

Department of Human Services
Bureau of Human Service Licensing

September 28, 2021

[REDACTED], OWNER
REASTHEAVEN 2 LLC
166 NORTH GALATIN AVENUE
UNIONTOWN, PA 15401

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 06/28/2021 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,

[REDACTED]

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: 07/15/2021
Address: 166 NORTH GALATIN AVENUE, UNIONTOWN, PA 15401
County: FAYETTE Region: WESTERN

Administrator

Name: [REDACTED] Phone: 7244399411 Email: [REDACTED]

Legal Entity

Name: REASTHEAVEN 2 LLC
Address: 166 NORTH GALATIN AVENUE, UNIONTOWN, PA, 15401
Phone: 718-450-6816 Email: [REDACTED]

Certificate(s) of Occupancy

Type: Other Date: 05/11/1981 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 19 Waking Staff: 14

Inspection

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Monitoring Exit Conference Date: 06/28/2021

Inspection Dates and Department Representative

06/28/2021 - On-Site: [REDACTED]

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: 19 Are 60 Years of Age or Older: 10
Diagnosed with Mental Illness: 19 Diagnosed with Intellectual Disability: 2
Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

06/28/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/05/2021

Inspections / Reviews (*continued*)

9/15/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/22/2021*

9/28/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *10/05/2021*

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

There was an approximate 1/4" of water in the bottom of the kitchen refrigerator and 1/4" of water in the 2 bottom refrigerator drawers, of which the right drawer contained an unsealed package of bologna.

There was a sticky brown substance covering the bottom of the left vegetable drawer in the basement refrigerator/freezer.

Resident #1's fitted bed sheet was wet and stained yellow in an approximate 30" x 12" area, emitting a pungent odor of urine that was observed upon entry to the resident's bedroom.

Plan of Correction

Accept

The food in the refrigerator that had water in the bottom of it was discarded immediately during inspection. An appliance repair man came out on 07/07/2021 and said that it could not be repaired. A new refrigerator was delivered on 07/13/2021. The food sticky substance was cleaned up immediately. The other fridges were checked for cleanliness and spillage. A checklist was posted so that each fridge is checked daily for cleanliness and spillage as of 08/01/2021. Resident #1's bed was changed and wiped down during inspection. As of 08/01/2021 all sheets are now being changed every morning and evening with no exceptions to ensure cleanliness for one month then daily after starting 9/1/2021 documentation is being kept. Administrator/supervisor are checking as well daily to ensure staff are being held accountable for any missed bed linens. Staff education took place on 09/07/2021 documentation was kept.

Completion Date: 09/21/2021

85b - Infestation

1. Requirements

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

85b - Infestation (continued)

Description of Violation

Evidence of a bedbug infestation was observed in the following locations:

- * *In the dining area, there was a live bedbug on the dining counter and a hole in the counter with bedbug casting stains*
- * *4 dead bedbugs were on resident #1's mattress cover*
- * *Multiple brownish-red bedbug castings were on resident #2's pillow case*
- * *2 dead bedbugs were between the plastic mattress cover and the fitted bed sheet on resident #3's bed*
- * *An approximate 2" smear of blood was at the head of resident #3's plastic mattress cover*
- * *An approximate 2" smear of blood was in the middle of the resident #3's plastic mattress cover*
- * *3 dead bedbugs were between the plastic mattress cover and the fitted bed sheet of resident #4's bed*
- * *Approximately 15 dead bedbugs were between resident #4's bedframe, wall and dresser*
- * *1 bloody, smashed bedbug was on the floor next to resident #4's bed*
- * *3 live and 4 dead bedbugs were in resident #5's bed*
- * *2 live bedbugs were in resident #6's bed*
- * *3 live bedbugs were in resident #7's bed*
- * *2 live bedbugs in resident #8's bed*
- * *4 dead bedbugs were on resident #9's yellow blanket*
- * *Multiple dead bedbug carcasses were in the zipper of resident #9's plastic mattress cover*
- * *5 dead bedbugs were on the floor against the wall next to resident #9's bed*

There were multiple house flies in the kitchen. The magnetic screen net covering the back kitchen door was opened from the top of the door frame to the threshold on the floor, permitting insects access to the kitchen.

Plan of Correction

Accept

Exterminators are still coming monthly (last visit on 08/27/2021). Staff are using the sweeper often. New mattress bed covers have been placed on each bed as of 07/10/2021. 50 more mattress covers were ordered and some replaced again on 09/09/2021. Beginning 08/01/2021 day shift staff and either a supervisor or administrator are monitoring beds in the morning, afternoon shift is checking each bed every afternoon. Beginning 09/01/2021 all beds are being checked daily and documentation is being kept. Administrator checks all beds 2-3 times a week still and staff is being held accountable. Documentation is being kept. Administrator is conducting resident interviews as of 09/20/21 weekly instead of just monthly to determine if residents have seen any bed bugs, have any bites, or any concerns with their beds.

The magnetic screen was removed on 07/03/2021 and an actual screen door was put in its place on 07/13/2021. The staff and administrator is checking all of the screens daily as of 08/01/2021 to ensure there are no tears or need for repair. Documentation is being kept. Staff education took place 09/07/2021 documentation was kept.

Completion Date: 09/20/2021

92 - Windows

1. Requirements

2600.

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

Description of Violation

There were multiple house flies in the kitchen. The magnetic screen net covering the back kitchen door was opened from the top of the door frame to the threshold on the floor, permitting insects access to the kitchen.

92 - Windows (continued)

Plan of Correction**Directed**

The magnetic screen was removed and an actual screen door was put in its place. The staff and administrator is checking all of the screens daily as of 08/04/2021 to ensure there are no tears or need for repair. Documentation is being kept. Staff education took place 09/07/2021 documentation was kept.

Directed:

Per the home's administrator, the magnetic screen was removed on 07/03/2021 and an actual screen door was put in its place on 07/13/2021. ■■■. 9/28/21

Completion Date: 09/07/2021

100a - Exterior - Free of Hazards

1. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The non-skid material on the on the right exterior exit ramp at the rear of the home was raised approximately 1/4" - 1/2" off of the ramp posing a trip/fall hazard.

2 throw carpets were unsecured on the left exterior exit ramp at the rear of the home, posing a trip/fall hazard.

Plan of Correction**Accept**

The two rubber backed mats were removed from the ramp on 06/28/2021. The ramp was also painted with non slip paint on 06/28/2021 during inspection. All other ramps were checked for any missing paint on 06/28/2021 and are being checked daily by supervisors/ administrators - documentation is being kept. Daily documented checks are being done daily as of 08/01/2021. Staff received education on 09/07/2021 documentation has been kept.

Completion Date: 09/07/2021

101j1 - Mattress Fire Retardant

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

1. A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. A legal entity with a personal care home license for the home as of October 24, 2005, shall be exempt from the requirement for a fire retardant mattress.

101j1 - Mattress Fire Retardant (continued)**Description of Violation**

There were multiple tobacco particles in the seams and on top of resident #10's mattress.

There was a 36" x 18" tear in resident #11's plastic mattress cover, revealing a brown stain approximately 48" x 18" on the mattress underneath.

There were multiple 1/8" black stains along the seams of resident #12's mattress.

Plan of Correction**Accept**

All torn mattress covers were replaced on 07/14/2021 - then on 09/07/2021 every mattress cover was changed again to a new brand. Extra mattress covers were also purchased on 09/07/2021 and kept on hand for any tears or issues that may occur. Every bed gets changed every morning as of 08/01/2021. On 07/13/2021 12 mattresses were replaced and covered with mattress covers. Staff received education on 09/07/2021 documentation was kept. Bed checks are done daily and documentation kept.

Completion Date: 09/07/2021

101j3 - Bed/Linens/Pillows/Blankets**1. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

Resident #1's fitted bed sheet was wet and stained yellow in an approximate 30" x 12" area, emitting a pungent odor of urine that was observed upon entry to the resident's bedroom.

There was a feces stain on resident #2's pillow case.

There were multiple tobacco particles on the bed sheet and fitted sheet on resident #10's bed.

There was no fitted sheet on resident #12's bed.

There was no pillow case on resident #13's pillow.

101j3 - Bed/Linens/Pillows/Blankets (continued)

Plan of Correction**Accept**

All bed linens were changed immediately. All bed linens are changed daily with no exceptions as of 08/01/2021 documentation is being kept. Staff were educated on 09/07/2021 documentation was kept. Resident meeting was held on 08/15/2021 asking residents not to go to bed with shoes on and to please not roll cigarettes in beds. Resident were also interviewed on 08/15/2021 and again on 09/20/21 to see if they had any bug bites or have seen any bed bugs in their rooms. Resident interviews will continue weekly for the next month- six weeks and then continued monthly again as of 09/20/2021. Documentation of resident meetings are kept by the administrator. Documentation of daily bed checks are being kept.

Completion Date: 09/20/2021

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #12 does not have access to a source of light that can be turned on/off at bedside. The bedside battery operated light is not functional.

Plan of Correction**Accept**

The batteries were replaced in resident #12's light on 06/28/2021. All other bedside lights were checked to ensure they are functioning on 06/28/2021 and daily as of 08/01/2021. Residents were asked to alert staff when lights are getting low or are not working at resident meeting on 07/12/2021. Staff are checking every residents lights daily to ensure batteries are not low as of 08/18/2021. Extra batteries and bulbs are available to change as needed. Documentation of bed side lights are being kept. Staff received education on 09/07/2021 documentation was kept.

Completion Date: 09/07/2021

102i - Soap Dispenser

1. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

The soap dispenser was not functional in the 2nd floor bathroom at the top of the main stairs.

Plan of Correction**Accept**

The dispenser was replaced immediately and filled on 06/28/2021. All other soap dispensers were checked for any damage and to ensure they were functional on 06/28/2021. Staff are checking all soap dispensers daily to ensure they are working properly as of and 08/18/2021 documentation is being kept. Staff received education on 09/07/2021 documentation was kept

Completion Date: 09/07/2021

103g - Storing Food

1. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

There was an approximate 1/4" of water in the bottom of the kitchen refrigerator and 1/4" of water in the 2 bottom refrigerator drawers, of which the right drawer contained an unsealed package of bologna.

Plan of Correction**Accept**

The bologna was thrown away immediately. The fridge that was leaking water was replaced on 07/13/2021. All other fridges/freezers were checked for any malfunctioning as well on 06/28/2021 and again on 07/07/2021. All fridges were checked for any unsealed containers and are checked daily as of 08/01/2021. Documentation is being kept. Staff received education on 09/07/2021 documentation was kept.

Completion Date: 09/07/2021

141b1 - Annual Medical Evaluation

1. Requirements

2600.

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

Description of Violation

The medication section of resident #12's annual medical evaluation, dated 10/15/20, indicates "See Attached"; however, there is no attachment.

Plan of Correction**Accept**

The medication list for resident #12 was verified by the PCP and replaced on 09/14/2021. We did have the pcp send a new list directly. All other Resident files were checked to ensure there are no missing medication list on 09/14/2021. Staff received education on 09/07/2021 and were reminded of the importance of being careful with resident files ensuring no paperwork gets torn out or removed. Documentation was kept. Administrator and Supervisor will do random and weekly checks to ensure nothing is missing from resident files as of 09/14/2021 - documentation is being kept.

Completion Date: 09/14/2021

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

4. Strength.
6. Dose.

187a - Medication Record (continued)

Description of Violation

Resident #9 is prescribed [REDACTED] (8:00 a.m., 12:00 p.m., 4:00 p.m.) and per sliding scale 4 times a day (8:00 a.m., 12:00 p.m., 4:00 p.m. and 8:00 p.m.): 200-250=2 units, 251-300=3 units, 301-350=4 units, 351-400 =5 units, >400=6 units.

However, resident #9's June 2021 Medication Administration Record (MAR) indicates [REDACTED] (8:00 a.m., 12:00 p.m., 4:00 p.m.) and per sliding scale 4 times a day (8:00 a.m., 12:00 p.m., 4:00 p.m. and 8:00 p.m.) see attached sheet. The attached sheet indicates [REDACTED] sliding scale before meals and at bedtime - under 149=0 units, 150-162=2 units, 163-187=3 units, 188-212=4 units, 213-235=5 units, 236-262=6 units 263-287=7 units, 288-312=8 units, 313-337=9 units, 338-362=10 units, 363-387=11 units, 388-412=12 units, 413-437=13 units, 438-450=14 units, OVER 450=Call MD

In addition, the home does not document the amount of [REDACTED] administered per sliding scale on resident #9's MAR. The home documents blood glucose readings and Novolog administered on a separate glucometer log.

Plan of Correction

Directed

Administrator and supervisor are checking blood sugars and units daily in order to find errors immediately as of 08/18/2021. Adm checked all other medications and insulins to ensure they were being given correctly on 06/28/2021 and continuously with blood sugars and units as of 08/18/2021. Staff are documenting units on mar instead of blood sugar sheets as of 06/29/2021. Documentation of checks are being kept. Staff education took place on 09/07/2021 documentation was kept.

Directed:

Per the administrator, the home clarified with the PCP which scale to follow and had them send it to the pharmacy as well as the home on 06/28/2021. Resident #9's MAR was updated to show correct sliding scale on 06/28/2021.

[REDACTED] 9/28/21

Completion Date: 08/18/2021

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

187d - Follow Prescriber's Orders (continued)

Description of Violation

Resident #6 is prescribed [REDACTED] - [REDACTED] with meals and at bed per sliding scale as follows:

60- 150 =0 units

151 - 200 =2 units

201 - 250 = 6 units

251 - 300 = 8 units

301 - 350 =10 units

351 - 400 = 12 units

>400 = Call MD

On 6/27/21 at 7:40pm, resident #6's blood glucose reading was 229 and no [REDACTED] was administered; however, according to the prescriber's orders, 6 units of [REDACTED] should have been administered.

Resident #9 is prescribed [REDACTED] - Inject 5 units subcutaneously 3 times a day before meals (8:00 a.m., 12:00 p.m., 4:00 p.m.) and per sliding scale 4 times a day (8:00 a.m., 12:00 p.m., 4:00 p.m. and 8:00 p.m.) as follows:

200-250=2 units

251-300=3 units

301-350=4 units

351-400=5 units

>400 = 6 units

However, resident #9's June 2021 glucometer log indicates numerous incorrect administrations of [REDACTED] including the following:

On 6/22/21 at lunch time, resident #9's blood glucose reading was 282 and 9 units of [REDACTED] were administered; however, according to the prescriber's orders, 3 units of [REDACTED] should have been administered.

On 6/23/21 at lunch time, resident #9's blood glucose reading was 304 and 10 units of [REDACTED] were administered; however, according to the prescriber's orders, 4 units of [REDACTED] should have been administered.

On 6/25/21 at lunch time, resident #9's blood glucose reading was 290 and 9 units of [REDACTED] were administered; however, according to the prescriber's orders, 3 units of [REDACTED] should have been administered.

187d - Follow Prescriber's Orders (continued)

Plan of Correction**Directed**

The staff and pharmacy had different sliding scales. The home clarified with the pcp which scale to follow and had them send it to the pharmacy as well as us on 06/28/2021. The mar was updated to show correct sliding scale on 06/28/2021. Staff are being held accountable for any wrong readings or administrations. Supervisor are following up daily to ensure the correct readings were recorded and the correct insulin was administered as of 08/15/2021. Administrator will check weekly as of 09/20/21 for 3 months and monthly thereafter. Administrator will observe each staff person responsible for diabetic care perform blood glucose checks to ensure blood glucose reading are accurately documented on the resident MAR and insulin, to include sliding scale, is administered according to the directions of the prescriber and properly documented on the resident MAR. Documentations shall be kept and reviewed at the next Quality Management Meeting. Staff education took place 09/07/2021 and documentation was kept.

Directed:

Within 5 days of receipt, then once per week for 3 months and monthly thereafter, the administrator shall conduct observations as indicated above. ■■■ 9/28/21

Completion Date: 09/20/2021