

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

April 23, 2025

[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 02/05/2025 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: 09/08/2025
 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: 05/11/1981 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 20 Waking Staff: 15

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 02/05/2025

Inspection Dates and Department Representative

02/05/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 22 Residents Served: 20
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 20 Are 60 Years of Age or Older: 8
 Diagnosed with Mental Illness: 20 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

02/05/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/17/2025

02/18/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/05/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/23/2025

Inspections / Reviews *(continued)*

02/27/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/05/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/05/2025

04/23/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/05/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

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 [REDACTED] at 9:38 a.m., an agent of the Department requested staff training records for direct care staff person A and direct care staff person B from direct care staff person C. At approximately 12:30 p.m. when direct care staff person D arrived at the personal care home another request was made by an agent of the Department for the same staff records. However, staff interviews indicated that the records exist but could not be found and were not provided to the Department.

Plan of Correction

Accept [REDACTED] 02/27/2025)

Unfortunately, I have searched the locked cabinets that we keep the files in and still can not find these files. We have asked staff and tried contacting previous staff members but it is a mystery to us where the files have gone. We have checked for all other current staff members and the rest are present. Due to this incident both staff person A and B have new files. Supervisor [REDACTED] will check staff records weekly to monitor and audit starting 2/25/25 and continue weekly. Staff files will be checked to be present and ensure trainings are present and up to date. Documentation will be kept. Staff will receive education on what needs to be in their file and why the files are important on 2/22/25. Access to staff files will be limited to employees that have worked longer than a year. Staff member A and B files attached.

Licensee's Proposed Overall Completion Date: 02/26/2025

Implemented [REDACTED] 04/23/2025)

25a - Written Contract and Review

2. Requirements

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

The resident-home contract for resident [REDACTED], admitted [REDACTED], was not dated.

Plan of Correction

Accept [REDACTED] - 02/27/2025)

On [REDACTED] resident [REDACTED] had come with a possible stomach virus. [REDACTED] did not go to the hospital but wanted to lay down for a while before we finished. Administrator felt sick and gave the file to staff member [REDACTED] to complete. Administrator ended up with the flu and was down until 1/27/25. Upon returning the administrator forgot to follow up with [REDACTED] and check the file. Administrator ended up getting suspended on [REDACTED] and the file remained untouched. [REDACTED] stated that resident [REDACTED] refused to sign for [REDACTED] because [REDACTED] had not received [REDACTED] check from the previous home [REDACTED] lived at. [REDACTED] did not go through the file to see no date was present. Administrator and resident went through [REDACTED] file and completed what was missing on 2/7/2025.. Administrator went through all other files to ensure no dates were missing from any other files on 2/7/2025. Staff will receive education on 2/22/25 on resident files and ensure if Administrator is not available that someone will ensure completion immediately. Administrator and Supervisor [REDACTED] will audit all resident records to ensure accuracy. Audit to be started and completed on 2/26/25. All newly completed contracts will be reviewed by Supervisor [REDACTED] to ensure accuracy and completion. Documentation will be kept.

25a Written Contract and Review (continued)

Licensee's Proposed Overall Completion Date: 02/26/2025

Implemented [REDACTED] - 04/23/2025)

25b - Contract Signatures

3. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident home contract for resident [REDACTED] was not signed by the administrator or designee.

Plan of Correction

Accept [REDACTED] 02/27/2025)

On [REDACTED] resident [REDACTED] had come with a possible stomach virus. [REDACTED] did not go to the hospital but wanted to lay down for a while before we finished. Administrator felt sick and gave the file to staff member [REDACTED] to complete. Administrator ended up with the flu and was down until [REDACTED]. Upon returning the administrator forgot to follow up with [REDACTED] and check the file. Administrator ended up getting suspended on 1/29/25 and the file remained untouched. [REDACTED] stated that resident [REDACTED] refused to sign for [REDACTED] because [REDACTED] had not received [REDACTED] check from the previous home [REDACTED] lived at. Upon discovery of the unsigned parts of the contract, administrator spoke to resident [REDACTED] who did sign everything on 2/7/2025. Administrator went through all other files to ensure no other signatures were missing from any other files on 2/7/2025. Supervisor will audit all newly completed assessments and support plans to ensure accuracy and completion upon completion beginning 2/22/25. Supervisor [REDACTED] and Administrator will audit all resident records to ensure completeness and accuracy to start and finish on 2/26/25. Documentation will be kept. Staff will receive education on 2/22/25 on resident files and ensure if Administrator is not available that someone will ensure completion immediately.

Licensee's Proposed Overall Completion Date: 02/26/2025

Implemented [REDACTED] - 04/23/2025)

42b - Abuse

4. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] at approximately 11:00 p.m., resident [REDACTED] and resident [REDACTED] were on the porch of the home. The residents had a argument and direct care staff person E yelled resident [REDACTED] Get the [REDACTED] out and don't come back and don't ever come back here again, don't come to the property and don't come back." Direct care staff person E would not allow resident [REDACTED] to enter the home to obtain seasonal appropriate clothing to endure six degree Fahrenheit air temperatures on the evening of [REDACTED]. Resident [REDACTED] indicated [REDACTED] would seek shelter at the hospital, and on the way to the hospital, the resident slipped on a patch of ice and fell to the ground. Resident [REDACTED] was diagnosed at the hospital with a fracture of the right hand with foreign body (FB) in the soft tissue requiring surgery to correct.

Plan of Correction

Accept [REDACTED] 02/27/2025)

Any allegation of abuse is taken very seriously to Reastheaven. Upon discovery of the accusations, the administrator interviewed the residents. At no time did the residents state that staff member E was yelling or cursing. Staff

42b - Abuse (continued)

member E was terminated. Staff was all contacted immediately upon discovery with a clarification to their roles. Administrator spoke to each staff member on 2/5/25 to ensure they knew they were never permitted to yell, curse, intimidate, or mistreat any resident ever. Additional education pertaining to abuse is scheduled for 2/22/25. A resident meeting is scheduled for 2/21/25 to ensure residents know the importance of reporting any incidents so that it is handled correctly. Private resident interviews will also take place on 2/21/25 and 2/22/25. Documentation will be kept. Administrator will do weekly interviews of at least 75% of all residents until 4/1/25 and then monthly to ensure residents are open to speaking to administrator or staff regarding their care and rights. Just a note that the resident does not require surgery.

Licensee's Proposed Overall Completion Date: 02/26/2025

Implemented [redacted] - 04/23/2025)

42u - Right to Remain in Home

5. Requirements

2600.

42.u. A resident has the right to remain in the home, as long as it is operating with a license, except as specified in § 2600.228 (relating to notification of termination).

Description of Violation

On [redacted] at approximately 11:00 p.m., resident [redacted] and resident [redacted] were on the porch of the home. The residents had a argument and direct care staff person E yelled resident [redacted] "Get the fuck out and don't come back and Don't ever come back here again, don't come to the property and don't come back." Direct care staff person E would not allow resident [redacted] to enter the home to obtain seasonal appropriate clothing to endure six-degree Fahrenheit air temperatures on the evening of [redacted]. Resident [redacted] indicated [redacted] would seek shelter at the hospital, and on the way to the hospital, the resident slipped on a patch of ice and fell to the ground. Resident [redacted] was diagnosed at the hospital with a fracture of the right hand with foreign body (FB) in the soft tissue requiring surgery to correct.

Plan of Correction

Accept [redacted] - 02/27/2025)

Upon discovery of the accusations, the administrator interviewed the residents. At no time did the residents state that staff member E was yelling or cursing. Staff was all contacted immediately upon discovery with a clarification to their roles. Administrator spoke to each staff member on 2/5/25 to ensure they knew they were never permitted to yell, curse, intimidate, or mistreat any resident ever. Additional education pertaining to 2600.42 and the home's policy and procedures is scheduled for 2/22/25 and 2/26/25 for all staff members with administrator. A resident meeting is scheduled for 2/21/25 to ensure residents know the importance of reporting any incidents so that it is handled correctly. Private resident interviews will also take place on 2/21/25 and 2/22/25. Documentation will be kept. Administrator will do weekly interviews of all residents until 4/1/25 and then monthly to ensure residents are open to speaking to administrator or staff regarding their care and rights. We have not been able to speak to the staff member E since the suspension and have decided to terminate the employment of the staff member. We have a no tolerance policy to anyone who threatens the safety of a resident.

Licensee's Proposed Overall Completion Date: 02/26/2025

Implemented [redacted] - 04/23/2025)

51 - Criminal Background Check

6. Requirements

2600.

51 Criminal Background Check (continued)

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Direct care staff person A was hired on [REDACTED]. However, direct care staff person A did not have a criminal background check in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101 10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults.)

Direct care staff person B was hired on or around [REDACTED]. However, direct care staff person B did not have a criminal background check in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101 10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults.)

Plan of Correction

Accept [REDACTED] - 02/27/2025)

Files for both of these staff members are still not found. Both staff members did have criminal background checks done but since the files are missing I have no proof. I attempted to find both on the state police patch site but without control numbers and specific dates I was unable to. Both staff members received new criminal background checks on 2/10/2025. Administrator will keep a copy of future criminal background check so that they can be reprinted if lost/stolen/misplaced again. Administrator and Supervisor [REDACTED] have audited all staff records on 2/7/25 to ensure all criminal background checks for all other staff members were completed and present. An audit of all newly hired staff persons records to ensure all newly hired staff persons have criminal history background checks in accordance with regulation 2600.51 will be done within 3 days by Administrator and Supervisor [REDACTED] when new staff is hired. Monthly staff record audits will be completed by staff supervisor [REDACTED]. Documentation will be kept. No staff member employed under a year will have access to staff files. Staff will receive education on 2/22/25.

Licensee's Proposed Overall Completion Date: 02/26/2025

Implemented [REDACTED] - 04/23/2025)

60a - Staff/Support Plan

7. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On multiple dates and at multiple times there were no qualified staff persons working in the home to pass pro re nata (PRN) medications if requested by the home's residents to include:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Plan of Correction

Accept [REDACTED] - 02/27/2025)

The home had 9 staff members. Four were suspended pending investigation and one staff member quit leaving [REDACTED]

60a Staff/Support Plan (continued)

to fill the shifts with 4 staff members. ■ lives directly across the street and was on 24/7 call to come to the home for medication administration and PRN medication administration. At any time it would have taken less than 5 minutes for ■ to be onsite to administer any medications. Administrator will attempt to hire more staff and to have current staff complete medication administration training as soon as possible. Administrator is working with a CNA to cover when the impossible occurs. A staff person qualified to administer medication will be in the home at all times residents are in the home. The schedule will be a set schedule that always has at least one certified staff member to administer medications. Any shift that needs coverage or switched will be reviewed by staff supervisor ■ to ensure the shift is covered by a staff person of the equal or higher qualifications. All staff are encouraged to start the online train for medication administration. Class is open and all staff have received the key code for online class. Staff will receive education on 2/22/25.

Licensee's Proposed Overall Completion Date: 02/26/2025

Implemented (■ - 04/23/2025)

63a - First Aid/CPR Training

8. 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

During the dates and times indicated, direct care staff person A was the only staff person present in the home and was not trained in first aide and certified in obstructed airway techniques and CPR.

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

Plan of Correction

Accept (■ - 02/27/2025)

The home had 9 staff members. Four were suspended pending investigation and one staff member quit leaving ■ to fill the shifts with 4 staff members. It was an unfortunate event that was impossible for ■ to manage with 4 staff members during the week. Staff person A was a CNA and ■ believed that ■ was first aid and CPR trained. Staff person A will be CPR and first aid trained on 3/04/25 unless a sooner class is found. A staff person who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times. The schedule will be a set schedule that always has at least one staff person Any shift that needs coverage or switched will be reviewed by staff supervisor ■ to ensure the shift is covered by a staff person of the equal or higher qualifications

Licensee's Proposed Overall Completion Date: 02/26/2025

Implemented (■ - 04/23/2025)

65d - Initial Direct Care Training

9. Requirements

2600.

65d - Initial Direct Care Training (continued)

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person B, hired on or around [REDACTED], has not successfully completed the Department-approved direct care training course or passed the competency test. However, direct care staff person B provided unsupervised direct care services to residents of the personal care home on dates and times to include:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Plan of Correction

Directed [REDACTED] - 02/27/2025)

Staff person B did pass the competency test. However, due to [REDACTED] file being missing had no proof. Staff person B could not figure out [REDACTED] log in the get proof and redid the training on 2/7/25. Administrator and staff supervisor [REDACTED] audited all other staff records to ensure nothing was missing and files were present on 2/7/25. An audit of all newly hired staff persons records to ensure all newly hired staff persons have proof of Department-approved direct care training course and passing of the competency test will be done within 3 days of hire by Administrator and Supervisor MC. Monthly staff record audits will be completed by staff supervisor MC. Documentation will be kept. Staff will receive education on 2/22/25.

Proposed Overall Completion Date: 02/26/2025

DIRETED

Within 5 days of receipt of the accepted plan of correction: The administrator shall have staff person B take the Department-approved direct care training course and pass the competency test. Documentation of education shall be kept. 2/27/25 [REDACTED]

Within 1 day of receipt of the accepted plan of correction: The administrator shall ensure no staff person provides unsupervised direct care unless the requirements of regulation 2600.65(d) have been met. 2/27/25 [REDACTED]

Directed Completion Date: 03/04/2025

Implemented [REDACTED] - 04/23/2025)

65i - Training Record

10. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

There was no record of training for direct care staff person A.

65i Training Record (continued)

There was no record of training for direct care staff person B.

Plan of Correction

Accept (█ - 02/27/2025)

Staff person A and B both did initial training. During the investigation we have spoken to all staff but have not spoken to staff member E. There is no proof that the staff member did anything with the files but there is a history of a bad relationship between █ and staff member B; █ will not answer any of us to confirm. Administrator checked all other staff files and training on 2/7/25 and 2/8/25. Administrator will check weekly to watch for discrepancies. Only staff members who have worked for over a year will have access to employee files. Both staff members who were missing required proof of training were trained on 2/7/25 by Administrator █. Documentation will be kept. Staff will receive education on 2/22/25. Staff supervisor will do weekly audits until 4/1/25 and then monthly to ensure all documentation is available and current.

Licensee's Proposed Overall Completion Date: 02/26/2025

Implemented █ - 04/23/2025