



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT
REQUESTED MAILING DATE: August 24, 2022

[REDACTED]
[REDACTED]
544 Buchanan Road
Normalville, Pennsylvania 15469

RE: Upton's Country Comfort
License/COC #: 474701

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on March 14, 2022, March 23, 2022, May 3, 2022, and May 4, 2022, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1); (4); (5) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5); (6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from August 24, 2022 to February 24, 2022.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jeanne Parisi, Bureau Director
Pennsylvania Department of Human Services
Bureau of Human Services Licensing

Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.


Sincerely,



Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:



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: Total Daily Staff: *14* Waking Staff: *11*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *05/04/2022*

Inspection Dates and Department Representative

05/03/2022 - On-Site: [REDACTED]
05/04/2022 - On-Site: [REDACTED]

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: *11*
Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

05/03/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/19/2022*

Inspections / Reviews (*continued*)

05/24/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/26/2022*

07/06/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/10/2022*

07/22/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Exception*

Follow-Up Date:

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

Throughout the morning of 5/3/22, an agent of the Department requested access to residents for private interviews; however, staff person A, [REDACTED], discouraged the residents from being interviewed, and there was no area for meeting in privacy.

Plan of Correction

Directed

On 05/03/22 at time of inspection home the facility was being remodeled with Epoxy flooring.

On 05/04/22 residents moved back to the facility and at that time Agents of the department and AAA was able to talk to the residents in private.

Home will provide private area for agents to speak to residents in the future,

DIRECTED

Within one calendar day of receipt of the accepted plan of correction: The administrator and all staff persons shall provide an area for residents to be privately interviewed by Agents of the Department. At no time shall the administrator or any staff person restrict access to residents or discourage any resident from being interviewed by the Department. 6/28/22 JK

Completion Date: 05/04/2022 Licensee's Proposed Date for POC Implementation

Not Implemented

AM 7/22/22

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 4/3/22, all 13 residents were relocated from the home to a nearby church. The residents remained living in the church basement until 5/3/22, when they were transferred to a local hotel; however, the Department's regional office was not notified of the relocation of residents.

Plan of Correction

Directed

The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

DIRECTED

Within five calendar days of receipt of the accepted plan of correction: The administrator shall review Regulation 2600.16(c) and educate all staff persons on the requirements of Regulation 2600.16(c). Documentation of education shall be kept. 6/28/22 JK

Completion Date: 05/03/2022 Licensee's Proposed Date for POC Implementation

Not Implemented

AM 7/22/22

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 4/3/22, all 13 residents were relocated from the home to a nearby church. The residents remained living in the church basement until 5/3/22, when they were transferred to a local hotel; however, the residents were not permitted to take all of their personal belongings and were limited to bringing a few changes of clothing.

Plan of Correction

Directed

05/04/22 all residents were relocated back in the home with their personal belongings, If in the future home has to relocate again the administrator will seek advice from Department of State to assure all proper regulations are being meet.

DIRECTED

Within five calendar days of receipt of the accepted plan of correction: The administrator shall review Regulation 2600.42(I) and educate all staff persons on the requirements of Regulation 2600.42(I). This shall include that at no time shall residents be denied access to their possessions. Documentation of education shall be kept. 6/28/22 JK

Completion Date: 05/04/2022 Licensee's Proposed Date for POC Implementation

Not Implemented

42u - Right to Remain in Home

7/22/22

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

On 4/3/22, all 13 residents were relocated from the home to a nearby church while improvements and repairs were completed in the home. The residents remained living in the church basement until 5/3/22, when they were transferred to a local hotel. While living at the church, between 4/3/22 and 5/3/22, 3 residents shared one room, and 10 residents shared another room, which also served as the dining room and TV room. The rooms were separated by a blanket pinned to the doorway between the two rooms. In addition, there was no tub or shower in the building, and residents had to bathe or shower at the home, at the home of the operator, or take a sponge bath in the church basement's only bathroom, with only 1 sink and 1 toilet for 13 residents. Also, the basement's only entrance/exit was the door leading from the outdoors directly into the room used as the bedroom.

Plan of Correction

Directed

05/04/22 all residents were relocated back to the facility with the approval of the department of state and local AAA. Administrator will seek advice from the state in the event of relocation again in the future if relocation is required to assure all regulations are accepted.

DIRECTED

Within five calendar days of receipt of the accepted plan of correction: The administrator shall review Regulation 2600.42(u) and educate all staff persons on the requirements of Regulation 2600.42(u). Documentation of education shall be kept. 6/28/22 JK

Within one calendar day of of receipt of the accepted plan of correction: If the home becomes uninhabitable for any reason the administrator shall immediately notify the Regional Office and follow the homes emergency preparedness plan. 6/28/22 JK

Completion Date: 05/04/2022 Licensee's Proposed Date for POC Implementation

Not Implemented

7/22/22

88a - Surfaces

1. Requirements

2600.

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

Description of Violation

On 4/3/22, the home relocated all 13 residents from the home to a nearby church while repairs were being completed on the licensed facility. The residents were unable to remain in the home due to the application of Polyaspartic Floor Coating, which emits a strong odor and is dangerous to inhale.

Plan of Correction


Directed

Home was having epoxy flooring put in for safety of residents to prevent trip hazard due to grout disintegrate that would cause trip hazard, Epoxy has a strong chemical smell that required relocation due to hazard breathing. At time of application of flooring home had to wait for a local company to come to fix water issue that flooded the homes bathroom, bedroom 4, hallway and laundry facility which delayed the process that was completed on 04/29/22 which had to settle till 05/02/22 so the remaining floors could be applied. The administrator shall seek proper requirements from the Licensing of Bureau for any future upkeeps that requires residents to be relocated.

DIRECTED

Within one calendar day of receipt of the accepted plan of correction: If residents need to be relocated for any reason, the administrator shall ensure the relocation area is clean, in good repair, and free of hazards prior to residents occupying the area. 6/28/22 JK

Completion Date: 05/04/2022 Licensee's Proposed Date for POC Implementation

 7/22/22

Document Submission

Implemented

Home was having epoxy flooring put in for safety of residents to prevent trip hazard due to grout disintegrate that would cause trip hazard, Epoxy has a strong chemical smell that required relocation due to hazard breathing. At time of application of flooring home had to wait for a local company to come to fix water issue that flooded the homes bathroom, bedroom 4, hallway and laundry facility which delayed the process that was completed on 04/29/22 which had to settle till 05/02/22 so the remaining floors could be applied. The administrator shall seek proper requirements from the Licensing of Bureau for any future upkeeps that requires residents to be relocated.

DIRECTED

Within one calendar day of receipt of the accepted plan of correction: If residents need to be relocated for any reason, the administrator shall ensure the relocation area is clean, in good repair, and free of hazards prior to residents occupying the area. 6/28/22 JK

The home will notify the department for any future relocation for proper relocating.

101i - Access to Bedroom

1. Requirements

2600.

101.i. A resident shall have access to his bedroom at all times.

Description of Violation

On 4/3/22, all 13 residents were relocated from the home to a nearby church. The residents remained living in the church basement until 5/3/22, when they were transferred to a local hotel; however, the residents were not permitted to access

101i - Access to Bedroom (continued)

their bedrooms at the home due to repairs and improvements being completed at the home.

Plan of Correction

Directed

Home was having epoxy flooring put in for safety of residents to prevent trip hazard due to grout disintegrate that would cause trip hazard, Epoxy has a strong chemical smell that required relocation due to hazard breathing. At time of application of flooring home had to wait for a local company to come to fix water issue that flooded the homes bathroom, bedroom 4, hallway and laundry facility which delayed the process that was completed on 04/29/22 which had to settle till 05/02/22 so the remaining floors could be applied.
The administrator shall seek proper requirements from the Licensing of Bureau for any future upkeeps that requires residents to be relocated.
05/04/22 all residents were able to have access to their bedrooms at all times.

DIRECTED

Within one calendar day of receipt of the accepted plan of correction: The administrator shall ensure residents have access to their bedrooms at all times. If residents are relocated for any reason, the residents shall be provided access to a temporary bedroom which meets the regulatory requirements of the 2600 Regulations. 6/28/22 JK

Completion Date: 05/04/2022 Licensee's Proposed Date for POC Implementation

Not Implemented

 7/22/22

101p - Bedroom Doors

1. Requirements

- 2600.
- 101.p. There must be doors on the bedrooms.

Description of Violation

On 5/4/22, the bedroom occupied by residents #1, #2, and #3, did not have a door.

Plan of Correction

Directed

On 05/04/22 doors were installed for bedroom #2 and #3 on 05/05/22 door #1 was installed.
Administrator inspected all bedroom doors to make sure they work properly, and administrator will do weekly checks to make sure at all times doors work properly.

DIRECTED

Within one calendar days of receipt of the accepted plan of correction: The administrator shall ensure any residents relocated for any reason shall be provided access to a temporary bedroom which meets the regulatory requirements of the 2600 Regulations. 6/28/22 JK

Completion Date: 05/05/2022 Licensee's Proposed Date for POC Implementation

 7/22/22
Implemented

Document Submission

On 05/04/22 doors were installed for bedroom #2 and #3 on 05/05/22 door #1 was installed.
Administrator inspected all bedroom doors to make sure they work properly, and administrator will do weekly checks to make sure at all times doors work properly.

DIRECTED

Within one calendar days of receipt of the accepted plan of correction: The administrator shall ensure any residents relocated for any reason shall be provided access to a temporary bedroom which meets the regulatory requirements of the 2600 Regulations. 6/28/22 JK

131f - Fire Extinguisher Inspection

1. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation


Multiple fire extinguishers in the home, including the fire extinguisher located in the ground floor sitting room, have not been inspected by a fire safety expert since April 2021.

Plan of Correction

Safety First a fire safety expert inspected all fire extinguishers 05/04/2022

Administrator put a reminder on calendar and also scheduled with the Safety Expert to have them come out yearly for inspections of all extinguishers.

Completion Date: 05/04/2022 Licensee's Proposed Date for POC Implementation

 7/22/22

Document Submission

Implemented

Safety First a fire safety expert inspected all fire extinguishers 05/04/2022

Administrator put a reminder on calendar and also scheduled with the Safety Expert to have them come out yearly for inspections of all extinguishers.

183b - Meds and Syringes Locked

1. Requirements

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.

Description of Violation

Throughout the day on 5/3/22, numerous medications for multiple residents were unlocked, unattended, and accessible in two plastic bins stacked to the left of the refrigerator and on the counter in the church basement's kitchen. There was no area or container with a lock available for storing the medications in the church basement.

Plan of Correction

Directed

05/04/22 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.


Administrator will do weekly checks to make sure 2600.183b requirements are in compliance.

DIRECTED

Within one calendar days of receipt of the accepted plan of correction: The administrator shall ensure 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 and shall apply to the licensed home or any area or location the residents are relocated to. 6/28/22 JK

Completion Date: 05/04/2022 Licensee's Proposed Date for POC Implementation

Not Implemented

 7/22/22