

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

June 28, 2023

[REDACTED]
HEARTFUL HANDS LLC
[REDACTED]

RE: HEARTFUL HANDS LLC
514 MITCHELL AVENUE
CLAIRTON
CLARITON, PA, 15025
LICENSE/COC#: 45370

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/19/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: HEARTFUL HANDS LLC **Licen e #:** 45370 **Licen e Expiration:** 11/02/2023
Address: 514 MITCHELL AVENUE, CLAIRTON, CLARITON, PA 15025
County: ALLEGHENY **Region:** WESTERN

Administrator

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

Legal Entity

Name: HEARTFUL HANDS LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-1 **Date:** 06/14/2010 **Issued By:** City of Clairton

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 35 **Waking Staff:** 26

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Provisional, Incident, Fine **Exit Conference Date:** 05/19/2023

Inspection Dates and Department Representative

05/19/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

Licen e Capacity: 36 **Re ident Served:** 35

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Re ident Served:**

Hospice

Current Re ident : 0

Number of Residents Who:

Receive Supplemental Security Income: 31 **Are 60 Years of Age or Older:** 25
Diagnosed with Mental Illness: 19 **Diagnosed with Intellectual Disability:** 3
Have Mobility Need: 0 **Have Physical Disability:** 2

Inspections / Reviews

05/19/2023 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/15/2023

Inspections / Reviews *(continued)*

06/20/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/27/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/27/2023

06/28/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/27/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted]/23 at approximately [redacted] p.m., resident #1 intentionally touched resident #2's buttocks, on the outside of [redacted] pants, with the side of [redacted] closed fist in a repeated manner [redacted]. Resident #2 indicated [redacted] felt annoyed [redacted] had witnessed this behavior toward other residents, and stated-I don't like that type of business. Resident #1 admitted that [redacted] has inappropriately touched both resident #2 and resident #3 and signed a statement regarding resident #2, dated [redacted] 23, indicating, "I'm sorry. I know I done it."

Plan of Correction

Accept ([redacted] - 06/20/2023)

Immediate action:

On [redacted] 23 Resident # 2 reported that resident #2 had touched [redacted] buttocks on the outside of [redacted] clothing. The abuse reporting process began. AAA (protective Services was called with a verbal report and followed with an ACT 13. DHS reportable incident was faxed to the Western office. A copy of the ACT 13 was attached to the reportable and is attached to this report.

Resident 1 was counseled about [redacted] inappropriate behavior and the any further incidents could result in a thirty day notice to find other housing/care. Attached

Resident #1 PCP was notified .There were no new medication orders.

PCP ordered an education visit from Landmark home health. The visit took place on 5/11/23.

Resident #2 was counseled and reassured by the manager and Adm that [redacted] complaints were being addressed.

Continued Compliance:

1. 5/ 20 /23 resident 1# was placed on two hour checks as suggested by the inspector.These checks will continue until 6/15/23 unless there is another incident. Amplies of the two hour checks are attached.

2. In response to reports that Res 1 has possibly done this before, interviews with [redacted] residents were conducted to reassure and remind them that they should report any unwanted touching. Results attached.

Interviews will continue monthly until June 30, 2023 provided there are no further incidents. Interview attached.

3. Staff was re-educated on 6/8/23 to report any further abuse. Attached

4. Protective services visited Resident #2 to see if [redacted] was satisfied with the outcome of the investigation. [redacted] answered yes. Case closed [redacted] 23..attached

4. As part of the investigation it was determined that resident #1 was a client of [redacted]. A nurse/case worker, [redacted] sees [redacted] every two weeks. Tuesday and Friday are the scheduled days. [redacted] is also seen monthly at the home by a psychiatrist from [redacted]. They were informed of resident #1 recent behavior and will address it a team meetings and when visiting Resident #1. Heartful Hands will notify them if there are any further touching incidents. [redacted] will continue to see resident #1 indefinitely.

Licensee's Proposed Overall Completion Date: 06/15/2023

Implemented ([redacted] - 06/28/2023)

132c - Fire Drill Records

2. Requirements

2600.

132c - Fire Drill Records (continued)

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted in March 2023 indicates that it was held during sleeping hours; however, the time of the drill indicates 10:06 a.m.

The fire drill record for the drills conducted on the following months and times does not include the day of the month the drills were conducted:

- March 2023 at 10:06 p.m.
- April 2023 at 1:50 p.m.
- May 2023 at 5:30 a.m.

REPEAT VIOLATION: 12/15/2022

Plan of Correction

Accept (█) 06/20/2023

Immediate:

Fire Drill log was reviewed.

The "night drill" written on the document was meant to be a reminder and was not meant to be documentation of a drill. The time was correct at 10 AM in March of 2023. The date in March was missing. Attached.

Continued compliance:

1. 6/8/23 Fire training was completed by a Fire Safety Expert. on that date the Administrator in training and the house manager were re-educated on the details in documentation of the fire drill. Education included all details required by the regulation. Training included: Month, date, time of drill AM /PM, time to evacuate minutes and seconds, number of staff participating, number of residents in the home when alarm sounds, # of residents evacuated, Alarm activated and operative, Problems and corrective action, exits routes used.

Training attached.

2. Admimistrator, manager or designee will review and co-sign each drill. This began on 6/8/23 and will continue until the end of 2023.. Copy attached.

Licensee's Proposed Overall Completion Date: 06/15/2023

Implemented (█) - 06/28/2023

225c - Additional Assessment

3. Requirements

2600.

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

1. Annually.

Description of Violation

Resident #1's most recent assessment, dated █/22, indicates the resident is independent with supervision and has no problem with judgment or aggression. However, resident interviews indicate █ has touched multiple residents inappropriately, including on █/23 at approximately █ p.m., when █ intentionally touched resident #2's

225c - Additional Assessment (continued)

buttocks, on the outside of [REDACTED] pants, with the side of [REDACTED] closed fist in a repeated manner [REDACTED] Resident #1 admitted that [REDACTED] has inappropriately touched both resident #2 and resident #3 and signed a statement regarding resident #2, dated [REDACTED]/23, indicating, "I'm sorry. I know I done it."

Plan of Correction

Accept ([REDACTED] 06/20/2023)

Immediate: Resident 1 assessment was reviewed and updated to reflect [REDACTED] poor judgement in touching a [REDACTED] resident.

Continued compliance:

Resident #1 assessment was updated to reflect [REDACTED] recent poor judgment. and the phone numbers of [REDACTED] case manager and psychiatrist [REDACTED]. Attached 2. 6/8/23 Retraining of manager and designee that ;completes assessments Any abuse allegations will be addressed in the RASP. and shared with staff.

Training also included 2600.00 - ____significant changes must be completed on the RASP with five days of the occurrence. Attached

Beginning immediately,the administrator or designee will review all Abuse allegations/investigations or reportable incidents and update RASP if necessary. Documentation will be kept in the Reportable Incident file/binder. This will continue and be a part of every investigation.A check list is now available to cue the Adm, manager or designee to update the RASP if there has been a significant change in the residents medical or behavioral needs. Check list attached. Training attached.

Licensee's Proposed Overall Completion Date: 06/15/2023

Implemented ([REDACTED] - 06/28/2023)