



CERTIFIED MAIL – RETURN RECEIPT REQUESTED MAILING
DATE: January 15, 2021

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

RE: Reastheaven 2
Certificate #: 447781

Dear Ms. Thompson:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on July 29, 2020 and September 17, 2020, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (447780) dated February 9, 2020 to February 9, 2021 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), failure to submit an acceptable plan to correct noncompliance items, failure to comply with the acceptable plan to correct noncompliance items, and mistreatment or abuse of residents being cared for in the facility or receiving service from the agency. This decision is pursuant to 62 P.S. § 1026 (b)(1); (5) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from January 15, 2021 to July 15, 2021.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Ms. Thompson

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Shivani Patel, Enforcement Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink that reads "Jamie L. Buchenauer". The signature is written in a cursive, flowing style.

Jamie L. Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
License
Licensing Inspection Summary

**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: *THOMPSON.JAMIE77@GMAIL.COM*

Certificate(s) of Occupancy

Type: *Other* Date: *05/11/1982* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *22* Waking Staff: *17*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *08/03/2020*

Inspection Dates and Department Representative

07/29/2020 - Off-Site: Josh Hoover

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *22* Residents Served: *21*

Secured Dementia Care Unit

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

Hospice

Current Residents: *NA*

Number of Residents Who:

Receive Supplemental Security Income: *18* Are 60 Years of Age or Older: *13*
 Diagnosed with Mental Illness: *21* Diagnosed with Intellectual Disability: *3*
 Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

07/29/2020 - Partial

Lead Inspector: *Josh Hoover* Follow-Up Type: *POC Submission* Follow-Up Date: *08/16/2020*

Inspections / Reviews (*continued*)

10/5/2020 - POC Submission

Lead Reviewer: *Janine Wenzig*Follow-Up Type: *Document Submission*Follow-Up Date: *09/28/2020*

12/1/2020 - Document Submission

Lead Reviewer: *Jody Garvey*Follow-Up Type: *Exception*

15a - Resident Abuse Report

1. Requirements

2600.

- 15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 7/26/2020, resident #1 told staff person A that staff person B bought his Supplemental Nutritional Assistance Payments, (SNAP) funds of approximately \$400.00 for \$80.00 and refused to return his Electronic Benefit Transaction (EBT) card. This incident was not reported to the local Area Agency on Aging until 7/27/2020.


Plan of Correction

Accept

On 7/26/2020 an evening staff person (neither of the staff that are listed above) overheard resident #1 talking out loud and saying "she took my card but never paid me" The staff thought she heard the name of a staff member but when she asked resident #1 he denied it. Staff ----- told supervisor (Staff#1) what she had heard and that resident#1 denied it but in case it were true she wanted everyone to be aware of it. Staff#1 told administrator immediately. On 7/27/20 before 8AM administrator spoke to resident #1 who again denied that a staff person had his card. Resident #1 was also new to the facility and does have mental health diagnosis. Resident was angry that we even asked and wanted left alone. Administrator had staff training scheduled and all staff was now present. Administrator asked Staff B if she had resident #1's EBT card. At that time Staff B stated that she did have it. Staff B stated she had bought it off of him. Administrator asked if Staff B knew that was illegal and she stated she did know it was illegal but everyone does it so she didn't think much of it. Administrator told staff B to retrieve the card and bring it back to the facility. Administrator then called the police and protective services. Staff B's employment was terminated immediately after the home worked with police to arrest the staff member. The resident was not willing to discuss his "card" with staff or administrator. We did not know if he could be talking to his voices or maybe someone from his past and with him unwilling to talk to us we thought we should investigate further before making accusations.

Administrator will report any suspected incident immediately upon discovery in accordance with the Older Adult Protective Services Act 15.21-15.27 . Administrator will privately interview and document 3 or more residents weekly for at least two months. After two months interviews will continue monthly by administrator and be documented. William Teagarden from Area on Aging Ombudsman Supervisor has scheduled a training for staff and any residents that will attend for the Week of Oct 5th. The training on Resident Rights and Financial Exploitation will take place via video chat and certificates will be provided. The next Quality management Plan meeting is September 17th 2020. Administrator, owner, and staff will work with the ombudsman and APS on better ways to improve on resident rights training especially for new staff.

Completion Date: 09/16/2020 Licensee's Proposed Date for POC Implementation

 12/4/20 Implemented

Document Submission

attached

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.

42b - Abuse (continued)

Description of Violation

On or about 7/25/2020, staff person B paid resident #1 \$80.00 for approximately \$400.00 in Supplemental Nutritional Assistance Payments (SNAP) and did not return his Electronic Benefit Transaction (EBT) card. On 7/27/2020, the Uniontown Police Department interviewed staff person B who admitted to buying the SNAP benefits on the EBT card from resident #1. On 7/30/2020, Staff person B was charged with Neglect of a Care Dependent Person, Buying Federal SNAP benefits, and Fraudulent Traffic in Federal SNAP benefits.


Plan of Correction

Accept

Administrator will report any suspected incident immediately upon discovery in accordance with the Older Adult Protective Services Act 15.21-15.27 . Administrator will privately interview and document 3 or more residents weekly for at least two months. After two months interviews will continue monthly by administrator and be documented. William Teagarden from Area on Aging Ombudsman Supervisor has scheduled a training for staff and any residents that will attend for the Week of Oct 5th. The training on Resident Rights and Financial Exploitation will take place via video chat and certificates will be provided. The next Quality management Plan meeting is September 17th 2020. Administrator, owner, and staff will work with the ombudsman and APS on better ways to improve on resident rights training especially for new staff.

Completion Date: 09/16/2020

Licensee's Proposed Date for POC Implementation

 12/4/20

Document Submission

Not Implemented

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person B, hired 7/19/2020, does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.


Plan of Correction

Accept

Staff person B had ordered her transcripts and the home had given her 10 days to get the transcripts. The staff person was terminated before the 10 days came. From now on the home will not allow a staff person to start training or working until they have physically provided their qualifications.

Completion Date: 09/16/2020

Licensee's Proposed Date for POC Implementation

 12/4/20

Document Submission

Not Implemented

**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*

12/1/2020 - Document Submission

Lead Reviewer: *Jody Garvey*Follow-Up Type: *Exception*

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 Licensee's Proposed Date for POC Implementation

 12/4/20

Document Submission

Not Implemented

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 hadnt 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 Licensee's Proposed Date for POC Implementation

[Signature] 12/4/20

Document Submission

Not Implemented

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. Administer 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 Licensee's Proposed Date for POC Implementation

[Signature] 12/4/20

Document Submission

Not Implemented