

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

February 13, 2026

[REDACTED]  
HEARTFUL HANDS LLC  
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/09/2026 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 License #: 45370 License Expiration: 02/14/2026  
 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: 06/04/2010 Issued By: City of Clairton

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 34 Waking Staff: 26

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Provisional, Monitoring Exit Conference Date: 01/09/2026

**Inspection Dates and Department Representative**

01/09/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 36 Residents Served: 34  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 0  
 Number of Residents Who:  
 Receive Supplemental Security Income: 34 Are 60 Years of Age or Older: 26  
 Diagnosed with Mental Illness: 34 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

01/09/2026 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/23/2026

01/23/2026 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 02/06/2026  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/29/2026

Inspections / Reviews *(continued)*

01/26/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/06/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/07/2026

02/13/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/06/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

85a Sanitary Conditions

1. Requirements

2600.  
85.a. Sanitary conditions shall be maintained.

Description of Violation

At approximately 9:50 a.m., there were two unlabeled toothbrushes, an unlabeled comb, and an unlabeled brush stored on the second shelf from the top on the five-tier shelving unit in the home's shared resident bathroom located between resident room belonging to resident and resident # and resident room belonging to resident and resident.

Plan of Correction Accept - 01/26/2026)

On 1/14/2025, the administrator trained Isaiah Witcher on the start-of-day and end-of-shift facility checks, including the medicine cabinets and counter spaces in ALL bathrooms at Heartful Hands. On 1/16/2026, the Administrator, , completed in-person training on bathroom checks and the removal of any unlabeled items to be disposed of immediately. On 1/20/2026, the administrator ordered a label machine. By 1/30/2026, ALL residents' brushes and toothbrushes will include labels. This will include brand-new as instructed by DHS during the inspection. training will be recorded in Heartful Hands 2026 training manual. Documentation of education for all staff will be completed by 1/30/2026. Quarterly audits will be documented in Heartful Hands 2026 Audit binder in main office.

Proposed Overall Completion Date: 02/06/2026

Licensee's Proposed Overall Completion Date: 02/06/2026

Implemented - 02/13/2026)

91 Telephone Numbers

2. Requirements

2600.  
91. Emergency Telephone Numbers Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

At approximately 11:21 a.m., the telephone numbers posted by the outside line in the home's medication room indicated the regional office number for the Southwest Region and did not include the Personal Care Home complaint hotline telephone number.

Plan of Correction Accept ( - 01/26/2026)

In response to the violation on 01/09/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/09/2026 by the Administrator Designee. On 1/9/2026, a new updated list of phone numbers was posted in the med room on the bulletin board.

To enhance the currently compliant operations, on 01/16/2026, the Administrator , met with staff to review the importance of not removing or covering up documents posted on bulletin boards throughout the personal care home. Items on the bulletin board were also marked do not remove, with a completion date of 01/21/2026.

91 Telephone Numbers (continued)

Effective 03/23/2026 the Administrator or Facility Manager will perform quarterly audits through 12/30/2026 to maintain ongoing compliance with Review of the posted telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline on or by each telephone with an outside line. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Documentation of education for all staff will be completed by 1/30/2026. Quarterly audits will be documented in Heartful Hands 2026 Audit binder in main office.

Licensee's Proposed Overall Completion Date: 02/06/2026

Implemented [redacted] - 02/13/2026)

95 - Furniture and Equipment

3. Requirements

2600.

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

Description of Violation

At approximately 9:41 a.m. the mirror attached to the bedroom wall to the right of the door in resident room [redacted] was cracked in two separate places at the bottom left corner of the mirror.

REPEAT VIOLATION [redacted] et. al.

Plan of Correction

Accepted [redacted] - 01/26/2026)

In response to the violation on 01/09/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/08/2026 by the Facility Manager to On 1/8/2026, an immediate action was taken to remove the mirror while the inspector was on site for maintenance. All repairs were made during the inspection.

To enhance the currently compliant operations, on 01/16/2026 the Administrator/Direct Care Staff and Managers will On 1/16/2025, the administrator, [redacted], met with all staff to review the policy of reporting maintenance issues to ensure safety and compliance according to regulation 2600.95. Furniture and Equipment Furniture and equipment must be in good repair, clean and free of hazards. This included training on safety and residents' furniture being checked during room cleaning, beds being made daily, and during our weekly facility checks on Thursdays, with a completion date of 01/16/2026.

Effective 01/22/2026 the Administrator/Direct Care and managers will perform weekly inspections through 03/27/2026 to maintain ongoing compliance with Effective 01/22/2026, the Facility Supervisor will perform weekly checks/reviews through 3/27/2026 to maintain ongoing safety and compliance by checking all furniture and mirrors etc in each room. If any item is in disrepair, it will be removed immediately, or if maintenance related, reported by filling out the maintenance form as urgent. This will allow scheduling if needed for the repair. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Documentation of education for all staff will be completed by 1/30/2026. Quarterly audits will be documented in Heartful Hands 2026 Audit binder in the main office.

95 - Furniture and Equipment (continued)

Licensee's Proposed Overall Completion Date: 02/06/2026

Implemented [redacted] - 02/13/2026)

141a - Medical Evaluation

4. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident [redacted] initial medical evaluation, dated [redacted], did not indicate the medical professional's determination whether or not the resident's needs can be met safely at the personal care home or if the resident is Nursing Facility Clinically Eligible (NFCE), that section of the form was left blank.

Plan of Correction

Accept [redacted] - 01/23/2026)

On 1/13/2026, Deb Morgan was notified of this error. On 1/14/2026, a new DME was completed and entered in the resident's file. This was missed during the quarterly that was completed by the Administrator during the audit. On 1/13/2026, the administrator verified in TabulaPro that the document printed correctly and will complete two staff quarterly audits to ensure compliance with regulations. Isaiah W will audit all resident DME's to ensure they are completed to the expectations of DHS. This will be completed by 2/3/2026.

Licensee's Proposed Overall Completion Date: 02/03/2026

Implemented [redacted] - 02/13/2026)

187a - Medication Record

5. 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] was prescribed [redacted], inhale 2 puffs by mouth every 6 hours as needed. The home provided evidence that the medication was discontinued on [redacted]. However the medication was still indicated on the resident's January 2026 medication administration record.

Resident [redacted] was prescribed [redacted] via [redacted] every 6 hours as needed. The home provided evidence that the medication was discontinued on [redacted]. However the medication was still indicated on the resident's January 2026 medication administration record.

REPEAT VIOLATION [redacted] et. al., [redacted] et. al.

Plan of Correction

Accept [redacted] 01/26/2026)

Plan of Correction for Residents [redacted]

1. \*\*Staff Training and Education:\*\*

- Conduct in-service training for all medication administration staff on the importance of documenting medication refusals, missed doses, or incidents when the resident is not present during scheduled medication times.

**187a Medication Record (continued)**

*Emphasize the proper use of the MAR, including the importance of entering "exception" or "refused" documentation when medication is withheld or cannot be administered.*

**2. \*Review and Revise Medication Administration Policies:\*\***

*Update facility policies to specify procedures for documenting missed doses, resident absence, or medication refusals, including clear instructions on when and how to enter exceptions in the MAR.*

*Ensure policies specify that if a resident is not in the home at medication time, staff must document the reason and enter an exception on the MAR.*

**3. \*\*Medication Administration Record (MAR) Documentation Procedures:\*\***

*Reinforce the importance of timely documentation immediately following medication administration or withholding.*

**4. \*\*Monitoring and Auditing:\*\***

*Conduct weekly audits of medication administration records for the next 4 weeks to ensure compliance with documentation policies.*

*Identify and address any gaps or discrepancies immediately.*

**5. \*\*Follow up and Continuous Improvement:\*\***

*Schedule periodic staff in service training every 3 months to reinforce proper documentation practices.*

*Review audit findings and implement corrective actions as needed.*

**6 Specific Corrections for Incidents:\*\***

*For the incident on 1/2/26 involving Resident [REDACTED]:*

*Ensure the MAR is updated to reflect the missed dose and the reason (resident absent).*

*For the incident on 1/6/26 involving Resident [REDACTED]:*

*Update the MAR to reflect the administration of the Triple Antibiotic Ointment at 8:00 p.m.*

*Ensure documentation is completed at the time of administration or as soon as possible afterward.*

**7 \*\*Staff Accountability:\*\***

*The Manager of the Medication room will:*

*Provide ongoing supervision and feedback to staff regarding documentation practices.*

**\*\*Implementation Timeline:\*\***

*Immediate staff training: within 1 week 1/27/2026*

*Policy updates and MAR revision: within 2 weeks 2/3/2026*

*First audit: Continue weekly audit on Thursdays*

*Ongoing monitoring: weekly for 4 weeks, then monthly starting 1/27/2025 (We are auditing weekly, will be continued and documented.*

*This plan aims to improve medication documentation accuracy, ensure compliance with regulations, and enhance resident safety.*

*Documentation of education for all staff will be completed by 1/30/2026. Quarterly audits will be documented in Heartful Hands 2026 Audit binder in main office.*

**Licensee's Proposed Overall Completion Date: 02/06/2026**

**Implemented [REDACTED] - 02/13/2026)**

**187b - Date/Time of Medication Admin.****6. Requirements**

2600.

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

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

Description of Violation

Resident [redacted] was prescribed [redacted] take one tablet by mouth once daily. However, on [redacted] at approximately 8:00 a.m., resident [redacted] was not in the home to administer the medication, and an exception was not entered into the resident's January 2026 MAR, that area was left blank.

Resident [redacted] was prescribed [redacted], take one tablet by mouth twice a day. However, on [redacted] at approximately 8:00 a.m., resident [redacted] was not in the home to administer the medication, and an exception was not entered into the resident's January 2026 MAR, that area was left blank.

Resident [redacted] was prescribed [redacted], take one tablet by mouth once daily. However, on [redacted] at approximately 8:00 a.m., resident [redacted] was not in the home to administer the medication, and an exception was not entered into the resident's January 2026 MAR, that area was left blank.

Resident [redacted] is prescribed [redacted], apply topically to affected area twice daily. However, on [redacted] resident [redacted] was administered the [redacted] at 8:00 p.m., but it was not documented at the time of administration on the resident's January 2026 medication administration record (MAR), that area was left blank.

REPEAT VIOLATION [redacted] et. al.

Plan of Correction

Accept [redacted] - 01/26/2026)

Plan of Correction for Residents [redacted]:

1. **Staff Training and Education:**

Conduct in service training for all medication administration staff on the importance of documenting medication refusals, missed doses, or incidents when the resident is not present during scheduled medication times.

Emphasize the proper use of the MAR, including the importance of entering "exception" or "refused" documentation when medication is withheld or cannot be administered.

2. **Review and Revise Medication Administration Policies:**

Update facility policies to specify procedures for documenting missed doses, resident absence, or medication refusals, including clear instructions on when and how to enter exceptions in the MAR.

Ensure policies specify that if a resident is not in the home at medication time, staff must document the reason and enter an exception on the MAR.

3. **Medication Administration Record (MAR) Documentation Procedures:**

Reinforce the importance of timely documentation immediately following medication administration or withholding.

4. **Monitoring and Auditing:**

Conduct weekly audits of medication administration records for the next 4 weeks to ensure compliance with documentation policies.

Identify and address any gaps or discrepancies immediately.

5. **Follow up and Continuous Improvement:**

Schedule periodic staff in service training every 3 months to reinforce proper documentation practices.

Review audit findings and implement corrective actions as needed.

6 **Specific Corrections for Incidents:**

For the incident on 1/2/26 involving Resident [redacted]

Ensure the MAR is updated to reflect the missed dose and the reason (resident absent).

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

For the incident on 1/6/26 involving Resident # [REDACTED]

Update the MAR to reflect the administration of the Triple Antibiotic Ointment at 8:00 p.m.

Ensure documentation is completed at the time of administration or as soon as possible afterward.

**7 \*\*Staff Accountability:\*\***

The Manager of the Medication room will:

Provide ongoing supervision and feedback to staff regarding documentation practices.

**\*\*Implementation Timeline:\*\***

Immediate staff training: within 1 week 1/27/2026

Policy updates and MAR revision: within 2 weeks 2/3/2026

First audit: Continue weekly audit on Thursdays

Ongoing monitoring: weekly for 4 weeks, then monthly starting 1/27/2025 (We are auditing weekly, will be continued and documented.

This plan aims to improve medication documentation accuracy, ensure compliance with regulations, and enhance resident safety.

Documentation of education for all staff will be completed by 1/30/2026. Quarterly audits will be documented in Heartful Hands 2026 Audit binder in main office.

Licensee's Proposed Overall Completion Date: 02/06/2026

Implemented [REDACTED] 02/13/2026)