff records of all current staff persons to ensure each staff person has received training on all topics specified in 2600.65a. Documentation of the training shall be kept in each staff person's record.

A designated staff person shall develop and implement a new hire checklist to ensure all newly-hired staff persons receive training on all topics specified in 2600.65a prior to or during the first work day. Documentation of the checklist, as well as documentation of the completed trainings, shall be kept in each staff person's record.

65c - Ancillary Staff Orientation

1. Requirements

2600.

65c - Ancillary Staff Orientation (continued)

65.c. Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

Description of Violation

Ancillary staff person A, whose first day of work was [REDACTED], did not receive a general orientation related to their specific job functions.

Plan of Correction

Directed

Gave staff member A verbal job functions but did not document any training in the future home will make sure that orientation is documented (DIRECTED: Within 5 days of receipt of the plan of correction: Documentation of the training staff person A received shall be kept in staff person A's record. [REDACTED] 10/13/21)

DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall review the staff records of all current ancillary staff persons to ensure each ancillary staff person has received a general orientation to their specific job duties in accordance with 2600.65c. Documentation of the training shall be kept in each staff person's record. [REDACTED] 10/13/21

DIRECTED: Within 7 days of receipt of the plan of correction: A designated staff person shall develop and implement a new hire checklist to ensure all newly-hired ancillary staff persons receive a general orientation to their specific job duties in accordance with 2600.65c. Documentation of the checklist, as well as documentation of the completed trainings, shall be kept in each staff person's record. [REDACTED] 10/13/21

Completion Date: 10/04/2021

Document Submission

Implemented

Gave staff member A verbal job functions but did not document any training in the future home will make sure that orientation is documented

Documentation of the training staff person A received shall be kept in staff person A's record.

A designated staff person shall review the staff records of all current ancillary staff persons to ensure each ancillary staff person has received a general orientation to their specific job duties in accordance with 2600.65c.

Documentation of the training shall be kept in each staff person's record

A designated staff person shall develop and implement a new hire checklist to ensure all newly-hired ancillary staff persons receive a general orientation to their specific job duties in accordance with 2600.65c. Documentation of the checklist, as well as documentation of the completed trainings, shall be kept in each staff person's record.

103f - Refrigerator/Freezer Temps

1. Requirements

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.

Description of Violation

At 9:10 am, the thermometer in the home's Whirlpool refrigerator was inoperable.

103f - Refrigerator/Freezer Temps (continued)

Plan of Correction

Directed

Administrator replaced the thermometer in home's whirlpool refrigerator and reminded all staff to make sure all thermometers are working properly.

DIRECTED: Within 3 days of receipt of the plan of correction, then weekly thereafter: A designated staff person shall inspect all refrigerators and freezers to ensure an operable thermometer is present and that proper food handling temperatures are maintained in accordance with 2600.103f. Documentation of all refrigerator/freezer temperatures shall be kept, which includes the date and time of the check, the temperature and the initials of the staff person completing the checks. [REDACTED] 10/13/21

DIRECTED: Within 7 days of receipt of the plan of correction: All staff persons shall be educated on proper food handling temperatures in accordance with 2600.103f. Documentation of the education shall be kept. [REDACTED] 10/13/21

Completion Date: 10/05/2021

Document Submission

Implemented

Administrator replaced the thermometer in home's whirlpool refrigerator and reminded all staff to make sure all thermometers are working properly.

A designated staff person shall inspect all refrigerators and freezers to ensure an operable thermometer is present and that proper food handling temperatures are maintained in accordance with 2600.103f. Documentation of all refrigerator/freezer temperatures shall be kept, which includes the date and time of the check, the temperature and the initials of the staff person completing the checks.

All staff persons shall be educated on proper food handling temperatures in accordance with 2600.103f. Documentation of the education shall be kept.

126a - Furnace Inspection

1. Requirements

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The last furnace inspection was conducted on 9/21/20.

Plan of Correction

Accept

Home had furnace serviced on October 7, 2021 and put on calendar as a yearly reminder to have serviced annually in August

Completion Date: 10/07/2021

Document Submission

Implemented

Home had furnace serviced on October 7, 2021 and put on calendar as a yearly reminder to have serviced annually in August

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's most recent medication evaluation, dated [REDACTED], does not include the resident's weight, pulse rate, blood pressure or temperature. These sections of the form are blank.

Plan of Correction**Directed**

Had medication evaluation form sections completed and in future home will make sure there that sections are completed.

DIRECTED: Within 5 days of receipt of the plan of correction: Resident #2's medical evaluation shall be returned to the person who completed the form so the resident's weight, pulse rate, blood pressure and temperature can be indicated on the medical evaluation. A copy of resident #2's updated medical evaluation shall be present in resident #2's record within 10 days of receipt of the plan of correction. [REDACTED] 10/13/21

DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall review the medial evaluations of all current residents to ensure each resident has a medical evaluation, completed in its entirety, at least annually. [REDACTED] 10/13/21

DIRECTED: Within 7 days of receipt of the plan of correction: A designated staff person shall develop and implement a tracking system to ensure each resident has a medical evaluation is completed in its entirety, at least annually. Documentation of the tracking system, as well as documentation of the completed medical evaluation, shall be kept in each resident's record. [REDACTED] 10/13/21

Completion Date: 10/05/2021

141b1 - Annual Medical Evaluation (continued)

Document Submission

Implemented

Had medication evaluation form sections completed and in future home will make sure there that sections are completed.

Resident #2's medical evaluation shall be returned to the person who completed the form so the resident's weight, pulse rate, blood pressure and temperature can be indicated on the medical evaluation. A copy of resident #2's updated medical evaluation shall be present in resident #2's record within 10 days of receipt of the plan of correction.

A designated staff person shall review the medial evaluations of all current residents to ensure each resident has a medical evaluation, completed in its entirety, at least annually

A designated staff person shall develop and implement a tracking system to ensure each resident has a medical evaluation is completed in its entirety, at least annually. Documentation of the tracking system, as well as documentation of the completed medical evaluation, shall be kept in each resident's record.

162c - Menus Posted

1. Requirements

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.

Description of Violation

The menus posted in the home are undated and only indicate, "week 1", "week 2", "week 3" and "week 4".

Plan of Correction

Directed

Dates was issued on the menus and put a reminder on calendar to add dates weekly for in the future

DIRECTED: Within 72 hours of receipt of the plan of correction, then weekly thereafter: A designated staff person shall inspect the home to ensure the current week's menu, as well as a menu for 1 week in advance, is posted in a public and conspicuous place in the home. ■ 10/13/21

Completion Date: 10/04/2021

Document Submission

Implemented

Dates was issued on the menus and put a reminder on calendar to add dates weekly for in the future

A designated staff person shall inspect the home to ensure the current week's menu, as well as a menu for 1 week in advance, is posted in a public and conspicuous place in the home.

171b5 - First Aid Kit

1. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

At 10:44 am, there was no first aid kit in the home's van, which is used for transporting residents.

Plan of Correction

Directed

Placed a first-aid kit in the van in a location that is visible for the future.

DIRECTED; Within 7 days of receipt of the plan of correction: All staff persons who transport residents shall be re-educated that a first aid kit, which contains all items specified in 2600.96a, must be present in any vehicle used to transport residents. Documentation of the education shall be kept [REDACTED] 10/13/21

DIRECTED: Within 72 hours of receipt of the plan of correction, then monthly thereafter: A designated staff person shall inspect all vehicles used to transport residents to ensure a first aid kit, which contains all items specified in 2600.96a, is present in each vehicle. [REDACTED] 10/13/21

Completion Date: 10/05/2021

Document Submission

Implemented

Placed a first-aid kit in the van in a location that is visible for the future.

All staff persons who transport residents shall be re-educated that a first aid kit, which contains all items specified in 2600.96a, must be present in any vehicle used to transport residents. Documentation of the education shall be kept [REDACTED] 10/13/21

A designated staff person shall inspect all vehicles used to transport residents to ensure a first aid kit, which contains all items specified in 2600.96a, is present in each vehicle. [REDACTED] 10/13/21

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #2's preadmission screening form, dated [REDACTED], does not include a determination that the needs of the resident can be met by the services provided by the home. This section of the form is blank.

224a - Preadmission Screen Form (continued)

Plan of Correction**Directed**

Resident 2 form was completed and signed that the form was updated on [REDACTED] and administrator will check to make sure all required sections are completed in the future (DIRECTED: A copy of resident #2's updated preadmission screening shall be kept in resident #2's record. [REDACTED] 10/13/21)

DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall review all current resident records to ensure each resident has a preadmission screening completed in its entirety, which includes a determination the home can meet the needs of the residents, within 30 days prior to admission. [REDACTED] 10/13/21

DIRECTED: Within 7 days of receipt of the plan of correction: A designated staff person shall develop and implement a new-admission checklist to ensure a preadmission screening is completed in its entirety for each newly-admitted resident, which includes a determination the home can meet the needs of the residents, within 30 days prior to admission. Documentation of the checklist, as well as documentation of the completed preadmission screening form, shall be kept in each resident's record. [REDACTED] 10/13/21

Completion Date: 10/04/2021

Document Submission**Implemented**

Resident 2 form was completed and signed that the form was updated on [REDACTED] and administrator will check to make sure all required sections are completed in the future

A designated staff person shall review all current resident records to ensure each resident has a preadmission screening completed in its entirety, which includes a determination the home can meet the needs of the residents, within 30 days prior to admission.

A designated staff person shall develop and implement a new-admission checklist to ensure a preadmission screening is completed in its entirety for each newly-admitted resident, which includes a determination the home can meet the needs of the residents, within 30 days prior to admission. Documentation of the checklist, as well as documentation of the completed preadmission screening form, shall be kept in each resident's record.

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

No assessment was completed for resident #1, who was admitted to the home on [REDACTED]

225a - Assessment 15 Days (continued)

Plan of Correction**Directed**

Administrator completed an assessment for resident 1 and will mark calendar for future admission assessments to be completed in a timely manner (DIRECTED: A copy of resident #1's completed assessment shall be kept in resident #1's record. ■■■ 10/13/21)

DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall review all current resident records to ensure each resident has an assessment completed in its entirety, within 15 days of admission. ■■■ 10/13/21

DIRECTED: Within 7 days of receipt of the plan of correction: A designated staff person shall develop and implement a new-admission checklist to ensure an assessment is completed in its entirety for each newly-admitted resident, within 15 days of admission. Documentation of the checklist, as well as the completed assessment, shall be kept in each resident's record. ■■■ 10/13/21

Completion Date: 10/04/2021

Document Submission**Implemented**

Administrator completed an assessment for resident 1 and will mark calendar for future admission assessments to be completed in a timely manner

A designated staff person shall review all current resident records to ensure each resident has an assessment completed in its entirety, within 15 days of admission.

A designated staff person shall develop and implement a new-admission checklist to ensure an assessment is completed in its entirety for each newly-admitted resident, within 15 days of admission. Documentation of the checklist, as well as the completed assessment, shall be kept in each resident's record.