

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

July 1, 2025

[REDACTED], OWNER
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 review on 06/05/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *UPTON'S COUNTRY COMFORT* License #: *47470* License Expiration: *01/26/2026*
 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: *12* Waking Staff: *9*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *06/05/2025*

Inspection Dates and Department Representative

06/05/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *16* Residents Served: *8*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *5*

Number of Residents Who:
 Receive Supplemental Security Income: *3* Are 60 Years of Age or Older: *8*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *4* Have Physical Disability: *1*

Inspections / Reviews

06/05/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/23/2025*

06/23/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *06/30/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/27/2025*

Inspections / Reviews *(continued)*

06/25/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/30/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/02/2025

07/01/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/30/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65f - Training Topics

1. Requirements

2600.

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

- 7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A hired on [REDACTED], did not receive annual training for the following topic during the 1/1/24 and 1/1/25 staff training year:

(7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

Direct care staff person B hired on [REDACTED], did not receive annual training for the following topic during the 1/1/24 and 1/1/25 staff training year:

(7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

Direct care staff person C hired on [REDACTED] did not receive annual training for the following topic during the 1/1/24 and 1/1/25 staff training year:

(7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

Direct care staff person D hired on [REDACTED], did not receive annual training for the following topic during the 1/1/24 and 1/1/25 staff training year:

(7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

REPEAT VIOLATION 10/11/23

Plan of Correction

Accept ([REDACTED] - 06/25/2025)

Direct Care staff person A,B,C & D is scheduled for June27, 2025 for their annual training:

7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home. Administrator did an audit of staff training and all staff that did not receive this training will also be trained on 06/27/2025

Administrator will do monthly audits beginning July 1 2025 will use a check list to audit the staff training and add to calendar as a reminder for every 1st of the month that a training audit needs to be documented.

Licensee's Proposed Overall Completion Date: 06/25/2025

Implemented ([REDACTED] - 07/01/2025)

65g - Annual Training Content

2. 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] did not receive annual training for the following topic during the 1/1/24 and 1/1/25 staff training year:

(1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

65g - Annual Training Content (continued)

REPEAT VIOLATION 10/11/23

Plan of Correction

Accept (█) - 06/25/2025

Direct Care Staff person B has received █ annual training on:

(1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

Administrator did an audit and all other staff members have the annual training

Administrator will do monthly audits beginning July 1 2025 will use a check list to audit the staff training and add to calendar as a reminder for every 1st of the month that a training audit needs to be documented.

Licensee's Proposed Overall Completion Date: 06/25/2025

Implemented (█) - 07/01/2025

88a - Surfaces

3. 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

At approximately 10:50 a.m., two pieces of brown colored vinyl tile squares measuring approximately 12"x 12" and located closest to the ceiling were missing from the wall in the hallway leading from the laundry room closest to the emergency exit.

Plan of Correction

Accept (█) - 06/25/2025

Missing vinyl tile squares was replaced on 06/18/2025

Administrator will do monitoring on a monthly basis and keep document in the daily log book and on check list effective 07/01/2025

Licensee's Proposed Overall Completion Date: 06/25/2025

Implemented (█) - 07/01/2025

225a - Assessment 15 Days

4. 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

Resident #1 was admitted on █; however, the resident's assessment was not completed.

225a - Assessment 15 Days (continued)**Plan of Correction****Accept (█ - 06/25/2025)**

Resident 1 assessment was completed on 06/05/2025

Administrator will conduct an audit of all residents files to assure the files are in compliance with 2600.225a

Administrator will put a reminder on █ calendar that will notify █ that an assessment plan needs to be completed within 15 days of new admission. Effective with all future residents

Licensee's Proposed Overall Completion Date: 06/25/2025

Implemented (█ - 07/01/2025)