



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to REASTHEAVEN 2 LLC  
LEGAL ENTITY

To operate REASTHEAVEN 2  
NAME OF FACILITY OR AGENCY

Located at 166 NORTH GALATIN AVENUE, UNIONTOWN, PA 15401  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE

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 18  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.  
(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare 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 June 19, 2017 until December 19, 2017,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **447781**

Robert E. Robinson  
ISSUING OFFICER

Jay Bank  
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

JUN 20 2017

Mr. Raza Naqvi,  
Manager  
Reastheaven 2 LLC  
166 North Gallatin Avenue  
Uniontown, Pennsylvania 15401

RE: Reastheaven 2 LLC  
License #: 447781

Dear Mr. Naqvi:

As a result of the Department of Human Services' licensing inspections on May 5, 2017 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services provider application submission experience. To participate in the online applicant survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Application](https://www.surveymonkey.com/r/BHSL_Application).

Mr. Raza Naqvi

2

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider applicant responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe". The signature is fluid and cursive, with the first letter "J" being particularly large and stylized.

Jacqueline L. Rowe  
Director

Enclosures  
License  
License Inspection Summary



RECEIVED

MAY 22 2017

Violation Report: 44778 - 05/05/2017 - Quinn, Suzanne  
PGH Name: Reestheaven 2 LLC

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

2a. DESCRIPTION OF VIOLATION

A 1 gallon pump bottle of Dawn Professional Dish Detergent was present in a cabinet under the the sink in the shared 2nd floor bathroom, across from bedroom #4; however, staff person A indicated the cleaning chemical "Awesome" was present in the bottle and not Dawn Dish Detergent.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date my attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff was retrained/reminded that all poisonous materials must be kept in their original labeled containers. Staff and Administrator will check daily for all poisonous materials to be locked up and still in original containers

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Jamie Thompson

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Jamie Thompson - Administrator

Date 5/15/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

5/31/17  
(Date)

Plan of correction implementation status as of

5/31/17  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

[Signature]  
(Initials)

MAY 22 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44778 - 05/05/2017 - Quinn, Suzanne  
PCH Name: Reastheaven 2 LLC

1. REGULATION 56 Pa.Code §2800

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

A gallon bottle of "Awesome" cleaner, with a manufacture's label indicating, "If swallowed give 1 - 2 glasses of water and contact a physician or poison control center immediately", was unlocked and accessible to residents in a cabinet under the the sink in the shared 2nd floor bathroom, across from bedroom #4. Residents of the home, including resident #1, have not been assessed capable of recognizing and using poisons safely.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff was retrained/Reminded that all poisonous materials are to be locked up @ all times. Staff and administrators will check daily for any poisonous materials left in an unlocked area. Staff will be written up as disciplinary measurement.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Jamie Thompson*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Jamie Thompson - Administrator

Date

5/15/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

5/31/17  
(Date)

Plan of correction implementation status as of

5/31/17  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *f*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

*J*  
(Initials)

RECEIVED

MAY 22 2017

Violation Report: 44778 - 05/05/2017 - Quinn, Suzanne  
PCH Name: Reastheaven 2 LLC  
WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Code §2600  
2600.89(a) - The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

2a. DESCRIPTION OF VIOLATION  
At 1:22 PM, the hot water temperature was 62.2 degrees Fahrenheit in the shared bathroom sink of the 2nd floor bathroom, across from bedroom #4.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Maintenance is currently replacing lines to the sink. There was no logical answer for why it is not putting hot water out. Will be fixed by 6/1/17

New water lines were run to the shared 2nd floor bathroom sink.

Immediately: A designated staff person shall inspect all sinks in the home to ensure hot and cold water under pressure is present.

5/31/17

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) James Thompson

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) James Thompson - Administrator Date 5/15/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5/31/17 (Date)

Plan of correction implementation status as of 5/31/17 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by J (Initials)

MAY 22 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44778 - 05/05/2017 - Quinn, Suzanne  
PCH Name: Reastheaven 2 LLC

1. REGULATION 55 Pa.Code §2600  
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

At 10:54 AM, the temperature in the freezer section of the refrigerator/freezer unit, located in the basement, was 3 degrees Fahrenheit.

At 11:03 AM, no operable thermometer was present in the chest freezer, located in the basement.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Freezer & fridge temperatures will be checked every Saturday & Wednesday and PRN as possible sign off sheets attached. Staff and administrator will check and keep record.

New thermometers were added to the freezer section of the refrigerator/freezer unit in the basement and the chest freezer, located in the basement.

5/31/17

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *James Thompson*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *James Thompson*      Date *5/15/17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5/31/17  
(Date)

The above plan of correction was approved by *J*  
(Initials)

Plan of correction implementation status as of 5/31/17  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *J*
- Partially Implemented - Inadequate Progress
- Not Implemented

MAY 22 2017

Violation Report: 44778 - 05/05/2017 - Quinn, Suzanne  
PCH Name: Reasheaven 2 LLC

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 66 Pa.Code §2600

2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION

No emergency evacuation diagram was posted in a conspicuous and public place on the 2nd floor.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A replacement evacuation diagram was posted while inspectors were on site (also attached photo) - Administrators/staff will check daily that it does not come up missing without replacing.

Immediately, then monthly thereafter: A designated staff person shall inspect each floor of the home to ensure an emergency diagram, containing all information indicated in 2600.123c, is posted in a conspicuous and public place. *J. Stalitz*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*James Thompson*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

*James Thompson Administrator*

Date *5/15/17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

*5/31/17*  
(Date)

Plan of correction implementation status as of *5/31/17*  
(Date)

- Fully Implemented *J*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

*J*  
(Initials)

RECEIVED

MAY 22 2017

Violation Report: 44778 - 06/05/2017 - Quinn, Suzanne  
PCH Name: Reasheaven 2 LLC

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Code §2600  
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

The most recent fire drill conducted during sleeping hours was held on 09/15/16 at 12:10 AM.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A new sleeping hour fire drill took place on 5/10/17 (attached). Administrator will double check that sleeping hour alarms are done within every 6 months

Immediately: A designated staff person shall develop and implement a system to ensure an unannounced fire drill is conducted once every 6 months.

*[Signature]*  
5/31/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Janice Thompson - Administrator

Date 5/15/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

5/31/17  
(Date)

Plan of correction implementation status as of 5/31/17  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

*[Signature]*  
(Initials)

MAY 22 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44778 - 05/05/2017 - Quinn, Suzanne  
PCH Name: Reastheaven 2 LLC

1. REGULATION 56 Pa.Code §2600

2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2a. DESCRIPTION OF VIOLATION

There is no exit sign posted at the 2nd floor exit, which leads to the 1st floor kitchen.

There is no exit sign posted at the exit staircase, which leads from the 2nd floor to the 1st floor office.

The home currently serves 14 residents.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Exit signs were purchased - Maintenance will have them installed by 5/30/17. Administrators and staff will check regularly to ensure they do not come up missing again.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*James Thompson*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

James Thompson - Administrator

Date 5/15/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

5/31/17  
(Date)

Plan of correction implementation status as of

5/31/17  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

*JT*  
(Initials)