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

July 14, 2026

[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 06/24/2026 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**: *01/26/2027*

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: *2* **Total Daily Staff**: *13* **Waking Staff**: *10*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *06/24/2026*

Inspection Dates and Department Representative

06/24/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *16* **Residents Served**: *9*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *3* **Are 60 Years of Age or Older**: *9*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *2* **Have Physical Disability**: *0*

Inspections / Reviews

06/24/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/11/2026*

07/06/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/14/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/10/2026*

Inspections / Reviews *(continued)*

07/07/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/14/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/18/2026*

07/14/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/14/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

65b - Rights/Abuse 40 Hours

1. Requirements

2600.
65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Direct care staff person A hired [redacted], and as of 6/24/26 had worked in excess of 40 hours but did not receive orientation training that included the following:

(2) Emergency medical plan.

(4) Reporting of reportable incidents and conditions for here since 2023 has training for 2024.

Plan of Correction ***Accept ([redacted] - 07/07/2026)***

Administrator will audit all staff files to insure all staff are incompliance with 2600.65b.
Audit will begin 07/06/2026 by administrator including documentation of all staff training of 2600.65 b
Administrator will refresh staff person A for 2600.65 b
(2) Emergency medical plans
(4) Reporting of reportable incidents and conditions
Administrator will monitor for future hire that all staff is incompliance with 2600.65 b within the first 40 hours
Administrator will document all audits/monitoring in the administrative note tablet.
Administrator has made all responsible personal aware of locating staff/residents files when requested by state
Administrator will have all refresh training, monitor/audits system completed by 07/14/2026

Licensee's Proposed Overall Completion Date: *07/14/2026*

Implemented ([redacted] - 07/14/2026)

88a - Surfaces

2. 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 6/25/26 at approximately 10:51 a.m., on the wall's next to the door in the kitchen area that leads downstairs and adjacent to the stairwell there are jagged unfinished edges of the wall with exposed plaster.

On 6/25/26 at approximately 10:51 a.m., on the gray wood grained laminate flooring next to the kitchen table there is a triangle shaped piece of flooring and sub floor missing exposing pink insulation and a hole approximately 4 inches by 4 inches by 4 inches in the floor.

Plan of Correction ***Accept ([redacted] - 07/07/2026)***

Administrator notified maintaince to place trim around door in the kitchen that leads downstairs and to fill in the 4 inch whole and replace prtion of floor with laminating floor
Maintaince will correct violtion of door frame and floor by July 18,2026
Administrator will do monthly walk through to insure the facility is incomplience with 2600.88a
Administrator is educating all staff that the facility needs to be incomplience with 2600.88 a by 07/14/2026 will be

88a - Surfaces (continued)

documented on Record of Training 2600.65 i by the administrator

Licensee's Proposed Overall Completion Date: *07/14/2026*

Implemented ([redacted] - 07/14/2026)

95 - Furniture and Equipment

3. Requirements

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 6/25/26 at approximately 11:41 a.m., in the residents' ½ bathroom on the bottom floor the offset brushed nickel grab bar approximately 20" inches long located on the wall next to the toilet was loose and not secured to the wall.

On 6/25/26 at approximately 11:50 a.m., in the residents' ½ bathroom on the bottom floor the chrome grab bar on the right-hand side of the door jamb as you enter into the ½ bathroom is loose and has 2 screws that are not screwed all the way in and sticking out causing a hazard for residents who need to utilize the grab bar.

Plan of Correction ***Accept ([redacted] - 07/07/2026)***

Both grab was corrected on 06/25/2026
Administrator will train staff that when cleaning the bathrooms make that part of routine that all grab bars are secured and document into the staff management tablet. Adminitsrtor will have all training and proof of training completed by 07/14/2026

Licensee's Proposed Overall Completion Date: *07/14/2026*

Implemented ([redacted] - 07/14/2026)

100a - Exterior - Free of Hazards

4. Requirements

2600.
100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On 6/25/26 at approximately 11:00 a.m., beside the gray colored shed at the bottom of the driveway adjacent to the parking lot there was a piece of white PVC pipe with holes in it approximately 2 – 2 ½ feet long lying on the ground next to a piece of gray colored piece of plywood 2" inches wide by 6' feet long lying on the ground along with a piece of 2 x 6 approximately 6" inches wide.

On 6/25/26 at approximately 11:00 a.m., behind the gray colored shed at the bottom of the driveway adjacent to the parking lot there is a piece of white and gray corrugated aluminum sheeting approximately 4' feet wide by 8' feet long lying on the ground with approximately 12-15 green steel fence stakes and 2 pieces of brown wood leaning against the shed, along with approximately 5 - 6 pieces of 6' feet of steel rebar.

100a - Exterior - Free of Hazards *(continued)*

Plan of Correction ***Accept (- 07/07/2026)***

Maintaince and administrator removed plywood, 2x6, corrugated sheeting, steel fence stakes, brown wood and steel rebar on July 27,2026
Administrator will do monthly checks to ensure the exterior of the building and grounds are in good repair and free of hazards and document.
All staff will be educated of the regulation and documentation of education will be filed on 2600.65 i by administrator and stoed in training file
Administrator will document monthly audits 2600.101 a and logged in her administrator note tablet

Licensee's Proposed Overall Completion Date: *07/14/2026*

Implemented (- 07/14/2026)

103g - Storing Food

5. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 6/25/26 at approximately 10:41 a.m. in the stainless-steel refrigerator located in the homes kitchen area there were 2 black plastic cups of orange yogurt sitting on the shelf of the fridge uncovered and undated.

Plan of Correction ***Accept (- 07/07/2026)***

Plastic cups was removed upon finding
Administrator will educate all staff on 2600.103 g and document training on 2600.65i by 07/14/2026
Administrator will do weekly monitoring of 2600.103 g and document in her administrator log

Licensee's Proposed Overall Completion Date: *07/14/2026*

Implemented (- 07/14/2026)

132e - Fire Drill Sleeping Hours

6. Requirements

2600.
132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

On 4/19/26 at 12:30 a.m. the home conducted a sleeping hours fire drill; however, the previous sleeping hours fire drill was held on 9/21/25 at 12:54 a.m.

Plan of Correction ***Accept (- 07/06/2026)***

A Night fire drill was preformed on December 2 , 2025 and April 19,2025
Administraor changed calendar dates to alert every 5 month instead of six months to be in compliance
Will document the fire drills

Licensee's Proposed Overall Completion Date: *07/02/2026*

Implemented (- 07/14/2026)

141a 1-10 Medical Evaluation Information

7. Requirements

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #2's initial medical evaluation dated [redacted] did not indicate if the resident's needs could or could not be met safely at the personal care home. This section of the form was left blank with no determination made.

Plan of Correction ***Accept ([redacted] - 07/07/2026)***

Administrator took a new DME to be filled out by [redacted] PCP awaitng on the documentation to be returned
Administrator will audit all resident's DME on 07/06/2026 and document when each dme is incompliance by 07/14/2026
Administrator will monitor all new dme as they are being filed and keep record of the monitoring in the administrator log book

Licensee's Proposed Overall Completion Date: *07/14/2026*

Implemented ([redacted] - 07/14/2026)

187a - Medication Record

8. 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 #2 is prescribed [redacted], however, the medication administration record does not indicate the dose of [redacted]

Resident #2 is prescribed [redacted] however, the medication administration record does not indicate the dose of [redacted]

Resident #3 is prescribed [redacted] however, the medication administration record does not indicate the dose of [redacted]

187a - Medication Record *(continued)*

Plan of Correction ***Accept (- 07/07/2026)***

Administrator notified pharmacy 06/25/2026 and facility is awaiting pharmacy to correct the dosage correction
Administrator will educate all staff in compliance with 2600.187 a and document the the edecation was completed by each staff on 2600.65 i
Audit of all resdident's meds was completed by administrator by 07/03/2026
Administrator is expecting pharmacy to have coreection of meds completed by 07/08/2026
All meds will be monitored upon arrival of meds and before administration and documentation will be kept on the residents med boz with initials of staff verify the medicine label with the MAR and making sure the coreect dosage of what resident is taking is on there all audits was completed by administrator and new labels and mars will be completed by 07/09/2026

Licensee's Proposed Overall Completion Date: *07/09/2026*

Implemented (- 07/14/2026)

227d - Support Plan Medical/Dental

9. 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

Resident #2's diagnosis [redacted] was not included in the support plan dated [redacted]

Resident #4's medical evaluation dated [redacted] indicated [redacted], however, these diagnoses were not included in the support plan dated [redacted]

Plan of Correction ***Accept (- 07/07/2026)***

Adminastrator corrected on 06/25/2026 for resident 2 and 4
Administrator will do an audit ofall residents DME and RASP are in compliance on 07/06/2026 and complete audit by 07/14/2026 by administrator a record will be kept in the administrator log book
Administrator will do audits when filing new DME or RASP are being filed to insure they are in compliance with 2600.227 d and documentation of the monitoring will be recorded in the administrator

Licensee's Proposed Overall Completion Date: *07/14/2026*

Implemented (- 07/14/2026)