

Department of Human Services
Bureau of Human Service Licensing

November 2, 2020

JAMIE THOMPSON, ADMINISTRATOR
REASTHEAVEN 2 LLC
166 NORTH GALATIN AVENUE
UNIONTOWN, PA 15401

RE: REASTHEAVEN 2
166 NORTH GALATIN AVENUE
UNIONTOWN, PA, 15401
LICENSE/COC#: 44778

Dear Ms. Thompson,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 09/17/2020 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
Jody Garvey

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *REASTHEAVEN 2* License #: *44778* License Expiration Date: *02/09/2021*
 Address: *166 NORTH GALATIN AVENUE, UNIONTOWN, PA 15401*
 County: *FAYETTE* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *REASTHEAVEN 2 LLC*
 Address: *166 NORTH GALATIN AVENUE, UNIONTOWN, PA, 15401*
 Phone: *7244399411* Email: *rhpersonalcare@gmail.com;Jogarvey@pa.gov*

Certificate(s) of Occupancy

Type: *Other* Date: *05/11/1981* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: Total Daily Staff: *19* Waking Staff: *14*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *09/17/2020*

Inspection Dates and Department Representative

09/17/2020 - On-Site: Laurie Garrigan

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *22* Residents Served: *19*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *15* Are 60 Years of Age or Older: *9*
 Diagnosed with Mental Illness: *19* Diagnosed with Intellectual Disability: *3*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

09/17/2020 - Partial

Lead Inspector: *Laurie Garrigan* Follow-Up Type: *POC Submission* Follow-Up Date: *10/30/2020*

Inspections / Reviews (*continued*)

10/28/2020 - POC Submission

Lead Reviewer: *Jody Garvey*Follow-Up Type: *POC Submission*Follow-Up Date: *11/01/2020*

11/2/2020 - POC Submission

Lead Reviewer: *Jody Garvey*Follow-Up Type: *Document Submission*Follow-Up Date: *11/07/2020*

23b - Instrumental Activities of Daily Living Assistance

1. Requirements

2600.

- 23.b. A home shall provide each resident with assistance with IADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #1 has a diagnosis of intellectual disability and is nonverbal. The resident's assessment dated 6/11/20, indicates that the resident requires total physical assistance with managing and keeping appointments, using the telephone and securing and using transportation. Resident #1's support plan indicates that the home's staff will assist the resident with making telephone calls and tracking appointments and will assist with transportation needs. On 2/25/20, resident #1's physician ordered lab work of Hemoglobin A1C. However, on 6/5/20, the physician notes indicate that the home held out on getting bloodwork done due to transportation issues during the pandemic. On 9/17/20, multiple staff from the home indicated this resident has not left the home since February of 2020. The home failed to assist the resident to make the appointment to get the prescribed lab work completed and did not assist the resident with transportation needs.

Plan of Correction

Accept

I was completely unaware of the lab slip until this violation. I called the PCP today 10/26 to inquire about the labs. She stated that she had given them to the woman who escorted her to the appointment and that was the same woman that gave the excuse on why she hadn't received them. That specific staff member was fired in July. The clinical manager found the labs and faxed them to us today. Labs will be done tomorrow 10/27 @ the WVU Diagnostic Lab. Administrator spoke to Deb the Clinical manager and from now on she will be sending me a copy of all labs, tests, and appointments as well as the facility to ensure nothing is missed. Staff will be educated on Monday November 2nd 2020 on how to take better messages and a new message book with carbon copies was bought. Administrator will check book every Friday to ensure everything is in order for all appointments, labs etc. Administrator will follow up with clinical managers at both doctors offices used by the home to ensure no messages were missed.

Completion Date: 10/30/2020

42b - Abuse

1. Requirements

2600.

- 42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

The home has 9 residents that require, and multiple residents that received podiatry care every 3 months leading up to March 2020. According to multiple interviews, the podiatrist that regularly cared for residents in the home canceled in March 2020 due to COVID-19 concerns, and multiple residents in the home had not received podiatry care since at least 1/15/20.

On 9/17/20, resident #1 was observed walking around the home barefoot. Both of her feet were swollen, her toenails were deep yellow in color and either long and sharply pointed, broken off or had ragged edges. Resident #1's middle toenail on her right foot had grown and twisted back toward the middle of the next toe and abutted against the length of the toe. The resident was unable to wear shoes because of the condition of her toenails and the skin surrounding several of the resident's toenails was red and swollen. According to resident #1's podiatrist, she had not been seen since 6/6/19.

42b - Abuse (continued)

Plan of Correction**Accept**

The resident in question was never neglected. The resident's PCP comes into the home every other Friday and sees her among other residents. PCP was aware that podiatrist was not coming but said her gait had not changed and she was in no pain. Protective Services also visited resident and concurred that the resident was in no pain and had no limitations walking. Nobody ever said she could not wear her shoes. I did state that because her school was also closed she hadn't actually worn shoes in months. I and staff members had called other local podiatrists that were not taking any new patients due to Covid and could not get an appointment for her or anyone with a local podiatrist. The moment her podiatrist (who we called weekly for updates) started taking people back into the office from personal care home/nursing homes, we set her up an appointment. The resident was seen on Sept 21st @ 2:15. The podiatrist did not see any reason for concern and the condition of her feet were fine. The podiatrist was last in the home in January 2020 and did see the resident mentioned. Administrator will ensure resident is seen every 3 months as she was before the Covid limitations came into place. Resident does not meet criteria to have an escort on the FACT van. In the future a staff member will meet residents who need extra assistance at the location of the appointment and assist at the appointment. A log of Past and present appointments will be kept (attached). Administrator will check every Friday to ensure all appointments are being handled properly.

Completion Date: 10/30/2020

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

Description of Violation

Resident #1's assessment, dated 6/11/20, indicates that the resident has no communication needs. However, the assessment also indicates under the resident's diagnosis of intellectual disability, that the resident cannot speak but can communicate her needs by showing you.

Plan of Correction**Accept**

Administrator was under the impression that as long as she was showing us what she wanted she was maximizing her capabilities and therefore did not have communication needs. Administrator will update her RASP immediately to indicate that she does have communication needs and ensure all other resident RASPs are correct as well. Administrator will check progress notes twice a month or as needed to ensure RASP is accurate for all residents. Administrator will have a staff member or supervisor review Rasps twice a month for accuracy and update accordingly. Staff member will initial and date once reviewed.

Completion Date: 10/30/2020