



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 of L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *25* Waking Staff: *19*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
Reason: *Complaint, Monitoring* Exit Conference Date: *06/03/2022*

Inspection Dates and Department Representative

06/03/2022 - On-Site: [REDACTED]
06/21/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

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

Secured Dementia Care Unit

In Home: *No* Area: [REDACTED] Capacity: [REDACTED] Residents Served: [REDACTED]

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *22* Are 60 Years of Age or Older: *12*
Diagnosed with Mental Illness: *20* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *3* Have Physical Disability: *0*

Inspections / Reviews

06/03/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/02/2022*

Inspections / Reviews (*continued*)

07/08/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 07/11/2022

07/28/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: 08/06/2022

08/16/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Exception* Follow-Up Date:

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 6/3/22 at 9:53 a.m., there was a list of resident names, doctors' names and emergency contacts for residents of another home owned by the legal entity included with the emergency preparedness plan posted on the public and conspicuous bulletin board in the home's kitchen. Repeat Violation 4/6/21

Plan of Correction

Accept

The resident list that was found was from 2017. A staff member found it in a filing drawer and hung it thinking it needed to be available. They did not notice the date or resident list. The list was removed immediately upon discovery. Staff meeting was held on 06/06/2022. Staff education will take place 07/07/2022. Administrator has been checking for any confidential information in an unlocked area every other day and documentation has been kept. Administrator will continue checking 3 times a week for 3 months and weekly afterwards to ensure no confidential information is in an unlocked area.

Completion Date: 07/07/2022 Licensee's Proposed Date for POC Implementation

8/23/22

Not Implemented

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's assessment completed 1/18/22 indicates the resident's Personal Care Need and Degree for Securing Transportation is coded "B" = "prompting and cueing." The Description of the Service Need is that "resident will need help scheduling transportation but can ride independently." The home's Plan to Meet Service Need is that "staff will assist in scheduling, tracking, and reminding resident and [redacted] would like to take [redacted] to the appointments [redacted] available." However, resident #1 had an appointment scheduled with one of [redacted] physicians on 6/2/22 but did not go to the appointment due to not having transportation arranged to get to the appointment. Subsequently, he was unable to have a medication refilled.

Plan of Correction

Accept

As of 05/01/2022 the resident mentioned was required to provide a birth certificate or letter from social security to get [redacted] senior bus pass. The resident's [redacted] told staff [redacted] would provide the information and until it was provided [redacted] would transport her [redacted]. We had no knowledge of the appointment until the office called to make us aware that he did not show. Since the missed appointment we have received the birth certificate and fixed [redacted] transportation issues through the FACT office. The staff will make transportation and follow up after each appointment from now on. Transportation will be made regardless of family agreeing to transport - if the family does show to transport the staff will cancel the FACT reservation. Staff education will take place on 07/07/2022.

Completion Date: 07/07/2022 Licensee's Proposed Date for POC Implementation

8/23/22

Not Implemented

85b - Infestation

1. Requirements

2600.
85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

On 6/3/22 at 10:30 a.m., there were two live bed bugs observed in the female's quad bedroom off of the dining room. There was one live bed bug and two bed bug carcasses located on the floor behind the entry door when opened. A second live bed bug was observed in this bedroom on the floor near the wall by the bed on the left side of the room closest to the window when the bed was pulled away from the wall. This bed also had what appears to be bed bug residue along a 2" section of the zipper on the plastic mattress protector.

On 6/3/22 at 10:45 a.m., there was a bed bug carcass on the mattress of the bed positioned at an angle located catacorner from the entry door in bedroom #4. There was also a live bed bug observed on the mattress protector at the foot of the bed located near the front window on the left side of the room when observing from entry door to bedroom.

Plan of Correction

The home continues to be vigilant daily changing every bed and sweeping every floor twice daily. PMSI extermination service is coming monthly and extra when there is any sightings. Administrator and supervisor are checking every bed daily. Resident and staff meeting took place on 06/06/2022 and residents are asked to report any sightings to staff and administrator immediately. Staff education will take place on 07/07/2022

Completion Date: 07/07/2022 Licensee's Proposed Date for POC Implementation

8/23/22

Accept

Not Implemented

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 6/3/22 at 10:15 a.m., there was an approximately 40 gallon blue plastic trash can setting on the interior side of the screen door of the enclosed porch off of the home's kitchen which obstructed egress through this exit.

Plan of Correction Repeat Violation 4/6/21

The trash can was moved. All other egress routes were checked for any obstructions. Administrator is checking all egress 3x a week and keeping documentation. Staff meeting took place on 06/06/2022 and staff education will take place on 07/07/2022

Completion Date: 07/07/2022 Licensee's Proposed Date for POC Implementation

8/23/22

Accept

Not Implemented

183b - Meds and Syringes Locked

1. Requirements

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 6/3/22 at 12:50 p.m., there was an Albuterol inhaler and a Symbicort inhaler in the unlocked top drawer of the nightstand located to the left of resident #2's bed when facing the bed. Four residents share this room.

Plan of Correction

The medications found came with the resident when [redacted] was admitted. The staff was unaware that the resident had these in [redacted] belongings. Staff will be more diligent when a new admission arrives ensuring they are not holding

Accept

183b - Meds and Syringes Locked (continued)

onto any medications per the no self administration home rule. Administrator is checking the home 3x a week to ensure there are no medications in an unlocked area at any time and keeping documentation. Staff and resident meeting was held on 06/06/22 and staff education will take place on 07/07/22.

Completion Date: 07/07/2022 Licensee's Proposed Date for POC Implementation

8/23/22

Document Submission

Implemented

The medications found came with the resident when [redacted] was admitted. The staff was unaware that the resident had these in [redacted] belongings. Staff will be more diligent when a new admission arrives ensuring they are not holding onto any medications per the no self administration home rule. Administrator is checking the home 3x a week to ensure there are no medications in an unlocked area at any time and keeping documentation. Staff and resident meeting was held on 06/06/22 and staff education will take place on 07/07/22.

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #2 is prescribed Albuterol sulfate 90mcg/actuation HFA Aerosol inhaler – Take 1-2 puffs by inhalation every 6 hours as needed. On 6/3/22 at 12:50 p.m., the only available canister of this medication had an expiration date of 4/20/21.

On 6/3/22 at 12:50 p.m., resident #2 had an inhaler of Symbicort budesonide 80mg/formoterol fumarate dihydrate 4.5mcg which was kept in the resident's nightstand. This medication is not currently prescribed for resident #2.

Plan of Correction

Accept

The medications found came with the resident when [redacted] was admitted. The staff was unaware that the resident had these in [redacted] belongings. Staff will be more diligent when a new admission arrives ensuring they are not holding onto any medications per the no self administration home rule. Administrator is checking the home 3x a week to ensure there are no medications in the home that are not current and keeping documentation. Staff and resident meeting was held on 06/06/22 and staff education will take place on 07/07/22.

Completion Date: 07/07/2022 Licensee's Proposed Date for POC Implementation

8/23/22

Document Submission

Implemented

The medications found came with the resident when [redacted] was admitted. The staff was unaware that the resident had these in [redacted] belongings. Staff will be more diligent when a new admission arrives ensuring they are not holding onto any medications per the no self administration home rule. Administrator is checking the home 3x a week to ensure there are no medications in the home that are not current and keeping documentation. Staff and resident meeting was held on 06/06/22 and staff education will take place on 07/07/22.

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.

184a - Labeling OTC/CAM (continued)

- 4. The prescribed dosage and instructions for administration.
- 5. The name and title of the prescriber.

Description of Violation

Resident #2 is prescribed Albuterol sulfate 90mcg/actuation HFA Aerosol inhaler – Take 1-2 puffs by inhalation every 6 hours as needed. On 6/3/22 at 12:50 p.m., there was no pharmacy label on the only canister of this medication available in the home.

On 6/3/22 at 12:50 p.m., resident #2 had an inhaler of Symbicort budesonide 80mg/formoterol fumarate dihydrate 4.5mcg. There was no pharmacy label on this medication.

Plan of Correction

Accept

The medications found came with the resident when [redacted] was admitted. The staff was unaware that the resident had these in [redacted] belongings. Staff will be more diligent when a new admission arrives ensuring they are not holding onto any medications per the no self administration home rule. Administrator is checking the home 3x a week to ensure all medications are kept in a locked area and that all medications have a valid prescription label on them. Staff and resident meeting was held on 06/06/22 and staff education will take place on 07/07/22.

Completion Date: 07/07/2022 Licensee’s Proposed Date for POC Implementation

8/23/22
Implemented

Document Submission

The medications found came with the resident when [redacted] was admitted. The staff was unaware that the resident had these in [redacted] belongings. Staff will be more diligent when a new admission arrives ensuring they are not holding onto any medications per the no self administration home rule. Administrator is checking the home 3x a week to ensure all medications are kept in a locked area and that all medications have a valid prescription label on them. Staff and resident meeting was held on 06/06/22 and staff education will take place on 07/07/22.

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1 is prescribed Cyclobenzaprine 5 mg tablet – take one tablet by mouth three times a day as needed. On 6/3/22 at 1:45 p.m., this medication was not available in the home for administration.

Resident #1 is prescribed hydrocodone/APAP 10/325mg tab – take 1 tablet by mouth twice a day as needed for pain. On 6/3/22 at 1:45 p.m., this medication was not available in the home for administration.

Resident #2 is prescribed Fluticasone propion-salmeterol 100-50mg/dose disk – Take 1 inhalation by inhalation twice daily. On 6/3/22 at 12:45 p.m. and on 6/21/22 at 10:45 a.m. this medication was not available in the home for administration.

The home’s Medication Administration policy indicates in the section entitled “Safe Deliver, Storage, and Access” that “b. A file of all delivery logs will be maintained as well as a separate filr for C II medications *controlled substances or narcotics).” The home’s policy also indicates in the section entitled “Documentation of the administration of medications, OTC & CAM” that

“b. it shall be signed off at the time the medications are given to each resident.” However, on 6/3/22 at 1:50 p.m., the

185a - Implement Storage Procedures (continued)

home was unable to show accountability for this controlled medication because the home was unable to provide the pharmacy delivery logs for this medication. Additionally, 126 tablets of this medication had been signed off on the resident's Medication Administration Records as having been administered from 3/22/22 through 6/2/22 . However, only 112 tablets have been delivered to the home by the pharmacy since 3/21/22.

Plan of Correction

Accept

Resident #1 received the Cyclobenzaprine 5 mg tablet while in the hospital as a 10 day supply with no refills. The staff did not d/c the medication when refills were denied. The hydrocodone/APAP 10/325mg tab was not refilled due to a missed appointment. The appointment for potential refills is on July 1 2022. Resident #2s fluticasone was a hospital order with no refills. The resident came from another county and her insurance would not be accepted in Fayette county. The administrator did all of the paperwork through the welfare office and assisted resident in changing counties and her insurance. Her PCP that [redacted] did have in Westmoreland County refused to write RX or see [redacted] due to the fact that [redacted] hadn't showed for an appointment since 2-2020. A request was put in for her new PCP but they have not filled the RX as of yet. Administrator is going through med book every other day to ensure every medication is available that is on the MAR and getting copies of all orders from the pharmacy. Administrator is working with pharmacy to ensure no orders get lost they are all emailed directly to administrator who will verify each rx, refill, new medication, or D/C orders. Administrator will monitor all medications in cart and listed on the MAR twice weekly to ensure all medications are available for the resident. Documentation will be kept on all reviews. Staff medication observations will take place weekly starting 07/28/2022 and continue monthly after 09/01/2022. Staff education will take place on 07/07/2022

Completion Date: 07/28/2022 Licensee's Proposed Date for POC Implementation

8/23/22 [redacted]

Not Implemented

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.

Description of Violation

Resident #2 is prescribed Sertraline 100mg – take 1 tablet by mouth daily. However, on 6/3/22 at 12:55 p.m., and on 6/21/22 at 10:30 a.m., the entry on the resident's June 2022 medication administration record (MAR) indicates Sertraline 50mg – take 1 tablet by mouth once a day.

Plan of Correction

Accept

The copy of the RX and the refills that we have both say the resident is prescribed 50mg. I have no paperwork showing an rx for 100mg. The 50mg is available and being taken by the resident. Administrator is gathering all doctor orders to verify all entries in the MAR. The mar and medication cart are being checked every other day and documentation is being kept. Staff education will take place on 07/07/2022

Completion Date: 07/07/2022 Licensee's Proposed Date for POC Implementation

8/23/22 [redacted]
Implemented

Document Submission

The copy of the RX and the refills that we have both say the resident is prescribed 50mg. I have no paperwork showing an rx for 100mg. The 50mg is available and being taken by the resident. Administrator is gathering all doctor orders to verify all entries in the MAR. The mar and medication cart are being checked every other day and documentation is being kept. Staff education will take place on 07/07/2022

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 is prescribed hydrocodone/APAP 10/325mg tab – take 1 tablet by mouth twice a day as needed for [REDACTED] This medication was signed of as having been administered by staff person A on 4/31/22 at 8:00 a.m. and by staff person B on 4/31/22 at 8:00 p.m. However, there are only thirty days in April. Also, from 3/18/22 – 4/23/22, the pharmacy has provided 112 tablets of this medication to the home. However, the home has signed off as having administered 126 tablets of the medication from 3/22/22 through 6/2/22.

Resident #2 is prescribed Fluticasone propion-salmeterol 100-50mg/dose disk – Take 1 inhalation by inhalation twice daily. On 6/3/22 at 12:45 p.m., this medication was not available in the home. However, the entry for this medication on the resident’s June 2022 MAR indicated “R” for “refused” for this medication on 6/1/22, 6/2/22 and 6/3/22. Staff person A stated that resident keeps this medication in [REDACTED] room and when [REDACTED] told her to take it this morning, the resident refused. According to resident #2, [REDACTED] as not had possession of this medication since admission to the home on 4/21/22. On 6/21/22 at 10:30 a.m., the entry for this medication on the resident’s June 2022 MAR indicated “V” which indicates that the resident was out of the home from 6/4/22 – 6/21/22. The resident has not been out of the home nor unavailable to take the medication during this time.

Plan of Correction

Accept

Administrator has received an extension on Train the trainer certification. Medication training is scheduled for 07/29/2022. All med tech employees will receive medication administration observations weekly until 09/01/2022 and then monthly. Documentation will be kept.

Completion Date: 07/29/2022 Licensee’s Proposed Date for POC Implementation

8/23/22 [REDACTED]

Not Implemented

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #2 is prescribed Sertraline 100mg – take 1 tablet by mouth daily. However, according to the entry on the resident’s June 2022 medication administration record (MAR), only 50mg of the medication was administered from 6/1/22 through 6/6/22 and 6/8/22 through 6/21/22.

Resident #2 is prescribed Fluticasone propion-salmeterol 100-50mg/dose disk – Take 1 inhalation by inhalation twice daily. On 6/3/22 at 12:45 p.m. and on 6/21/22 at 10:30 a.m., this medication was not available in the home and has not been administered from 6/1/22 through 6/21/22 at 8:00 a.m.

Plan of Correction

Accept

The pharmacy, doctor and administrator have not been able to find any record of resident #2 being prescribed 100mg of Sertraline. The order and the copy of the order all state 50mg. The home is working with PCP to see if she will refill the Fluticasone that was a temporary order from the hospital. The administrator is checking every entry of the MAR with copies of the orders provided from the pharmacy. Staff meeting was held on 06/06/22 and staff education will take place on 07/07/2022. Administrator will check medication logs and med cart weekly to ensure all medications are available for the residents. Documentation will be kept.

Completion Date: 07/27/2022 Licensee’s Proposed Date for POC Implementation

8/23/22 [REDACTED]