

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

March 12, 2026

[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 02/04/2026 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: 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**

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 19 Waking Staff: 14

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint, Monitoring Exit Conference Date: 02/05/2026

**Inspection Dates and Department Representative**

02/04/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 22 Residents Served: 19  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 3  
 Number of Residents Who:  
 Receive Supplemental Security Income: 19 Are 60 Years of Age or Older: 8  
 Diagnosed with Mental Illness: 19 Diagnosed with Intellectual Disability: 2  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

02/04/2026 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/20/2026

02/23/2026 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 03/04/2026  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/27/2026

Inspections / Reviews *(continued)*

02/25/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/04/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/01/2026

03/12/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/04/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

65i Training Record

1. 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

Numerous records of training for direct care staff persons do not include the length of the course, to include the following trainings:

- Care for residents with [REDACTED] and [REDACTED], dated [REDACTED]
- Personal care needs of the resident and falls and accident prevention/safe management techniques, dated [REDACTED]
- Care for residents with mental illness and intellectual disabilities, dated [REDACTED]

REPEAT VIOLATION: [REDACTED]

Plan of Correction

Accepted [REDACTED] 02/25/2026)

Administrator was making sure there was a record of training for all trainings but did not realize it was also needed for inservice. A training record was documented for all of the trainings mentioned in the violation on 2/9/2026 and kept with the trainings. Administrator is aware that all trainings are to include the staff person trained, date, source, content, length of each course and copies of any certificates received. Administrator has begun to audit staff training records as of 2/17/2026 and will be completed by 2/20/2026. Administrator will log every training with either a certificate or a record of training. Monthly audits to begin 3/1/2026. Administrator and supervisor will ensure monthly staff file audits include record of training Documentation will be kept.

Licensee's Proposed Overall Completion Date: 03/01/2026

Implemented [REDACTED] 03/12/2026)

95 Furniture and Equipment

2. Requirements

2600.

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

Description of Violation

At 9:47am, the sink drain in the 1st floor shower room was clogged and water was unable to drain from the sink basin.

REPEAT VIOLATION: [REDACTED], et. al.

Plan of Correction

Directed ([REDACTED] 02/25/2026)

The shower room sink was unclogged on 2/4/2026 by maintenance. Maintenance stated that it had multiple q-tips and cotton balls down the drain. Administrator daily checks do include water temperature and would have addressed it but that day [REDACTED] had not made it to the facility yet. Administrator will continue checking daily while checking water temp, pressure, soap etc. Administrator will add to the daily checklist as of 2/19/2026 and keep documentation of checks. The entire home shall be inspected daily but no less than 3x weekly by administrator. Whole house inspections to start 2/25/2027 to ensure all furniture and equipment is on good repair, clean and free of hazards. (DIRECTED: The daily audits of the home shall begin on 2/25/26. [REDACTED] 2/25/26). Staff will receive education on reporting any furniture or equipment hazard or failure immediately on 2/23/26. Documentation of

**95 Furniture and Equipment (continued)**

education will be kept.

Proposed Overall Completion Date: 03/01/2026

Directed Completion Date: 03/01/2026

Implemented [REDACTED] - 03/12/2026)

**101j3 - Bed/Linens/Pillows/Blankets****3. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

3. Pillows, bed linens and blankets that are clean and in good repair.

**Description of Violation**

At 10:31am, there were numerous small, black stains, which appeared to be bedbug residue, present on resident [REDACTED] mattress cover.

**Plan of Correction**

Accept [REDACTED] - 02/25/2026)

All of the mattress covers in the entire home were replaced during the week of 1/12/26 1/16/26. The plan to replace to change as needed and all at once again in 6 months. Resident [REDACTED] has continuously ripped [REDACTED] off and screamed at staff to stop touching [REDACTED] bed and [REDACTED] things. The home had given time to the resident due to mental health reasons to "come around". However, on 2/7/2026 the resident has given [REDACTED] 30 day notice and started moving [REDACTED] belongings out of the home. The mattress cover for that bed was replaced on 2/16/2026. The named resident removed the mattress cover again on 2/18/26. The mattress cover was replaced again on 2/18/26. Administrator will continue checking this bed daily. Administrator will continue checking at least 1/3 of the total beds in the home weekly starting 2/19/2026 to ensure mattress covers stay in good repair. Documentation of bedroom checks will be kept.

Licensee's Proposed Overall Completion Date: 03/01/2026

Implemented [REDACTED] - 03/12/2026)

**121a - Unobstructed Egress****4. 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**

At 9:11am, there were 3 bricks holding the door closed outside the emergency exit door located near the 1st floor shower room due to the latch plate being detached from the door frame, making the door unable to be securely closed.

**Plan of Correction**

Accept [REDACTED] - 02/23/2026)

Maintenance did come while licensing was on site on 2/4/2026 and repaired the latch plate. Maintenance also checked all other doors to ensure they were latching correctly. Staff was instructed again to let administrator or maintenance know as soon as anything is not working properly. Administrator will add doors and egress routes to weekly checklist as of 02/19/2026 and keep documentation of checks/repairs. Staff will receive education on 02/23/2026 and documentation will be kept.

Licensee's Proposed Overall Completion Date: 02/23/2026

121a - Unobstructed Egress (continued)

Implemented (█) - 03/12/2026)

225a - Assessment 15 Days

5. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident █ assessment, dated █ does not include the diagnoses of cognitive impairment and Depression as indicated on resident █'s medical evaluation, dated █

Plan of Correction

Directed █ - 02/25/2026)

Administrator did add the missing diagnoses to resident █ assessment on 02/04/2026. Administrator and resident supervisor are currently auditing all resident rasp to ensure the diagnoses from the DME are included on every resident's assessment. Audit of resident DME/RASP will be completed by 02/23/2026. Comparing Rasp to DME will be included in quarterly audits as of March 2026. (DIRECTED: The first quarterly audit shall begin on 3/1/26. █ 2/25/26). All resident records will be included in the quarterly audits- documentation will be kept.

Proposed Overall Completion Date: 03/01/2026

Directed Completion Date: 03/01/2026

Implemented █ - 03/12/2026)

225c - Additional Assessment

6. Requirements

2600.

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

- 1. Annually.

Description of Violation

Resident █'s most recent assessment, dated █, indicates resident █ has no supervision needs and that resident █ has no problem with hallucinations; however, on the morning of █, resident █ left the home unattended and was found by police and transported to the hospital for evaluation. According to numerous staff persons and residents, resident █ reported █ left the home because █ was hearing voices that were telling █ █ was going to be kicked out of the home. According to staff persons, resident █ is currently receiving hourly safety checks by direct care staff persons.

Resident █ most recent assessment, dated █, does not include the diagnosis of █ as indicated under the cognitive functioning section of resident █ most recent medical evaluation, dated █.

Plan of Correction

Accept █ - 02/25/2026)

A new Rasp was completed on Resident █ and Resident █ on 02/09/2026. Administrator and Resident Supervisor are currently auditing all resident RASP and DME to ensure information is accurate. Audits will include going over all portions of the RASP ensuring no missing information or misinformation. Audits will be completed by

225c - Additional Assessment (continued)

02/26/2026. Documentation will be kept. Comparing Rasp to DME for all residents will be included in quarterly audits beginning 3/1/2026

Licensee's Proposed Overall Completion Date: 03/01/2026

Implemented [redacted] - 03/12/2026)

251c - Standardized Forms

7. Requirements

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

The home is licensed as a personal care home in accordance with chapter 2600; however, the medical evaluations for the following residents were completed on the chapter 2800-assisted living medical evaluation form:

- Resident [redacted]'s medical evaluation, dated [redacted]
- Resident [redacted] most recent medical evaluation, dated [redacted]
- Resident [redacted]'s medical evaluation, dated [redacted]

Plan of Correction

Accepted [redacted] - 02/25/2026)

The administrator printed the wrong form from the wrong link [redacted] had saved for the new DME form. All medical evaluation forms for every resident are currently being audited by administrator and resident supervisor, The audit will be completed on all residents by 02/26/2026. Residents [redacted] and [redacted] are all scheduled for 2/26/26 on the correct medical evaluation forms. Checking to ensure the right form was used will be included in quarterly resident file audits as of 03/01/2026. All residents files will be included in quarterly audits. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 03/01/2026

Implemented [redacted] - 03/12/2026)