



CERTIFIED MAIL – RETURN RECEIPT
REQUESTED MAILING DATE: NOVEMBER 15, 2022

[REDACTED]
Reastheaven 2 LLC
166 North Galatin Avenue
Uniontown, Pennsylvania 15401

RE: Reastheaven 2
166 North Galatin Avenue
Uniontown, Pennsylvania 15401
License/COC #: 447783

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on January 27, 2022, January 28, 2022, February 7, 2022, February 10, 2022, February 11, 2022, March 8, 2022, March 16, 2022, June 3, 2022, and June 21, 2022, 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 issues you a THIRD PROVISIONAL license to operate the above facility. A THIRD PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa. Code § 20.71(a)(2); (4) (relating to conditions for denial, nonrenewal or revocation). Your THIRD PROVISIONAL license is enclosed and is valid from

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.


Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
Section:					
17	III	22	\$3	\$66	15 calendar days from mailing date of this letter
121(a)	II	22	\$5	\$110	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

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:


 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,

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[Redacted]

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

Facility Information

Name: *REASTHEAVEN 2* License #: *44778* License Expiration: *05/05/2022*
Address: *166 NORTH GALATIN AVENUE, UNIONTOWN, PA 15401*
County: *FAYETTE* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *REASTHEAVEN 2 LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: [REDACTED] Issued By: *PA Dept L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *24* Waking Staff: *18*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #: [REDACTED]
Reason: *Renewal, Complaint* Exit Conference Date: *03/16/2022*

Inspection Dates and Department Representative

01/27/2022 - On-Site: [REDACTED]
02/07/2022 - On-Site: [REDACTED]
02/10/2022 - On-Site: [REDACTED]
01/28/2022 - Off-Site: [REDACTED]
02/11/2022 - Off-Site: [REDACTED]
03/08/2022 - Off-Site: [REDACTED]
03/16/2022 - Off-Site: [REDACTED]

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: 0

Number of Residents Who:

Receive Supplemental Security Income: 19

Are 60 Years of Age or Older: 11

Diagnosed with Mental Illness: 21

Diagnosed with Intellectual Disability: 2

Have Mobility Need: 3

Have Physical Disability: 0

Inspections / Reviews

01/27/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 04/10/2022

04/25/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 04/29/2022

04/26/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 05/02/2022

08/23/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: Exception

Follow-Up Date:

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

On 1/27/22 at approximately 5:00 p.m. during the exit conference, licensing representative requested that resident #1's December 2021 medication administration record (MAR) be available for review on Day 2 which was scheduled for 2/4/22. Resident #1's December 2021 medication administration record was again requested on 2/10/22 at approximately 12:00 p.m. On 2/10/22, licensing representative was provided resident #1's MARs from August, September, October and November 2021 and January 2022. Administrator was reminded on 2/11/22 at approximately 4:50 p.m. during telephone exit conference to provide resident #1's December 2021 MAR via email. As of 3/16/22, resident #1's December 2021 MAR has not been provided to the Department.

Plan of Correction

Accept

The staff and administrator looked for the MAR and could not locate it. The administrator will check all MARS on week one and week four to ensure they are all present. The administrator or designee will make sure that all records are available immediately upon request to agents of the department. Staff education will take place on 04/26/2022.

Completion Date: 04/26/2022 Licensee's Proposed Date for POC Implementation

8/23/22
Implemented

Document Submission

Please see attachment.

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident #1 left the home on 12/13/21 sometime between 2:00 p.m. and 11:00 p.m. to go out into the community. There is documentation that the resident called the home on 12/16/21, 12/17/21, and 12/22/21, but staff person A who spoke with the resident did not determine where the resident was, when [redacted] would be returning home, nor how [redacted] would get prescribed medication that had not been administered since 12/13/22. The resident was found deceased in [redacted] Florida on the resident's date of death. The home did not report the unexplained absence of the resident of 24 hours or more or the resident's death to the Department's personal care home Southwestern regional office or the personal care home complaint hotline within 24 hours of the reportable incident.

Plan of Correction

Accept

The home has had resident and staff meetings to express the importance of every resident signing out. The home did not report the mentioned resident because he was calling the home and the representative payee. In hindsight we should have reported it immediately. Every resident that has an unexplained absence will be reported to DHS immediately upon discovery. Staff education will take place on 04/26/2022

Completion Date: 04/26/2022 Licensee's Proposed Date for POC Implementation

8/23/22
Implemented

Document Submission

Please see attachment.

41c - Rights Poster

1. Requirements

2600.

41.c. The Department's poster of the list of resident's rights shall be posted in a conspicuous and public place in the home.

Description of Violation

On 2/7/22 at 9:50 a.m., the Department's resident's rights poster was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept

The resident rights poster was replaced immediately upon discovery of it missing. Staff will check daily to ensure it was not removed and is in good condition. Staff education will take place on 04/26/2022

Completion Date: 04/26/2022 Licensee's Proposed Date for POC Implementation

8/23/22

Document Submission

Implemented

Please see attachment.

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 1/23/22, there were 20 residents residing in the home. However, the home did not have any staff trained in first aid and certified in CPR present in the home from 2:00 p.m. until 11:59 p.m.

On 1/28/22, there were 21 residents residing in the home. However, the home did not have any staff trained in First Aid and certified in CPR present in the home on 1/28/22 from 12:00 a.m. – 4:30 p.m. and from 11:00 p.m.-11:59 p.m.

On 2/5/22, there were 21 residents residing in the home. However, the home did not have any staff trained in first aid and certified in CPR present in the home from 12:00 a.m. – 11:59 p.m.

Plan of Correction

Accept

Due to COVID the home took online courses for CPR and First Aid. Our contacts were not willing to come into the home at that time and we did not get an offer to extend our certifications. The home was trying to ensure everyone had CPR and First Aid and was not aware that the online certification was not acceptable. Since then, all employees were recertified with CPR and First aid with an instructor at the home on 03/24/2022. The home will make sure that there is always one person on shift with valid CPR and first aid certification. Staff training will take place on 04/26/2022.

Completion Date: 04/26/2022 Licensee's Proposed Date for POC Implementation

8/23/22

Document Submission

Implemented

Please see attachment.

84 - Heat Sources

1. Requirements

2600.

84 - Heat Sources (continued)

84. Heat Sources - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120° F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

Description of Violation

On 1/27/22 at 11:05 a.m., the radiator in the home's dining room has framed metal screening that is broken in areas and bent in and touching the radiator. There was a section of broken screening exposing approximately a 10"X6" section of radiator. The accessible surface of the radiator measured 145.6 degrees Fahrenheit.

On 2/7/22 at 10:32 a.m., the metal screen covering the top of the radiator under the front window in resident bedroom #4 was pushed down against the radiator. The accessible surface of the radiator measured 129.7 degrees Fahrenheit.

Plan of Correction

Accept

All radiator covers were reinforced on top with wood to ensure a resident could not come in direct contact with the heat source. Staff will check daily to ensure no damage has occurred to covers and report any damage to administrator and maintenance immediately upon discovery. Maintenance will repair within 8 hours. Staff education will take place on 04/26/2022.

Completion Date: 04/26/2022 Licensee's Proposed Date for POC Implementation

8/23/22

Document Submission

Implemented

Please see attachment.

96a - First Aid Kit

1. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

On 2/7/22 at 11:25 a.m., the home's first aid kit located in the staff restroom did not include a thermometer.

Plan of Correction

Accept

Staff was using the thermometer from the first aid kit for COVID forms and left it on the medication cart for access. Another new thermometer was placed in the first aid kit. Extra thermometers were purchased and kept on hand. All first aid kits were checked for accuracy and a checklist will be signed off every time the first aid kit is opened or used. Staff education will take place on 04/26/2022.

Completion Date: 04/26/2022 Licensee's Proposed Date for POC Implementation

8/23/22

Document Submission

Implemented

Please see attachment.

100b - Removal Snow/Obstructions

1. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

On 1/27/22 at approximately 10:35 a.m., there was approximately 1/2-1 inch of snow accumulation on the home's front porch and stairs leading out of the home's front door.

100b - Removal Snow/Obstructions (continued)

Plan of Correction

Accept

Maintenance removed the snow immediately during inspection. Administrator will ensure maintenance checks each walkway, ramp, step, recreational areas and exterior fire escapes each morning before any resident goes out to ensure all obstructions are removed. Staff education will take place on 04/26/2022

Completion Date: 04/26/2022 Licensee's Proposed Date for POC Implementation

8/23/22

Document Submission

Implemented

Please see attachment.

101j2 - Bedroom Chairs

1. Requirements

2600.

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

- 2. A chair for each resident that meets the resident's needs.

Description of Violation

On 2/7/22 at 10:25 a.m., there were only three chairs in resident room #4 which is occupied by four residents.

Plan of Correction

Accept

All chairs were counted and placed into correct rooms to ensure each bed has a folding chair available in their room. Administrator and supervisor will check every room daily to ensure every bedroom has met requirements. Staff education will be 04/26/2022.

Completion Date: 04/26/2022 Licensee's Proposed Date for POC Implementation

8/23/22

Document Submission

Implemented

Please see attachment.

103g - Storing Food

1. Requirements

2600.

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

Description of Violation

On 2/7/22 at approximately 10:10 a.m., there was an open and unsealed bag of vanilla sandwich cookies which were opened and approximately 2/3 of the cookies remained.

Plan of Correction

Accept

All food was checked to ensure they were placed in sealed containers. Staff was reminded of the importance of putting resident personal snacks in sealed containers as well as all other food products. Administrator and/or supervisor will check all food storage areas daily and keep documentation. Staff education will take place on 04/26/2022.

Completion Date: 04/26/2022 Licensee's Proposed Date for POC Implementation

8/23/22

Document Submission

Implemented

Please see attachment.

123b - Emergency Procedures Posted

1. Requirements

2600.

123b - Emergency Procedures Posted (continued)

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

On 2/7/22 at approximately 9:55 a.m., the emergency preparedness plan for the local municipality in which the home is located was not posted in the home.

Plan of Correction

Accept

Copies of emergency preparedness plan were kept for the ones that have been hung and come up missing. Staff will check daily to ensure the emergency preparedness is posted in an inconspicuous place daily. Staff education will take place on 04/26/2022.

Completion Date: 04/26/2022 Licensee's Proposed Date for POC Implementation

8/23/22
Implemented

Document Submission

Please see attachment.

17 - Record Confidentiality

1. Requirements

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

On 2/10/22 at 2:55 p.m., the emergency preparedness plan posted on the bulletin board in the home's kitchen included the names of residents, family contact information and names of residents' doctor(s) to include information for resident #1, resident #2 and resident #3.

REPEAT VIOLATION 4/6/21

Plan of Correction

Accept

Administrator failed to remove resident's names and contacts when posting the replacement emergency preparedness plan. Administrator and staff will check daily to ensure no resident names are posted in any content. Staff education will take place on 04/26/2022

Completion Date: 04/26/2022 Licensee's Proposed Date for POC Implementation

8/23/22
Not Implemented

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 2/7/22 at 10:20 a.m., the first floor common resident bathroom near the dining room did not have paper towels or a sanitary means of drying hands.

REPEAT VIOLATION 4/6/21

Plan of Correction

Accept

Paper towels were placed in the bathroom immediately upon discovery. Paper towels were being refilled in each

85a - Sanitary Conditions (continued)

bathroom each shift and as needed. Since then, every bathroom has had a hand dryer installed so that there is always a means of drying hands. Staff education will take place on 04/26/2022.

Completion Date: 04/26/2022 Licensee's Proposed Date for POC Implementation

8/23/22
Implemented

Document Submission

Please see attachment.

89a - Water Pressure

1. Requirements

2600.

89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

On day 2/7/22 at 10:20 a.m., there was no hot water available at the sink in the first floor common resident bathroom near the dining room. It was determined that the pilot light to the water heater was out.

On 2/7/22 at approximately 10:45 a.m., the left side water valve to the faucet was turned off under the sink in the second floor common full bathroom near resident room #7. There was no hot water able to be dispensed from this sink.

On 2/7/22 at 10:50 a.m., there was no hot water accessible at the sink in the second floor common bathroom next to room #6. The hot water only reached a temperature of 76.6 degrees Fahrenheit.

REPEAT VIOLATION 4/6/21

Plan of Correction

Accept

Both bathroom faucets were fixed immediately during inspection. Administrator had a resident meeting to remind residents to report any issues as well as staff. Staff are to check each sink every shift to ensure there is no repairs needed and that there is hot and cold water. Staff education will take place on 04/26/2022

Completion Date: 04/26/2022 Licensee's Proposed Date for POC Implementation

8/23/22
Implemented

Document Submission

Please see attachment.

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

On 2/7/22 at 11:05 a.m., the comforter on resident #5's bed had multiple spots and smears measuring one-half inch and larger of what appeared to be blood.

REPEAT VIOLATION 4/6/21

Plan of Correction

Accept

All comforters were replaced with new ones immediately. Staff are instructed to throw away any linens with stains and replace with new ones. The owner bought all new sheets, pillows, pillowcases, and comforters for the ones

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

who needed it. Every bed is changed every morning to ensure no stains, marks, or filth is present. Staff education will take place on 04/26/2022

Completion Date: 04/26/2022 Licensee's Proposed Date for POC Implementation

8/23/22
Implemented

Document Submission

Please see attachment.

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 1/27/22 at approximately 10:40 a.m., the emergency egress door leading from the home's second floor to the first floor kitchen area was locked from the stairwell side precluding exit from the second floor in the event of an emergency.

REPEAT VIOLATION 4/6/21

Plan of Correction

The doorknob on the hall door was replaced immediately during inspection with a doorknob that does not have a lock. The rest of the doors were checked to ensure they could not be locked in egress. All egresses will be checked daily by administrator or supervisor and documentation will be kept. Staff education to take place 04/26/2022

Completion Date: 04/26/2022 Licensee's Proposed Date for POC Implementation

8/23/22