

Department of Human Services
Bureau of Human Service Licensing

May 13, 2022

[REDACTED]
WARREN J UPTON
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 licensing inspections on 03/14/2022, 03/23/2022 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
Larry Mazza

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: *02/20/2023*
Address: *544 BUCHANAN ROAD, NORMALVILLE, PA 15469*
County: *FAYETTE* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *WARREN J UPTON*
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: *16* Waking Staff: *12*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *04/13/2022*

Inspection Dates and Department Representative

03/14/2022 - On-Site: [REDACTED]
03/23/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *16* Residents Served: *14*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *6* Are 60 Years of Age or Older: *13*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

03/14/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/06/2022*

Inspections / Reviews (*continued*)

05/02/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *05/06/2022*

05/13/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *06/28/2022*

20b1 - Financial Records

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home manages finances for resident #1. The home has not maintained a record of financial transactions for resident #1 since a \$1,300 withdrawal for room and board on 2/23/21. According to resident #1's bank statements, numerous withdrawals were made from resident #1's bank account, to include the following withdrawals; however, written receipts for cash disbursements have not been obtained from resident #1 since 2/23/21:

- A \$1,300 withdrawal on 2/17/22
- A \$100 check, cashed on 8/24/21
- A \$100 check, cashed on 8/20/21
- A \$50 check, cashed on 8/18/21

The home manages finances for resident #2. The home has not maintained a record of financial transactions for resident #2 since a \$1,148.30 withdrawal for room and board on 2/1/21. According to resident #2's bank statements, numerous withdrawals were made from resident #2's bank account, to include the following withdrawals; however, written receipts for cash disbursements have not been obtained from resident #2 since 2/1/21:

- A \$1,195.30 transfer to business account on 3/1/22
- A \$22.95 insurance payment on 3/2/22
- A \$1,148.30 transfer to business account on 9/1/21
- A \$85 check cashed on 8/18/21

The home manages finances for resident #3. The home has not maintained a record of financial transactions for resident #3 since a \$1,044.97 withdrawal for room and board on 2/3/21. According to resident #3's bank statements, numerous withdrawals were made from resident #3's bank account, to include the following withdrawals; however, written receipts for cash disbursements have not been obtained from resident #3 since 2/3/21:

- A \$1,087.27 transfer to business account on 3/3/22
- A \$150 check, cashed on 9/10/21
- A \$1,044.97 transfer to business account on 9/3/21
- A \$85 check, cashed on 8/18/21

The home manages finances for resident #4. The home has not maintained a record of financial transactions for resident #4 since a \$1,148.30 withdrawal for room and board on 2/1/21. According to resident #4's bank statements, numerous withdrawals were made from resident #4's bank account, to include the following withdrawals; however, written receipts for cash disbursements have not been obtained from resident #4 since 2/1/21:

- A \$1,195.30 transfer to business account on 3/1/22
- A \$48.65 insurance payment on 3/17/22
- A \$150 check, cashed on 9/10/21
- A \$85 check, cashed on 8/18/21

The home manages finances for resident #5. The home has not maintained a record of financial transactions for resident #5 since a \$1,148.30 withdrawal for room and board on 2/1/21. According to resident #5's bank statements, numerous withdrawals were made from resident #5's bank account, to include the following withdrawals; however, written receipts for cash disbursements have not been obtained from resident #5 since 2/1/21:

20b1 - Financial Records (continued)

- A \$1,195.30 transfer to business account on 3/1/22
- A \$45.38 insurance payment on 3/2/22
- A \$1,148.30 transfer to business account on 9/1/21
- A \$50 check, cashed on 8/20/21

From approximately 8/28/21 to 9/3/21, 3 of the home's staff persons escorted 14 residents on a beach vacation, including resident #6. \$1,000 was taken out of each resident's account; however, written receipts for cash disbursements were not obtained at the time of disbursement for any of the 14 residents, including resident #6.

The home managed finances for resident #6. On 8/2/21, a \$500 check was cashed from resident #6's bank account. Staff person A, the home's administrator, indicates this check is the resident's rent rebate check and that the resident was given \$250 and staff person A kept \$250; however, there are no written receipts for these cash disbursements.

Plan of Correction**Directed**

Administrator will start documenting resident's finances as transactions are being made /updating RASP on automatic transaction's that residents are aware of.

All resident's cash logs will be updated by May 30th, 2022, and home administrator will do monthly audits, quarterly and when transactions are made on resident's accounts (DIRECTED: By 5/30/22: A record of financial transactions, which includes the dates, amounts of deposits, amounts of withdrawals and the current balance shall be created for each resident the home manages finances for. The balance on the record of financial transactions shall match the balance in each resident's checking account. The home shall obtain a written receipt from each resident for cash disbursements at the time of each cash disbursement. Copies of current record of financial transactions for all residents the home manages finances for shall be kept. LM 5/13/22

DIRECTED: Beginning on 6/1/22: A designated staff person shall review the record of financial transactions for each resident the home manages finance for on a weekly basis for 2 months, then monthly thereafter to ensure a record of financial transactions, which includes the dates, amounts of deposits, amounts of withdrawals and the current balance is present and current for each resident the home manages finances for. Documentation of the audits shall be kept. LM 5/13/22

DIRECTED: Within 10 calendar days of receipt of the plan of correction: All staff persons shall be educated on the requirements of 2600.20b(1) through 2600.20b(8). Documentation of the education shall be kept. LM 5/13/22

Completion Date: 05/30/2022

20b8 - Quarterly Account**1. Requirements**

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

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.

Description of Violation

The home is representative payee and manages finances for residents #1, #2, #3, #4, #5 and #7; however, none of these

20b8 - Quarterly Account (continued)

residents have received a quarterly statement since 9/15/21.

The home is representative payee and manages finances for resident #8; however, the home has no record of any quarterly statements for resident #8.

Plan of Correction**Directed**

Administrator will start documenting resident's finances as transactions are being made /updating RASP on automatic transaction's that residents are aware of. Admimistrator

All resident's cash logs will be updated by May 30th, 2022, and home administrator will do monthly audits, quarterly and when transactions are made on resident's accounts (DIRECTED: By 5/30/22: A designated staff person shall provide a quarterly statement to each resident, and the resident's designated person, for each resident the home currently manages finances for. Copies of the quarterly statements shall be kept. LM 5/13/22

DIRECTED: By 6/1/22: A designated staff person shall develop and implement a system to ensure each resident and the resident's designated person receives an itemized account of financial transactions made on the resident's behalf on a quarterly basis for each resident the home manages finances for. Documentation of the system shall be kept. Copies of all quarterly statements shall be kept. LM 5/13/22

DIRECTED: Within 10 calendar days of receipt of the plan of correction: All staff persons shall be educated on the requirements of 2600.20b(1) through 2600.20b(8). Documentation of the education shall be kept. LM 5/13/22

Completion Date: 05/30/2022

42b - Abuse**1. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 2/21/22 at approximately 11:30am, resident #6's caseworker was approaching the home's front door and heard staff person A, the home's administrator, screaming and swearing at numerous residents, including resident #6. Upon entry into the home, staff person A began telling resident #6's caseworker, in front of resident #6, that [REDACTED] cannot deal with resident #6's depression, and accused resident #6 of going behind staff person A's back and telling lies. Staff person A told resident #6 that [REDACTED] does not want resident #6 in [REDACTED] house, and [REDACTED] will contact the police if resident #6 goes to [REDACTED] house. Resident #6 indicated feeling hurt and was observed to be very quiet, upset and sad.

42b - Abuse (continued)**Plan of Correction****Directed**

Administrator will make appointments for case workers in the future with resident present to discuss and document any situations.

Area of Aging will come June 17, 2022 to train all staff on resident's rights including administrator. Administrator will have Area Aging do yearly training or as needed to refresh staff. (DIRECTED: Documentation of the education shall be kept). LM 5/13/22

DIRECTED: Within 30 calendar days of receipt of the plan of correction: The home will conduct a quality management plan review and evaluation. The Administrator will place an increased emphasis on these plans of correction and take action to improve the quality of its resident rights and Older Adult Protective Services Act (OAPSA) training for all newly hired staff within 40 scheduled working hours in accordance with §2600.65(b)(1) and §2600.65(b)(3) and annually in accordance with §2600.65(g)(3) and §2600.65(g)(4). LM 5/13/22

DIRECTED: Within 7 calendar days of receipt of the plan of correction: A designated staff person, who is not the home's administrator, shall interview at least 3 residents monthly, in private, to ensure resident rights are protected and residents are free from abuse and neglect. Documentation of the interviews shall be kept. LM 5/13/22

DIRECTED: Within 7 calendar days of receipt of the plan of correction: The home's administrator shall register for an anger management course from a professionally certified/accredited source. The anger management course shall be at least 12 hours in length. Proof of registration shall be submitted electronically via e-mail to [REDACTED] within 7 calendar days of receipt of the plan of correction. The 12 hour anger management course shall be completed in its entirety within 45 calendar days of receipt of the plan of correction. Documentation of successful completion of the course shall be kept and provided to an agent of the Department upon request. LM 5/13/22

Completion Date: 06/17/2022

42I - Personal Clothing**1. Requirements**

2600.

42.I. A resident has the right to furnish his room and purchase, receive, use and retain personal clothing and possessions.

Description of Violation

On 3/23/22, staff person A indicated the residents who reside on the lower level of the home do not currently have access to their clothing and belongings. Multiple residents, to include residents #2, #3 and #4 indicate they are routinely not given a choice of what clothing they can wear and do not have access to their personal clothing. The residents clothing is chosen for them by staff person A and placed in a bathroom cubby for the residents to put on after showers. Residents are also assigned similar colors to wear when they leave the home for outings.

42l - Personal Clothing (continued)**Plan of Correction****Directed**

At the time of inspection home was being remodeled but all residents have access to personal belongings and each resident has a cupboard in restroom for an outfit due to a majority of resident's incapable of proper clothing due to weather or someone else's possession staff will assist on clothing as stated in RASP

All resident's personal belongings are kept in resident's rooms. At time of inspection home was being remodeled and new wardrobes was being installed. Each resident has a cubical in the bathroom with a clean towel, wash cloth and outfit for easy access. All residents have access to their personal clothing in their rooms for their choice if they choose not to wear clothing in cubical. Home will do weekly audits to assure regulation 2600.101J4 is in compliance

DIRECTED: Within 7 calendar days of receipt of the plan of correction: A designated staff person shall educate all residents on their right to furnish their room and purchase, receive, use and retain personal clothing and possessions. Documentation of the education shall be kept. LM 5/13/22

DIRECTED: The staff training conducted by the local Area Agency on Aging, scheduled for 6/17/22, shall include a review of all resident rights, including the resident's right to furnish their room and purchase, receive, use and retain personal clothing and possessions. Documentation of the staff education shall be kept. LM 5/13/22

Completion Date: 05/05/2022

42u - Right to Remain in Home**1. Requirements**

2600.

42.u. A resident has the right to remain in the home, as long as it is operating with a license, except as specified in § 2600.228 (relating to notification of termination).

Description of Violation

Multiple residents indicate that when there is no additional staff persons present in the home, all residents must leave the home on the home's van to accompany a resident who has a doctor's appointment. Residents indicate this happens routinely, to include on 2/21/22. Multiple residents indicated they do not want to leave the home when another resident has an appointment.

Plan of Correction**Directed**

Additional staff will be present in the home for when resident does not want to participate in outings. Home will make residents more aware of outings then just putting planned outings on activity calendar to make sure proper staffing is available at the home for residents that does not want to participate.

DIRECTED: Within 48 hours of receipt of the plan of correction: A designated staff person shall review the home's staffing schedule daily to ensure adequate staffing is present in the home at all times in accordance with 2600.57a, 2600.57b, 2600.57c, 2600.57d and 2600.60a. The daily review shall also ensure additional staff persons are present in the home when other residents are out of the facility for an outing or medical appointment. LM 5/13/22

DIRECTED: Within 7 calendar days of receipt of the plan of correction: A designated staff person shall educate all residents on their right to remain in the home, as long as it is operating with a license. Documentation of the education shall be kept. LM 5/13/22

42u - Right to Remain in Home (continued)

DIRECTED: The staff training conducted by the local Area Agency on Aging, scheduled for 6/17/22, shall include a review of all resident rights, including the resident's right to remain in the home, as long as it is operating with a license. Documentation of the staff education shall be kept. LM 5/13/22

Completion Date: 05/05/2022

93a - Handrails

1. Requirements

2600.

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

On 3/23/22, no handrail was present at the stairwell leading from the lower level to the upper level of the home.

Plan of Correction

Accept

Home was being remodeled at the time a handrail was installed day of inspection. Administrator went through home and all handrails are secured and safe Administrator will do weekly routine checks to make sure all measurements are meet for the safety of the residents.

Completion Date: 05/05/2022

223a - Description of Service

1. Requirements

2600.

223.a. The home shall have a current written description of services and activities that the home provides including the following:

1. The scope and general description of the services and activities that the home provides.
2. The criteria for admission and discharge.
3. Specific services that the home does not provide, but will arrange or coordinate.

Description of Violation

The home does not have current written description of services and activities the home will provide.

Plan of Correction

Directed

Description of services will be completed by May 30,2022 and all residents/family members will be notified at the time of completion of description of services and will be reviewed in the yearly quality management training.

(DIRECTED: Documentation of notification of the home's description of services provided to all residents and their designated persons shall be kept). LM 5/13/22

DIRECTED: Beginning on 6/1/22: The home's description of services shall be reviewed during the home's quality management review. If the home changes the description of services, a 30-day advance written notice shall be provided to all residents and their designated persons. Documentation of notification to each resident and their designated person shall be kept. LM 5/13/22

Completion Date: 05/30/2022

228h - Grounds Discharge/Transfer

1. Requirements

2600.

228h - Grounds Discharge/Transfer (continued)

228.h. The only grounds for discharge or transfer of a resident from a home are for the following conditions:

1. If a resident is a danger to himself or others.
2. If the legal entity chooses to voluntarily close the home, or a portion of the home.
3. If a home determines that a resident's functional level has advanced or declined so that the resident's needs cannot be met in the home. If a resident or the resident's designated person disagrees with the home's decision to discharge or transfer, consultation with an appropriate assessment agency or the resident's physician shall be made to determine if the resident needs a higher level of care. A plan for other placement shall be made as soon as possible by the administrator in conjunction with the resident and the resident's designated person, if any. If assistance with relocation is needed, the administrator shall contact appropriate local agencies, such as the area agency on aging, county mental health/intellectual disability program or drug and alcohol program, for assistance. The administrator shall also contact the Department's personal care home regional office.
4. If meeting the resident's needs would require a fundamental alteration in the home's program or building site, or would create an undue financial or programmatic burden on the home.
5. If the resident has failed to pay after reasonable documented efforts by the home to obtain payment.
6. If closure of the home is initiated by the Department.
7. Documented, repeated violation of the home rules.

Description of Violation

On 2/19/22, resident #6 was issued a 30-day notice to discharge the resident, indicating the home cannot meet resident #6's needs; however, there is no documentation indicating what needs could not be met by the home.

Plan of Correction**Directed**

Administrator will start document all resident's behaviors and communication to resident's PCP, support team, ect. to show that home can no longer meet the resident's needs

Administrator is currently working on a service plan of admission/discharge and all current resident's and new admissions will be notified so proper measurements are being meet all will be completed by May 30,2022.

(DIRECTED: Documentation of notification of the home's description of services provided to all residents and their designated persons shall be kept). LM 5/13/22

DIRECTED: Beginning on 6/1/22: The home's description of services shall be reviewed during the home's quality management review. If the home changes the description of services, a 30-day advance written notice shall be provided to all residents and their designated persons. Documentation of notification to each resident and their designated person shall be kept. LM 5/13/22

DIRECTED: No resident shall be discharged from the home unless one of the conditions indicated in 2600.228h is met. If a resident is being discharged in accordance with 2600.228h, the home shall provide a 30-day advanced written notice to the resident and the resident's designated person citing the reasons for discharge or transfer. Documentation of notification shall be kept. If there is a question regarding a possible resident discharge from the home, a designated staff person from the home shall contact an Agent of the Department or contact the Department's Operator Support Hotline for guidance prior to issuing a 30-day written notice. LM 5/13/22

Completion Date: 05/30/2022