



**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 \_\_\_\_\_ 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 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 February 9, 2018 until February 9, 2019,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **447780**

Robert E. Robinson  
ISSUING OFFICER

Tina L Long  
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

FEB 09 2018

Ms. Jamie Thompson  
Administrator  
Reastheaven 2 LLC  
166 North Galatin Avenue  
Uniontown, Pennsylvania 15401

RE: Reastheaven 2  
Certificate #: 447780

Dear Ms. Thompson:

As a result of the Department of Human Services' licensing inspection on October 18, 2017, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

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

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 inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe  
Director

Enclosures  
License  
License Inspection Summary

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

|   |                       |  |
|---|-----------------------|--|
| PCH Name: Reastheaven 2   |                       | License Number: 44778  |
| Address: 166 North Gallatin Avenue, Uniontown, PA 15401   |                       | County: Fayette  |
| Administrator: Jamie Thompson   |                       | Region: WEST   |
| Legal Entity Name: Reaslheaven 2 LLC  |                       |  |
| Legal Entity Address: 166 North Gallatin Avenue, Uniontown, PA 15401  |                       | <b>RECEIVED</b>  |
| Certificate(s) of Occupancy<br>Other<br>05/11/1981<br>Department of L&I   |                       | DEC 08 REC'D<br><br>WEST REGION FIELD OFFICE<br>Human Services Licensing   |
| Staffing Hours  |                       |  |
| Resident Support: 0   | Total Daily Staff: 14 | Working Staff: 11  |
| Type of Inspection: Full  | BHA Docket Number:    | Notice: Unannounced  |
| Reason(s) for Inspection(s)<br>Renewal, Provisional, Complaint  |                       |  |
| On-Site Inspections Dates and Department Representatives On-Site<br>10/18/2017: Garvey, Jody; Winters, Lynn   |                       |  |
| Off-Site Inspection Dates and Inspectors, If Applicable   |                       |  |
| Other Details   |                       |  |
| Partial or Full Triggers:   |                       | Random Indicators:   |
| Resident Demographic Data as of Inspection Dates  |                       |  |
| Licensed Capacity: 18<br>Number of Residents Served: 14<br>Secured Dementia Care Unit in Home: No<br>Area:<br>Secured Dementia Unit Capacity, if Applicable:<br>Number of Residents Served in Secured Dementia Care Unit, if applicable:<br>Number of Current Hospice Residents: 0<br>Number of Hospice Residents in past year: 1 |                       | Number of Residents who:<br>Receive Supplemental Security Income: 10<br>Are 60 Years of Age or Older: 6<br>Have Mental Illness: 14<br>Have an Intellectual Disability: 2<br>Have a Mobility Need: 0<br>Have a Physical Disability: 0 |

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DEC 08 REC'D

Violation Report: 44778 - 10/18/2017 - Garvoy, Jody  
PCH Name: Reasheaven 2

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

At 9:55 AM, the license inspection summary, dated 5/5/2017, was posted on the dining room wall as well as on the kitchen bulletin board with the resident privacy coding documents that included the name of resident #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.

Resident list was removed from violation report immediately. Adm does know to exclude this page when posting violations. Adm will ensure this error does not occur again.

Immediately - The administrator will implement monitoring procedures that ensure compliance with Chapter 2600.17. The procedures will include a designated staff person checking the home at least twice per week to ensure that resident records are locked and kept confidential.

BS  
1/16/18

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 *12/4/17*

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

The above plan of correction is approved as of 1/16/18 (Date)

Plan of correction implementation status as of 1/16/18 (Date)

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

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

RECEIVED

DEC 08 REC'D

Violation Report: 44778 - 10/18/2017 - Garvey, Jody  
PGH Name: Reastheaven 2

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired 09/15/2017, has worked more than 40 hours and has not completed the following required trainings:

- Resident rights.
- Emergency medical plan.
- Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act.
- Reporting of reportable incidents.

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 A did complete initial trainings - trainer signed - Staff A missed a page when signing off. Both Administrators will double check Staff files to ensure no signatures are missed.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Janice Thompson*

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

*Janice Thompson - Administrator*

Date

*12/4/17*

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

The above plan of correction is approved as of

*1/16/18*  
(Date)

Plan of correction implementation status as of *1/16/18*  
(Date)

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

The above plan of correction was approved by

*BB*  
(Initials)

RECEIVED

DEC 08 REC'D

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44778 - 10/18/2017 - Garvey, Jody  
PCH Name: Reasheaven 2

1. REGULATION 55 Pa.Code §2600  
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

There was a very strong smell of urine in the bathroom next to bedrooms #4 and #5.

The bathroom on the 2nd floor to the right of bedrooms #2 and #4 had no paper towels, mechanical hand dryer, or other sanitary means of hand drying.

The bathroom on the 2nd floor by bedroom #5 and across from bedroom #4 had no paper towels, mechanical hand dryer, or other sanitary means of hand drying.

The shower room on the main floor has a hand washing sink and there were no paper towels, mechanical hand dryer, or other sanitary means of hand drying.

The bathroom between the kitchen and dining room on the main floor had no paper towels, mechanical hand dryer, or other sanitary means of hand drying.

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.

All bathrooms will be stocked every shift with papertowels. Staff will check at the beginning and end of shifts to ensure papertowels are still in Restrooms. Staff will ensure all bathrooms remain clean throughout the day and that all possible accidents are cleaned up immediately

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 12/4/17

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

The above plan of correction is approved as of 11/7/18  
(Date)

Plan of correction implementation status as of 11/7/18  
(Date)

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

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

RECEIVED

DEC 08 REC'D

Violation Report: 44778 - 10/18/2017 - Garvey, Jody  
PCH Name: Reastheaven 2

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The stained glass window above the front door had a piece of glass broken out of it with a paper towel shoved into the hole where the glass had broken.

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.

We are unaware where or how this occurred - However plexiglass was placed in the space missing. Adm will have all repairs done as soon as possible.

See page 5A

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 12/4/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 1/16/18  
(Date)

Plan of correction implementation status as of 1/16/18  
(Date)

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

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

|  |   |
|--|---|
| Violation Report: 44778 - 10/18/2017 - Garvey, Jody<br>PCH Name: Reastheaven 2 | WEST VIRGINIA OFFICE<br>Human Resources Licensing |
|--|---|

1. REGULATION 55 Pa.Code §2600  
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION  
The stained glass window above the front door had a piece of glass broken out of it with a paper towel shoved into the hole where the glass had broken.

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.

Immediately and at least weekly thereafter - A designated staff person will check the home to ensure that floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair, and free of hazards. *BB 1/3/18*

By 1/31/18 - All staff persons will be educated on §2600.88(a). *BB 1/3/18*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *[Handwritten Signature]*

|  |                    |
|--|--------------------|
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) <i>Anna Thompson Administrator</i> | Date <i>1/4/18</i> |
|--|--------------------|

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

|   |   |
|---|---|
| The above plan of correction is approved as of <u>1/16/18</u><br>(Date) | Plan of correction implementation status as of <u>1/16/18</u><br>(Date)   |
| The above plan of correction was approved by <u>BB</u><br>(Initials)    | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

RECEIVED

DEC 08 REC'D

Violation Report: 44778 - 10/18/2017 - Garvey, Jody  
PCH Name: Reasthoavon 2

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The two portable telephones sitting on the counter in the kitchen do not have emergency numbers posted nearby.  
  
The portable telephone in the living room does not have emergency numbers posted nearby.

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.

There was one phone in the kitchen that was missing the emergency numbers list. It was replaced while inspectors were present. All other phone bases have and had posted emergency numbers. We did add 911 to the one handset that it was missing from. Adm will check regularly to ensure all emergency numbers are posted.

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

12/4/17

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

The above plan of correction is approved as of

1/16/18  
(Date)

Plan of correction implementation status as of

1/16/18  
(Date)

The above plan of correction was approved by

*BB*  
(Initials)

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

RECEIVED

DEC 08 REC'D

Violation Report: 44778 - 10/18/2017 - Garvey, Jody  
 PCH Name: Reastheaven 2

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

There were no screens in any of the home's windows.

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 crew are installing screens in the windows that do open. Work will be completed by 12/22/17. Proof will be sent to DHS ASAP. Adm will ensure all operable windows have screens in good repair at all times

|                      |                                   |  |  |
|----------------------|-----------------------------------|--|--|
| 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 - Administration* Date *12/4/17*

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

The above plan of correction is approved as of 1/16/18  
 (Date)

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

Plan of correction implementation status as of 1/16/18  
 (Date)

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

RECEIVED

Violation Report: 44778 - 10/18/2017 - Garvey, Jody  
PCH Name: Reastheaven 2

DEC 08 RECD

1. REGULATION 56 Pa.Code §2600

WEST REGION FIELD OFFICE  
Human Services Licensing

2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION

The back stairway leading to the downstairs shower room has a railing that pulls away from the wall approximately 1/2 inch in either direction and the screws holding the railing in also pull out of the wall.

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.

Railing was tightened. Staff will check regularly and alert adm if it comes loose again. Adm will check regularly and have repairs done immediately if needed

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 *12/4/17*

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

The above plan of correction is approved as of 11/6/18  
(Date)

Plan of correction implementation status as of 11/6/18  
(Date)

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

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

RECEIVED

DEC 08 REC'D

Violation Report: 44778 - 10/18/2017 - Garvey, Jody  
PCH Name: Reastheaven 2

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

Bathroom #2 on the second floor has a faucet that moves back and forth approximately 1 inch in either direction when pulled. The bathroom also has a two door cabinet below the sink and the handles to the doors on this cabinet are completely broken off.

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.

Both sinks were repaired - pictures attached  
Adm will ensure all repairs are done  
Immediately

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

*12/4/17*

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

The above plan of correction is approved as of

*1/16/18*  
(Date)

Plan of correction implementation status as of

*1/16/18*  
(Date)

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

The above plan of correction was approved by

*BB*  
(Initials)

DEC 08 REC'D

Violation Report: 44778 - 10/18/2017 - Garvey, Jody  
PCH Name: Reasheaven 2

WEST REGIONAL FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

Resident #1 does not have a source of light that can be turned on and off from bedside. The lamp is approximately 3 to 4 foot from the resident's bed.

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.

Resident did/does have lamp. Resident pushed with his books to make it further from bed than intended. Staff will check during Room Checks to ensure lamps are in the correct spots and reachable from bed

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 12/4/17

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

The above plan of correction is approved as of 1/16/18  
(Date)

Plan of correction implementation status as of 1/16/18  
(Date)

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

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

RECEIVED

DEC 08 REC'D

|  |  |
|--|--|
| Violation Report: 44778 - 10/18/2017 - Garvey, Jody<br>PCH Name: Reastheaven 2 | WEST REGION FIELD OFFICE<br>Human Services Licensing |
|--|--|

1. REGULATION 55 Pa.Code §2600  
2600.109(b) - Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

2a. DESCRIPTION OF VIOLATION  
A cat named 'Trouble' was present at the home and the certificate of rabies vaccination for the cat expired 09/16/2017.

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.*

Adm did get 'Trouble' his shots while inspectors were present during inspection. Adm will ensure shots are done in a timely manner. Adm also set a remind alert with Vet for next appointment due

|                      |                                   |  |  |  |
|----------------------|-----------------------------------|--|--|--|
| 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<br>(Required on EVERY Page) <i>Jamie Thompson - Administrator</i> | Date <i>12/4/17</i> |
|---|---------------------|

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

|   |   |
|---|---|
| The above plan of correction is approved as of <u>1/16/18</u><br>(Date) | Plan of correction implementation status as of <u>1/16/18</u><br>(Date)   |
| The above plan of correction was approved by <u>JSB</u><br>(Initials)   | <input checked="" type="checkbox"/> Fully Implemented<br><input type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

RECEIVED

DEC 08 REC'D

Violation Report: 44778 - 10/18/2017 - Garvey, Jody  
PCH Name: Reastheaven 2

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2800.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

Fire drill records indicated that not all residents in the home evacuated during the following fire drills:

- 10/3/2017 at 9:45 AM, 16 residents were present in the home and only 14 residents evacuated.
- 7/12/2017 at 10:10 AM, 16 residents were present in the home and only 12 residents evacuated.
- 6/09/2017 at 1:00 PM, 16 residents were present in the home and only 13 residents evacuated.

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.

Supervisor misunderstood due to fading on fire log sheets. New copies were made to clarify what should be written on fire <sup>drill</sup> log sheets

See page 12A

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

*12/4/17*

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

The above plan of correction is approved as of

*1/16/18*  
(Date)

Plan of correction implementation status as of

*1/16/18*  
(Date)

The above plan of correction was approved by

*BS*  
(Initials)

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

JAN 04 REC'D

Violation Report: 44778 - 10/18/2017 - Garvey, Jody  
PCH Name: Reastheaven 2

WEST VIRGINIA FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

Fire drill records indicated that not all residents in the home evacuated during the following fire drills:

- 10/3/2017 at 9:45 AM, 16 residents were present in the home and only 14 residents evacuated.
- 7/12/2017 at 10:10 AM, 16 residents were present in the home and only 12 residents evacuated.
- 8/09/2017 at 1:00 PM, 16 residents were present in the home and only 13 residents evacuated.

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.

Immediately - The administrator will implement procedures that ensure compliance with §2600.132(d). The procedures will include the administrator's presence during monthly fire drills or monthly fire drill record reviews and monthly interviews about the most recently conducted fire drill with at least 2 residents and staff within 3 days of the drill. *BB 1/3/18*

By 1/31/18 - All staff persons will be educated on the home's evacuation procedures and §2600.132(d). *BB 1/3/18*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Janice Thompson*

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

*Janice Thompson - Administrator*

Date

*1/4/18*

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

The above plan of correction is approved as of

1/16/18  
(Date)

Plan of correction implementation status as of

1/16/18  
(Date)

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

The above plan of correction was approved by

BB  
(Initials)

DEC 08 REC'D

Violation Report: 44778 - 10/18/2017 - Garvey, Jody  
PCH Name: Roastheaven 2

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident # 2's glucometer was not calibrated to current date and time. The readings on the glucometer for resident # 2 do not match the blood sugar log documented by the home.

Resident # 3's glucometer was not calibrated to current date and time. The readings on the glucometer for resident #3 do not match the blood sugar log documented by the home.

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.

All glucometers are labeled with residents name and placed in a ypodock with their name on it. Adm will audit glucometers weekly to ensure no errors are being made.

See page 13A

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: *12/4/17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 1/17/18  
(Date)

Plan of correction implementation status as of 1/17/18  
(Date)

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

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

Violation Report: 44778 - 10/18/2017 - Garvey, Jody  
PCH Name: Roastheaven 2

WEST VIRGINIA FIELD OFFICE  
Human Services Licensing

1. REGULATION 66 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident # 2's glucometer was not calibrated to current date and time. The readings on the glucometer for resident # 2 do not match the blood sugar log documented by the home.

Resident # 3's glucometer was not calibrated to current date and time. The readings on the glucometer for resident #3 do not match the blood sugar log documented by the home.

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.

Immediately - Each resident's glucometer, including resident #2's and resident #3's glucometers, will be calibrated to the current date and time. *BB 1/3/18*

Immediately and at least weekly thereafter - The administrator will audit glucometers to ensure they're calibrated to the current date and time and review blood glucose readings on the glucometer and the documented blood sugar logs for accuracy. *BB 1/3/18*

By 1/31/18 - All staff persons will be educated on the home's procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

*BB 1/3/18*

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

*1/4/18*

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

The above plan of correction is approved as of 1/17/18  
(Date)

Plan of correction implementation status as of 1/17/18  
(Date)

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

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

RECEIVED

DEC 08 REC'D

Violation Report: 44778 - 10/18/2017 - Garvey, Jody  
PCH Name: Reastheaven 2

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The most recent assessment for resident #2 was completed on 10/01/2016.

Resident #3's assessment, dated 7/19/2017, did not address diagnoses of HTN, cellulitis and hyperlipidemia from the medical evaluation dated 2/8/17.

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.

\*Administrator will add any new diagnoses to Raps when yearly medical evaluation is done regardless of the month it is completed

\* recent assessment for Resident #2 attached Administrator will call 2 months before due to ensure they are done on time.

See page 14A

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

*12/4/17*

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

The above plan of correction is approved as of 1/16/18  
(Date)

Plan of correction implementation status as of 1/16/18  
(Date)

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

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

RECEIVED

JAN 04 REC'D

WEST R. ... OFFICE  
Human Services Licensing

Violation Report: 44778 - 10/18/2017 - Garvey, Jody  
PCH Name: Reastheaven 2

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The most recent assessment for resident #2 was completed on 10/01/2016.

Resident #3's assessment, dated 7/19/2017, did not address diagnoses of HTN, cellulitis and hyperlipidemia from the medical evaluation dated 2/6/17.

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.

Immediately - An annual assessment will be developed for resident #1. Resident #3's assessment will be updated to include diagnoses of HTN, cellulitis, and hyperlipidemia. *BB 1/3/18*

By 1/31/18 - All staff persons involved in the assessment process will be educated on §2600.225(c). Each resident's current assessment will be reviewed to ensure one has been completed within the past year and that it's accurate and includes diagnoses. *BB 1/3/18*

|                      |                                   |  |  |
|----------------------|-----------------------------------|--|--|
| 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) *Linda Thompson - Administrator* Date *1/4/18*

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

|   |   |
|---|---|
| The above plan of correction is approved as of <u>1/16/18</u><br>(Date) | Plan of correction implementation status as of <u>1/16/18</u><br>(Date)   |
| The above plan of correction was approved by <u>BB</u><br>(Initials)    | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |