

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

December 19, 2024

[REDACTED]  
REASTHEAVEN 2 LLC  
[REDACTED]

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

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/23/2024, 10/24/2024, 11/05/2024 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: REASTHEAVEN 2 License #: 44778 License Expiration: 09/08/2024  
 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: 45 S. MT. VERNON AVENUE, UNIONTOWN, PA, 15401  
 Phone: 7244399411 Email: RHPERSONALCARE@GMAIL.COM

**Certificate(s) of Occupancy**

Type: Other Date: 05/11/1981 Issued By: Labor and Industry

**Staffing Hours**

Resident Support Staff: 21 Total Daily Staff: 45 Waking Staff: 34

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal, Complaint Exit Conference Date: 11/05/2024

**Inspection Dates and Department Representative**

10/23/2024 - On-Site: [REDACTED]  
 10/24/2024 - On-Site: [REDACTED]  
 11/05/2024 - 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: 21 Are 60 Years of Age or Older: 9  
 Diagnosed with Mental Illness: 21 Diagnosed with Intellectual Disability: 4  
 Have Mobility Need: 3 Have Physical Disability: 0

**Inspections / Reviews**

10/23/2024 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/22/2024

Inspections / Reviews *(continued)*

11/22/2024 POC Submission

Submitted By: [REDACTED] Date Submitted: 12/19/2024  
Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 11/27/2024

12/19/2024 POC Submission

Submitted By: [REDACTED] Date Submitted: 12/19/2024  
Reviewer: [REDACTED] Follow Up Type: Bypass Document Submission

12/19/2024 Bypass Document Submission

Submitted By: [REDACTED] Date Submitted: 12/19/2024  
Reviewer: [REDACTED] Follow Up Type: Not Required

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

On [REDACTED], resident [REDACTED] was hospitalized and reported that the home was not providing adequate amounts of food and resident was hungry. The same day, at approximately 3:30 p.m., protective services and local police presented at the home to investigate this allegation. The home did not report this incident to the Department.

Plan of Correction

Accept [REDACTED] 11/20/2024)

Administrator misunderstood the regulation and thought this was if we (the home) or a resident/resident's designated person had called the police. Administrator did submit the incident report on [REDACTED] as directed by [REDACTED] during inspection. Administrator will report any investigation from police and Protective services in the future immediately upon discovery. Staff received education on [REDACTED] to ensure reporting is done immediately. Staff education attached.

Licensee's Proposed Overall Completion Date: 11/19/2024

Implemented [REDACTED] 12/19/2024)

42s - Privacy

2. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On [REDACTED], the door lock was inoperable on the combination bathroom and shower room, located on the second floor, near bedroom [REDACTED].

Plan of Correction

Accept [REDACTED] - 11/20/2024)

After interviewing staff and residents, We are unaware of when the lock stopped working. Neither staff nor residents had noticed it. Maintenance did repair the lock on [REDACTED] as well as checking all other locked doors to ensure they functioned. Administrator and/or maintenance will check all privacy doors weekly and keep a written log of the checks. Any privacy door that is not operating correctly will be fixed immediately by maintenance within 24 hours. Staff received education on [REDACTED].

Licensee's Proposed Overall Completion Date: 11/19/2024

Implemented [REDACTED] 12/19/2024)

66b - Training Plan Content

3. Requirements

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

- 1. The name, position and duties of each direct care staff person.
- 3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

66b - Training Plan Content (continued)

Description of Violation

The home's staff training plan does not include the projected date of training, the length of the training or the staff persons to attend the training.

Plan of Correction

Accept [redacted] - 11/20/2024)

Original training plan (attached) was coming in a different order than previously planned. A new training plan was written up in June to show changes but did not include dates as I was adding them as the training occurred. Administrator wanted to ensure accuracy of the training as it was actually happening. A new updated training plan is attached.

Licensee's Proposed Overall Completion Date: 11/19/2024

Implemented [redacted] - 12/19/2024)

88a - Surfaces

4. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On [redacted], the following conditions were observed:

- There were 4 nails exposed and protruding from a block of wood, attached to a door in the living room area, posing a skin tear hazard.
- There was a large divot of cracked concrete measuring approximately 1 inch deep, creating an uneven surface, around the drain in the shower room, located on the 1st floor, near the kitchen, posting a trip/fall hazard.
- The emergency exit door, located in the hallway near the kitchen, does not close securely. There is an opening of approximately 1 inch at the top of the door.

Plan of Correction

Accept [redacted] - 11/20/2024)

A staff person had tied open a door while moving furniture and did not remove the tie afterwards. The Administrator removed the tie from the door on [redacted] and resecured the wood that was now showing nails. The staff was educated on [redacted] to ensure this does not occur again. The shower drain was repaired on [redacted] all other drains and shower accessories were also checked for any needed repair issues. The emergency exit door was not closing due to the wood on the ramp swelling. Maintenance fixed this issue on [redacted] and ensured it closes properly. Maintenance also checked all other doors for any possible issues. Administrator and/or Maintenance will check doors weekly and keep a log to ensure anything in need of repair is handled immediately. Staff received education to ensure that anything broken get reported immediately and a Maintenance list was hung that staff can add to daily so that nothing is forgotten or looked over.

Licensee's Proposed Overall Completion Date: 11/19/2024

Implemented [redacted] - 12/19/2024)

95 - Furniture and Equipment

5. Requirements

95 - Furniture and Equipment (continued)

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On [REDACTED], the bathroom shower located on the second floor of the home was inoperable. The drainage system causes flooding in the bedrooms on the first floor.

Plan of Correction

Accept [REDACTED] - 11/20/2024)

Although maintenance was aware of the issue, they could not get a part of the drain due to the age of the home and plumbing. The drainage parts arrived on [REDACTED] and was installed immediately. Maintenance will check all showers and sinks for any issues weekly. Administrator will keep a log on weekly checks and post a repair list for employees to add any repairs to immediately upon discovery. Staff received education on [REDACTED] ensuring no repairs are neglected.

Licensee's Proposed Overall Completion Date: 11/19/2024

Implemented [REDACTED] - 12/19/2024)

100a - Exterior - Free of Hazards

6. 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

On [REDACTED] the handrail on the exterior concrete stairway leading to the front porch of the home was loose and moved approximately 1 1/2 inches, posing a fall hazard.

Plan of Correction

Accept [REDACTED] - 11/20/2024)

Maintenace did tighten the railing on [REDACTED] and checked all other railings for loosened bolts or need of repair. Administrator and/or maintenance will check all railing weekly and keep a log. A repair log for maintenance is hanging so that all staff can add repairs as well ensuring that anything in need of repair is handled immediately. Staff received education on [REDACTED] to ensure all repairs are acknowledged and fixed immediately.

Licensee's Proposed Overall Completion Date: 11/19/2024

Implemented [REDACTED] - 12/19/2024)

132b - Safety Inspection/Fire Drill

7. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The most recent fire safety inspection and fire drill conducted by a fire safety expert by a fire safety expert was conducted on [REDACTED]

Repeat Violation: [REDACTED] et al

Plan of Correction

Accept [REDACTED] - 11/20/2024)

Fire drill and inspection was scheduled in September. It was then canceled due to emergencies. It was rescheduled

132b - Safety Inspection/Fire Drill (continued)

and again missed due to emergencies. A new fire safety inspection and fire drill was completed on [REDACTED]. Unfortunately, the Fire Chief took the paperwork from the inspection and will not be back until [REDACTED]. Administrator will go see [REDACTED] at that point for our paperwork. To ensure this does not occur again - administrator will schedule two months earlier each year so that if they have to cancel, we still have time within our year to complete in a timely manner. Fire drill and safety inspection attached. Staff received education on [REDACTED]

Licensee's Proposed Overall Completion Date: 11/19/2024

Implemented [REDACTED] - 12/19/2024)

132d - Evacuation

8. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded the allowable evacuation time of 2 minutes 30 seconds during the fire drill conducted on: [REDACTED] at 11:00 p.m., which took 2 minutes and 53 seconds.

Plan of Correction

Accept [REDACTED] - 12/19/2024)

Fire drill and inspection was scheduled in September. It was then canceled due to emergencies. It was rescheduled and again missed due to emergencies. A new fire safety inspection and fire drill was completed on [REDACTED]. To ensure this does not occur again - administrator will schedule two months earlier each year so that if they have to cancel, we still have time within our year to complete in a timely manner. Fire drill and safety inspection attached. Staff received education on [REDACTED]. The administrator will ensure all residents can evacuate the home within the time specified in writing by a fire safety expert. In the event there is no additional evacuation time allowed in writing by a fire safety expert, all fire drill evacuations shall be completed in 2 minutes, 30 seconds.

Licensee's Proposed Overall Completion Date: 12/02/2024

Implemented [REDACTED] 12/19/2024)

162e - Menu Changes

9. Requirements

2600.

162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Description of Violation

On [REDACTED], kielbasa and noodles, bread and butter and oranges were listed on the menu for dinner. However, residents were served smoked sausage, buttered noodles, bread and butter and cake. There was no notice provided to the residents in advance of the meal.

Plan of Correction

Accept [REDACTED] 11/20/2024)

Staff made the change without writing on the menu or announcing the change in dessert. The menu is normally

162e - Menu Changes (continued)

updated weekly with any changes. In this case the oranges did not come with the food delivery, and staff did not realize until the day of. Staff will update the menu immediately with any changes and announce changes to the residents. Staff received reminders immediately and education on [REDACTED]. The administrator will check the menu weekly and ensure if something did not come that item will be picked up before the meal or substituted on the menu and announced to the residents.

Licensee's Proposed Overall Completion Date: 11/19/2024

Implemented [REDACTED] - 12/19/2024)

187a - Medication Record

10. Requirements

2600.

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

Description of Violation

Resident [REDACTED], medication administration record indicates two entries of [REDACTED] take by mouth once daily.

Resident [REDACTED] is ordered [REDACTED], one tablet at bedtime. However, the MAR indicates [REDACTED], take one tablet at bedtime and [REDACTED], one tablet at bedtime.

Plan of Correction

Accept [REDACTED] 11/20/2024)

The med tech misunderstood in our last MAR review when [REDACTED] was told to leave the old MAR in the book. All med techs are receiving remediation education on Medication record and documentation. All reviews and remediation will be complete by [REDACTED]. A full MAR review was completed on [REDACTED]. Administrator will do a full MAR review on [REDACTED] and [REDACTED]. The administrator will then do MAR reviews monthly and keep documentation. Administrator will do a MAR review on any new incoming medications or changes within 24 hours.

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [REDACTED] - 12/19/2024)

187b - Date/Time of Medication Admin.

11. 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 [REDACTED] is ordered [REDACTED], one tablet by oral route at bedtime and received it correctly. However, from [REDACTED] until [REDACTED]. However, staff person A indicated on the MAR that [REDACTED] and [REDACTED] were administered to the resident from [REDACTED]. There were multiple entries for this medication on the MAR.

Resident [REDACTED] is ordered [REDACTED]. The MAR for resident [REDACTED] for [REDACTED] indicates the resident was administered the 8:00 am dose of the medication; however, staff person A indicated the medication was not administered.

187b - Date/Time of Medication Admin. (continued)

Resident [REDACTED] was administered [REDACTED] [REDACTED] once a day, from [REDACTED]. However, staff person A indicated on the medication administration record that [REDACTED] was administered twice a day, because of the duplicate entries on the [REDACTED] MAR.

Plan of Correction

Accept [REDACTED] - 11/20/2024)

All med techs are receiving remediation education on Medication Administration lesson 5 to lesson 8. All reviews and remediation will be complete by [REDACTED]. A full MAR review was completed on 11/05/2024. Administrator will do full MAR review and Med Cart audit on [REDACTED], and then monthly and keep documentation. Administrator will do a MAR review on any new incoming medications or changes within 24 hours. All medications are package by day and time by Laurel LTC pharmacy which ensures a double dose of medication was not given. [REDACTED] from Laurel LTC comes to the home every two months for addition medcart and MAR reviews.

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [REDACTED] - 12/19/2024)

187d - Follow Prescriber's Orders

12. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] [REDACTED] by mouth twice daily. However, resident [REDACTED] was not administered this medication at 8:00 a.m., on [REDACTED].

Plan of Correction

Accept [REDACTED] - 11/20/2024)

Resident has asked [REDACTED] PCP to discontinue this medication or make it a PRN. Resident has been taking the medication daily but as of [REDACTED] the medication has been changed to a PRN. Med techs are receiving remediation on medication administration chapters 5- 8 on [REDACTED]. Med techs are currently having another set of observations and MAR reviews that will be completed by [REDACTED]. Administrator will do full MAR reviews and Med Cart audits on [REDACTED] and then monthly and keep documentation.

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [REDACTED] - 12/19/2024)