



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to WARREN J UPTON

LEGAL ENTITY

To operate UPTON'S COUNTRY COMFORT

NAME OF FACILITY OR AGENCY

Located at 544 BUCHANAN ROAD, NORMALVILLE, PA 15469

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 16

(MAXIMUM CAPACITY)

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from January 26, 2024 until January 26, 2025, unless sooner revoked for non-compliance with applicable laws and regulations.

No: **474700**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing date: January 26, 2024

Warren J. Upton, Owner
Warren J. Upton
544 Buchanan Road
Normalville, Pennsylvania 15469

RE: Upton's Country Comfort
License/COC #: 47470

Dear Mr. Upton:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on October 11, 2023 and January 8, 2024, and the corrections you have made after our inspections, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *UPTON'S COUNTRY COMFORT* License #: *47470* License Expiration: *01/18/2024*
Address: *544 BUCHANAN ROAD, NORMALVILLE, PA 15469*
County: *FAYETTE* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

Type: *R-4* Date: *07/22/2013* Issued By: *Fayette County*

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Provisional* Exit Conference Date: *10/11/2023*

Inspection Dates and Department Representative

10/11/2023 - On-Site: [REDACTED] n

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *16* Residents Served: *12*

Secured Dementia Care Unit

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

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *5* Are 60 Years of Age or Older: *9*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *3*
Have Mobility Need: *4* Have Physical Disability: *0*

Inspections / Reviews

10/11/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/13/2023*

Inspections / Reviews (*continued*)

11/27/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/08/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 12/04/2023

12/08/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/08/2023

Reviewer: [REDACTED]

Follow-Up Type: Bypass Document
Submission

01/16/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/08/2023

Reviewer: [REDACTED]

Follow-Up Type: Exception

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 the finances for resident #1. Resident #1's record of financial transactions does not include a deposit of \$445.09 on 9/29/23. Also, resident #1's financial transaction record indicates a balance of \$117.48 as of 10/4/23. However, the resident's First National Bank account indicates a balance of \$508.57, and the Somerset Trust account indicates a balance of \$154.00 for a total of \$662.57.

The home provides financial management for resident #2. The financial management record for the resident does not include multiple transactions that are indicated on the resident's Somerset Trust checking account including:

- 8/17/23 withdrawal of \$100.00
- 8/17/23 payment to Americo Insurance for \$48.65
- 9/21/23 payment to Americo Insurance for \$48.65
- 10/3/23 - \$25.00 check

The home provides financial management for resident #3. On 10/6/23, staff person A, the administrator, gave the resident \$20.00, five dollars of which the resident kept. The financial management record does not include the transaction.

Plan of Correction

Accept [REDACTED] - 12/07/2023)

The home is working to have resident #1 placed to another facility, due to home chooses to decrease capacity, therefore services will cease when resident finds placement.

Resident#2 has a phone interview with Social Security Administration to become [REDACTED] own payee. (12/14/2023)

Resident#3 is in the process of seeing if [REDACTED] qualifies through Fayette Mental Health of Uniontown for financial management.

Home is in the process of not offering financial management to resident's. Administrator is awaiting for call from Fayette County Mental Health of Uniontown to see which residents qualify for this program

Until the home is phased out of providing financial management, the administrator will ensure that records all financial transactions with the resident are kept including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented [REDACTED] - 01/16/2024)

20b3 - Written Receipts

2. Requirements

2600.

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

3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

20b3 - Written Receipts (continued)

Description of Violation

The home provides financial management for resident #3. On 10/6/23, staff person A, the administrator, gave the resident \$20.00. The home did not obtain a written receipt from the resident for the cash disbursement at the time of disbursement.

Plan of Correction

Accept [REDACTED] - 12/07/2023)

Resident#3 is in the process of seeing if she qualifies through Fayette Mental Health of Uniontown for financial management.

Home is in the process of not offering financial management to resident's. Administrator is awaiting for call from Fayette County Mental Health of Uniontown to see which residents qualify for this program

Until the financial management for residents is phased out, the administrator will obtain obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented [REDACTED] - 01/16/2024)

20b8 - Quarterly Account

3. 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

Resident #2, admitted [REDACTED]/13, has not received an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Resident #3, admitted [REDACTED]/23, has not received an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Plan of Correction

Accept [REDACTED] - 12/07/2023)

Resident#2 has a phone interview with Social Security Administration to become [REDACTED] payee. (12/14/2023)

Resident#3 is in the process of seeing if [REDACTED] qualifies through Fayette Mental Health of Uniontown for financial management.

Home is in the process of not offering financial management to resident's. Administrator is awaiting for call from Fayette County Mental Health of Uniontown to see which residents qualify for this program

Within 30 days of receipt of the plan of correction - The administrator will provide an itemized accounting of financial transactions made on behalf of residents #2 and #3.

Within 30 days of receipt of the plan of correction - Until the financial management for residents is phased out, the administrator will give the residents and the residents' designated persons, an itemized account of financial transactions made on the residents' behalf on a quarterly basis

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented [REDACTED] - 01/16/2024)

65f - Training Topics

4. Requirements

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 on [REDACTED]/14, did not receive any of the required training topics in accordance with 2600.65f during training year 2022.

Plan of Correction

Directed [REDACTED] - 12/07/2023)

Home is in the process of working with a local agency for literature on proper training to be in compliance with 2600.65.f

All staff was trained for 2023 and effective 2024 each month all staff will be trained 1 topic a month [Staff training was completed on 10/23/23. - [REDACTED] 12/7/23]

DIRECTED: Within 30 days of receipt of the plan of correction and at least quarterly thereafter - The administrator will review all staff training as part of the quality management review process to ensure all staff persons receive the required annual training in the following topics in accordance with 2600.65f as follows, documentation will be kept:

- (1) Medication self-administration training.*
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.*
- (3) Care for residents with dementia and cognitive impairments.*
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.*
- (5) Personal care service needs of the resident.*
- (6) Safe management techniques.*
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.*

Directed Completion Date: 12/02/2023

Implemented [REDACTED] - 01/16/2024)

65g - Annual Training Content

5. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Direct care staff person B, hired on [REDACTED]/14, did not receive any of the required training topics in accordance with 2600.65g during training year 2022.

Plan of Correction

Directed [REDACTED] - 12/07/2023)

Home is in the process of working with a local agency for literature on proper training to be in compliance with 2600.65.g

All staff trained [10/23/23 [REDACTED] 12/7/23]

65g - Annual Training Content (continued)

DIRECTED: Within 30 days of receipt of the plan of correction and at least quarterly thereafter - The administrator will review all staff training as part of the quality management review process to ensure all staff persons receive the required annual training in the following topics in accordance with 2600.65g as follows, documentation will be kept:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.*
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.*
- (3) Resident rights.*
- (4) The Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102).*
- (5) Falls and accident prevention.*
- (6) New population groups that are being served at the home that were not previously served, if applicable.*

Directed Completion Date: 12/31/2023

Implemented [REDACTED] - 01/16/2024)

85a - Sanitary Conditions

6. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

There were approximately 40 cigarette butts in a can approximately 1/8th full of water on the patio near the pond.

Plan of Correction

Directed [REDACTED] - 12/07/2023)

Can was removed at time of inspection and facility will retrain staff on sanitary conditions. Will do weekly check to be sure home is compliant

DIRECTED: Within 15 days of receipt of the plan of correction: The administrator or a designated staff person will monitor the home, including the patio, to ensure sanitary conditions are maintained. [REDACTED] 12/7/23

Directed Completion Date: 12/31/2023

Implemented [REDACTED] - 01/16/2024)

101i - Access to Bedroom

7. Requirements

2600.
101.i. A resident shall have access to his bedroom at all times.

Description of Violation

According to resident interviews, staff person A, the administrator, will not allow residents living on the 2nd floor to be in their bedrooms during the daytime.

Plan of Correction

Directed [REDACTED] - 12/07/2023)

Will re educate residents and staff that they have the right to their rooms at all times.

DIRECTED: Within 5 days of receipt of the plan of correction - The administrator will ensure residents are free to access their bedrooms at all times, by interviewing at least one resident a week. [REDACTED] 12/7/23

101i - Access to Bedroom (continued)

Directed Completion Date: 12/15/2023

Implemented [REDACTED] - 01/16/2024)

101j7 - Lighting/Operable Lamp

8. Requirements

2600.

101.j. 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

Resident #1 does not have a source of lighting that can be turned on/off from bedside.

Plan of Correction

Accept [REDACTED] - 12/07/2023)

A light was placed by bed upon inspection. Staff do weekly monitoring to ensure they have operable lighting

Licensee's Proposed Overall Completion Date: 12/02/2023

Implemented [REDACTED] - 01/16/2024)

101o - Walls, Floors, Ceilings

9. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

There are 13 ceiling tiles with brown water stains in bedroom 5. Additionally, the corner of one of the tiles located near the ceiling light is broken approximately 4" and pushed upward into the ceiling.

Repeat violation: 11/21/22

Plan of Correction

Accept [REDACTED] - 12/07/2023)

Ceiling tiles was replaced

Will do weekly monitor to ensure tiles are in good repair

Licensee's Proposed Overall Completion Date: 12/02/2023

Implemented [REDACTED] - 01/16/2024)

109a - Pets

10. Requirements

2600.

109.a. The home rules shall specify whether the home permits pets on the premises.

Description of Violation

The home's pet policy indicates: "At this time the home has a no pet policy but any time a pet visits all guidelines must be met." However, the home has a dog, [REDACTED], and a cat, [REDACTED], living in the home.

Plan of Correction

Directed [REDACTED] 12/07/2023)

Facility will update policy on pets. Home rules are that no residents are permitted to have pets due to the

109a - Pets (continued)

responsibility of the care of pets.

DIRECTED: Home rules were updated on 11/15/23 indicating residents are not permitted to have pets, however, the home does have pets, a dog and a cat. [REDACTED] 12/7/23

Directed Completion Date: 12/02/2023

Implemented [REDACTED] - 01/16/2024)

123b - Emergency Procedures Posted

11. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures were not posted in a conspicuous and public place in the home.

Plan of Correction

Accept [REDACTED] - 12/07/2023)

Posted day of inspection

A designated staff will check monthly to assure home's emergency procedure is posted

Licensee's Proposed Overall Completion Date: 12/02/2023

Implemented [REDACTED] - 01/16/2024)

132a - Monthly Fire Drill

12. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

The home did not conduct an unannounced fire drill in September 2023.

Repeat violation: 11/21/22 et al

Plan of Correction

Accept [REDACTED] - 12/07/2023)

Home had covid cases starting September 18, 2023 and every resident/staff was being treated for symptoms of covid In the event of a outbreak of illness, the administrator will contact the Department for instruction regarding the completion of a fire drill.

The administrator will monitor all fire drills to ensure a fire drill is conducted at least once a month and is documented on a fire drill record which includes all information required in accordance with 2600.132c.

Administrator added a reminder to her calendar to ensure all monthly fire drills are conducted

Licensee's Proposed Overall Completion Date: 12/02/2023

Implemented [REDACTED] - 01/16/2024)

132e - Fire Drill Sleeping Hours

13. Requirements

2600.

132e - Fire Drill Sleeping Hours (*continued*)

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

There was not a fire drill conducted during sleeping hours once every 6 months. Eight months elapsed between the drills held on 11/24/22 at 5:25 a.m. and 7/7/23 at 12:01 a.m.

Plan of Correction

Accept [REDACTED] - 12/07/2023)

A fire drill was conducted during sleeping hours in October

The administrator added to her calendar to notify her that every 6 months it's due for a fire drill during sleeping hours

Licensee's Proposed Overall Completion Date: 12/02/2023

Implemented [REDACTED] - 01/16/2024)

132f - Alternate Exit Routes

14. Requirements

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The number "2" is indicated as the only emergency exit route used for all monthly drills conducted from 12/15/22 through 5/4/22.

Plan of Correction

Accept [REDACTED] - 12/07/2023)

Home will indicate alternate routes being used during fire drills

The administrator will ensure the name of the exits used are clearly indicated on the fire drill record.

Licensee's Proposed Overall Completion Date: 12/02/2023

Implemented [REDACTED] - 01/16/2024)

162c - Menus Posted

15. 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 menu posted was dated until 10/15/23. The menu for the upcoming was not posted.

Repeat violation: 11/21/22 et al

Plan of Correction

Accept [REDACTED] - 12/07/2023)

Updated menu for 2 weeks was posted during inspection

Every Sunday the administrator updates the posting of the menu

Licensee's Proposed Overall Completion Date: 12/02/2023

Implemented [REDACTED] - 01/16/2024)

187a - Medication Record

16. Requirements

2600.

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

Description of Violation

Resident #4 is ordered Quetiapine Fumarate 50mg, 1 ½ tablet at 11:00 a.m. and Quetiapine Fumarate 100mg, 1 tablet at bedtime. However, the October 2023 medication administration record (MAR) indicates Quetiapine Fumarate 50mg, 1 ½ tablets twice a day.

Repeat violation: 5/15/23 et al and 11/21/22 et al

Plan of Correction

Directed [redacted] - 12/07/2023)

Home is working with pharmacy to be in compliance with medication record.

Med audit is conducted with MAR every time a med comes. Majority of meds come in a monthly supply. Therefore, the administrator audits all meds to the MAR and order and as needed. DIRECTED: A full medication audit will be completed at least monthly by the administrator or designee. [redacted] 12/7/23

DIRECTED: Within 7 days of receipt of the plan of correction - All staff who administer medication will be educated on reviewing the MAR with the medication label during each medication administration to ensure MARs are complete and accurate, including dosage information. Documentation of training will be kept. [redacted] 12/7/23

Directed Completion Date: 12/02/2023

Implemented [redacted] - 01/16/2024)

225a - Assessment 15 Days

17. 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

The assessment, dated [redacted]/23, for resident #3 does not include medical diagnoses including seizures, diabetes mellitus II, Vitamin B deficiency, hyperlipidemia, anxiety, and intellectual disability, as indicated on the medical evaluation dated 7/6/23. Also, the assessment is blank in the area of dietary need; however, the resident is ordered a diabetic diet, as indicated on the medical evaluation dated 7/6/23.

Repeat violation: 11/21/22 et al

Plan of Correction

Accept [redacted] - 12/07/2023)

New RASP was completed on 10/30/23 which includes medical diagnoses and dietary needs

The administrator shall audit the assessments of all current residents to ensure each is current and fully completed in all areas.

Licensee's Proposed Overall Completion Date: 12/02/2023

Implemented [redacted] - 01/16/2024)

227d - Support Plan Medical/Dental

18. Requirements

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

The support plan, dated 3/30/23 for resident #1 does not indicate the frequency and responsible party to meet the resident's needs for the following diagnoses: coronary artery disease, hypertension, CVA and seizures.

The support plan, dated 3/15/23 for resident #2 does not indicate the frequency and responsible party to meet the resident's needs for the following diagnoses as indicated on the resident's assessment, dated 3/15/23: DMII, hypertension, hyperlipidemia abnormality of gait and paresthesia.

The support plan, dated 10/29/22 for resident #4 does not indicate the frequency and responsible party to meet the resident's needs for the following diagnoses: frequent falls, vitamin D deficiency, hearing impairment, and dementia. Also, the support plan does not indicate the resident receives hospice services as indicated on the medical evaluation, dated 5/26/23.

Plan of Correction

Accept [redacted] - 12/07/2023)

Updated residents 1,2 & 4 RASP

The administrator or designated staff person will review the support plans of all residents to ensure all areas are complete and accurate including the frequency and responsible party for provision of care needs and services.

The administrator or designee will review the support plans of all current residents to ensure a current, complete and accurate support plan is present in each record. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 12/02/2023

Implemented [redacted] - 01/16/2024)

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

Facility Information

Name: *UPTON'S COUNTRY COMFORT* License #: *47470* License Expiration: *01/18/2024*
Address: *544 BUCHANAN ROAD, NORMALVILLE, PA 15469*
County: *FAYETTE* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] 6 Email: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *13* Waking Staff: *10*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Provisional, Monitoring* Exit Conference Date: *01/08/2024*

Inspection Dates and Department Representative

01/08/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *16* Residents Served: *10*

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: *7*
Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *4*
Have Mobility Need: *3* Have Physical Disability: *0*

Inspections / Reviews

01/08/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *Exception*

NO DEFICIENCIES FOUND