



Sent via e-mail: [rhpersonalcare@gmail.com](mailto:rhpersonalcare@gmail.com)  
[thompson.jamie77@gmail.com](mailto:thompson.jamie77@gmail.com)

MAILING DATE: January 9, 2020

Ms. Jamie Thompson  
Administrator  
Reastheaven 2 LLC  
166 N Gallatin Avenue  
Uniontown, Pennsylvania 15401

RE: Reastheaven 2 LLC  
Certificate #: 447780

Dear Ms. Thompson:

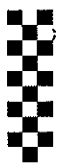
As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 6, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "L. Mazza".

Larry Mazza  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



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DEC 10 2019

### Violation Report

WEST REGION FIELD OFFICE  
Human Services Licensing  
License Number: 44778

#### Facility Information

Name: REASTHEAVEN 2  
Address: 166 NORTH GALATIN AVENUE,, UNIONTOWN, PA 15401  
County: FAYETTE Region: WESTERN

#### Administrator

Name: Jaimie Thompson Phone: 7244399411 Email: THOMPSON.JAMIE77@GMAIL.COM

#### Legal Entity

Name: REASTHEAVEN 2 LLC  
Address: 166 NORTH GALATIN AVENUE, UNIONTOWN, PA, 15401

#### Certificate(s) of Occupancy

Type: Other Date: 05/11/1987 Issued By: L&I

#### Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 23 Waking Staff: 17

#### Inspection

Type: Full Reason: Renewal, Complaint BHA Docket #: Notice: Unannounced

#### Inspection Dates and Department Representative

11/06/2019 - On-Site: Michael Marini, Belinda Graziano

#### Resident Demographic Data as of Inspection Dates

##### General Information

License Capacity: 22 Residents Served: 27

##### Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

##### Hospice

Current Residents: 0

##### Number of Residents Who:

Receive Supplemental Security Income: 27 Are 60 Years of Age or Older: 14  
Diagnosed with Mental Illness: 21 Diagnosed with Intellectual Disability: 2  
Have Mobility Need: 2 Have Physical Disability: 0

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3c - Post Current License

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulations

2600.  
3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

A copy of Pennsylvania Code Title 55 Chapter 2600 was not posted in a conspicuous and public place in the home.

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.)

The PA code Title 55 Chapter 2600 was immediately put back in a conspicuous and public place in the kitchen so that it can be seen. Staff will alert administrator if it is not where it should be daily every shift.

Legal Entity Representative

*Jamie Thompson*  
Signature

Jamie Thompson - Administrator 11/22/19  
Printed Name and Title Date

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The above plan of correction is approved as of 12/11/19  
(Date)

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

Plan of correction implementation status as of 1/6/2020  
(Date)

Implemented  
 Not Implemented

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WEST REGION FIELD OFFICE  
Human Services Licensing

17 - Record Confidentiality

Regulations

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.

Description of Violation

The privacy coding document, which included the names of numerous residents, including resident #1, was attached to the license inspection summary, dated 6-8-18, and was posted on a bulletin board in the kitchen.

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.)

The privacy code was immediately removed and all other publicily posted documents were checked for resident names/information. Administrator and staff will check the home daily to ensure that no confidential information was left out. Staff received education on record confidentiality.

Legal Entity Representative

*Jamie Thompson*  
Signature

Jamie Thompson - administrator - 11/22/2019  
Printed Name and Title Date

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(Date)

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1/6/2020  
(Date)

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LM  
(Initials)

Implemented

Not Implemented

11/06/2019

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51 - Criminal Background Check

DEC 20 2019

Regulations

WEST REGION FIELD OFFICE  
Human Services Licensing

- 2600. 51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Direct care staff person A was hired on 4-11-19. A Pennsylvania criminal background check was completed on 4-12-19, which indicated it was "under review"; however, a list of criminal charges was not present and no additional follow-up was conducted regarding direct care staff person A's possible criminal background.

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.)

The criminal background check for Staff person A's background was complete but was not printed and put in his file. The administrator will follow up with each resident file monthly and new employee files weekly until complete. Staff person A's criminal background was printed and placed in his file. Administrators checked all other staff files to ensure no other criminal background checks were missing/not printed. Printed copy attached.

Legal Entity Representative

*Jamie Thompson*  
Signature

Jamie Thompson - administrator 12/20/2019  
Printed Name and Title Date

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The above plan of correction is approved as of  
(Date)

12/20/19  
(Date)

The above plan of correction was approved by

*JM*  
(Initials)

Plan of correction implementation status as of

1/6/2020  
(Date)

Implemented

Not Implemented

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82a - Poisonous Materials

WEST REGION FIELD OFFICE  
Hazardous Services Licensing

Regulations

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

An unlabeled bottle of pink liquid was stored in a cabinet under the sink. A staff person identified this liquid as Pinalen Multipurpose cleaner. The Material Safety Data Sheet for Pinalen Multipurpose cleaner indicates, "IF SWALLOWED: Get prompt medical attention".

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.)

The unlabeled bottle was thrown away. Storage areas were checked for any other unlabeled bottles. Staff education was completed on 26.00.82a Poisonous Materials. Administrator and supervisors will check daily to ensure no poisonous materials are placed in containers other than the original.

Legal Entity Representative

*Jamie Thompson*  
Signature

Jamie Thompson - administrator 11/22/2019  
Printed Name and Title Date

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(Date)

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(Date)

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(Initials)

Implemented  
 Not Implemented

11/05/2019

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82c - Locking Poisonous Materials

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulations

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.

Description of Violation

The following poisonous materials were unlocked, unattended and accessible to residents under the kitchen sink:  
\* 3 cans of furniture polish, with a manufacture's label indicating, "If swallowed ... contact a doctor or poison control center for treatment"  
\* Great Value Bathroom Cleaner with bleach, with a manufacture's label indicating, "If swallowed, do not induce vomiting unless told to do so by a poison control center or doctor."  
\* A bottle of Tile Plus Foaming Bathroom Cleaner with a manufacturer's label indicating, "If swallowed ... contact a physician immediately."  
Residents of the home, including resident #1, have not been assessed capable of recognizing and using poisons safely.

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.)

The cabinet was immediately locked. Staff checked all other storage to ensure they were also locked. Staff was reminded of the dangers of leaving poisonous materials in an unlocked area and received staff education on 2600.82c Locking poisonous materials. Administrators and Supervisors will check daily to ensure nothing poisonous is accessible to residents.

Legal Entity Representative

*Jamie Thompson*  
Signature

Jamie Thompson - administrator - 11/22/2019  
Printed Name and Title Date

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The above plan of correction is approved as of 12/11/19 (Date) Plan of correction implementation status as of 1/6/2020 (Date)  
The above plan of correction was approved by LM (Initials) [Redacted] [Redacted]  
Not Implemented

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85a - Sanitary Conditions

DEC 30 2019

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

EAST REGION FIELD OFFICE  
Human Services Licensing

Description of Violation

There were 4 cigarette butts and a match on the shower floor in the 2nd floor bathroom at the top of the stairs. There were approximately 20 cigarette butts on the ground in the outdoor smoke hut.

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.)

Cigarette butts in the shower and smoke hut were immediately picked up and thrown away. All other smoking and non smoking areas were checked for cigarette butts and any other debree. Morning walk throughs will be completed by 10 am by an administrator and/or supervisor to ensure sanitary conditions are maintained. Staff received education on 2600.85a Sanitary Conditions. Staff education was completed on 11/22/2019. Residents will receive education on 01/03/2020. Proof of resident meeting/education will be sent.

Legal Entity Representative

*Jamie Thompson*  
Signature

Jamie Thompson - Administrator 12/20/2019  
Printed Name and Title Date

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12/20/19  
(Date)

Plan of correction implementation status as of

1/6/2020  
(Date)

The above plan of correction was approved by

*JM*  
(Initials)

Implemented

Not Implemented

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REASTHEAVEN 2

DEC 10 2019

44778

### 105g - Lint Removal and Duct Cleaning

WEST REGION FIELD OFFICE  
Human Services Licensing

#### Regulations

2600.  
105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

#### Description of Violation


There was an approximate 1/4 inch accumulation of lint in the basement dryer lint trap.

#### 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.)

Lint was removed immediately. Staff received education on 2600.105. Staff cleans lint trap before starting new loads but understand that it must be cleaned when removing clothing from dryer. Administrator/ supervisor will check daily and randomly to ensure staff creates new habit.

#### Legal Entity Representative


  
Signature

Jamie Thompson - Administrator - 11/22/19  
Printed Name and Title Date

#### DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

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WEST REGION FIELD OFFICE  
Human Services Licensing

141b1 - Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's most recent medical evaluation, dated 12-6-18, does not include a current list of his medications. It states, "see attached" under the medications section; however, nothing is attached.

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 #2's newest medical evaluation was done 10/2019. However, the medication list for his 2018 evaluation was missing. Administrator will check files monthly to ensure that documents are in files. Staff received education on Annual Medical Evaluations and discussed the importance of filing thing in the correct place.

Legal Entity Representative

*Jamie Thompson*  
Signature

Jamie Thompson - administrator - 11/22/2019  
Printed Name and Title Date

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Implemented  
[Redacted]

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144c2 - Smoking Area Distance

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulations

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 2. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

There was a pile of dry leaves, approximately 2 feet by 3 feet and 2 inches high, on the ground in the outdoor smoke hut.

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.)

The leaves were removed from the smoke hut immediately. Staff will check daily to ensure the safety of the smoke hut. All debris will be removed immediately upon discovery. Each shift will check and mark that they did daily. Staff received education on 2600.144

Legal Entity Representative

*Jamie Thompsen*  
Signature

Jamie Thompsen - administrator - 11/22/2019  
Printed Name and Title Date

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WEST REGION FIELD OFFICE  
(Human Services Liaison)

183d - Prescription Current

Regulations

2600.  
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #3's Lantus Solostar pen was opened on 10-4-19; however, according to manufacturer's instructions, this medication expires 28 days after opening.

The date resident #4's Novolog Flexpen was opened was illegible.

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 #3's expired lantus pen was thrown away immediatley. Staff checked all other insulins and medications for clear expiration dates. Pharmacy sent us labels for the medications to put open dates directly on the medications. Staff will check that these are all correct before administering medications. Medication observations will be documented by administrator ensuring extra monitoring is done and the staff is doing all three checks when administering medications.

Legal Entity Representative

*Jamie Thompson*  
Signature

Jamie Thompson - Administrator 11/22/2019  
Printed Name and Title Date

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WEST REGION FIELD OFFICE  
Human Services Licensing

REASTHEAVEN 2

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183e - Storing Medications

Regulations

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

An opened Humalog Kwipen belonging to resident #5 was stored in the refrigerator; however, according to manufacturer's instructions, once the medication is opened, it is to be stored at room temperature.

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 other medications were checked immediately for sanitation, temperature, moisture and light and in accordance with the manufacturers instructions. Staff received education on 2600.183. Diabetic training is scheduled for 12/11/2019. Administrator will ensure all medications are checked at least weekly and all new medications the day they arrive to ensure all medications are stored in a correct location and temperature. Administrator will note MAR.

Legal Entity Representative

*Jamie Thompson*  
Signature

Jamie Thompson - administrator - 12/20/2019  
Printed Name and Title Date

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(Initials)

Implemented

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REASTHEAVEN 2

DEC 20 2019

186c - Change in Medications

EAST REGION FIELD OFFICE  
Human Services Licensing

Regulations

2600.  
186.c. Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

Description of Violation

According to resident #5's November 2019 medication administration record (MAR), resident #5 is prescribed Humalog Insulin 100u/ml 4 times a day according to a sliding scale. However, the pharmacy label on resident #5's Humalog Insulin indicates he is prescribed 7 units 3 times a day and an additional 2 to 6 units 4 times a day as needed. The home does not have a current written order from the prescriber.

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.)

The pharmacy sent the written instructions. Administrator spoke to pharmacy about sending the written orders when they receive them. Administrator will verify any new, changed, or discontinued medications to ensure there is an order from the prescriber. Administrator will note MAR. Administrator will Staff was educated on 2600.186. Diabetic Training certificates from 12/11/2019 are attached.

Legal Entity Representative

*Jamie Thompson*  
Signature

Jamie Thompson - administrator 12/20/19  
Printed Name and Title Date

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(Initials)

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