

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

May 26, 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 04/20/2026 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: 02/14/2027
 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: Complaint Exit Conference Date: 04/20/2026

Inspection Dates and Department Representative

04/20/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 36 Residents Served: 32
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 32 Are 60 Years of Age or Older: 25
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 2 Have Physical Disability: 1

Inspections / Reviews

04/20/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/07/2026

05/07/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 05/22/2026
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/14/2026

Inspections / Reviews *(continued)*

05/18/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/22/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/23/2026

05/26/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/22/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

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 [redacted] support plan dated [redacted], indicated the resident has hearing loss and can only engage in conversation when [redacted] is able to read lips and if the tone of the conversation is at a higher vocal level. The home stated that they would work with the doctor to get a hearing aid, as this will offer more opportunity for engagement, however, as of [redacted] the resident still does not have a hearing aid.

Plan of Correction

Accept [redacted] - 05/18/2026)

On May 8th, a temporary hearing device was provided to [redacted] by [redacted] On May 9th, the med tech supervisor assisted with putting the device on the resident. (Picture Included)

On May 11th, an alarm system was purchased by [redacted] This includes a bed shaker, pager, alarm and sensor. The device will be installed by 5/18/2026, or sooner if the arrival is on Friday May 15th 2026. (Picture provided)

On May 13th 2026, the resident RASP was updated by [redacted] Administrator designee and trainee. Resident will be educated on the use and purpose of all devices by May 18th, 2026. See attached

The resident will be fitted for a permanent hearing aid on August 5th at 1:30 pm. (We are on the cancellation list and are continuing to call for a sooner appointment). Heartful hands will provide transportation.

[redacted], the med tech supervisor, will monitor the hearing device weekly and note in [redacted] med chart.

Direct Care will provide daily reminders to use the pager device for 2 weeks, ensuring the resident carries it when not in [redacted] bed and helping [redacted] acclimate to its use through May 31st 2026.

Facility manager [redacted] will check that the bed shaker is operational during a fire drill by May 22nd 2026. This is outside of the device testing during setup.

Licensee's Proposed Overall Completion Date: 05/22/2026

Implemented [redacted] - 05/26/2026)

130e - Hearing Impairment

2. Requirements

2600.

130.e. If one or more residents or staff persons are not able to hear the smoke detector or fire alarm system, a signaling device approved by a fire safety expert shall be used and tested so that each resident and staff person with a hearing impairment will be alerted in the event of a fire.

Description of Violation

Resident [redacted] is deaf and unable to hear the fire alarm system when it is activated. However, the home does not have a signaling device approved by a fire safety expert and tested to ensure that resident #1 will be alerted in the event of a fire.

Plan of Correction

Accept [redacted] - 05/18/2026)

On May 11th, an alarm system was purchased by [redacted] This includes a bed shaker, a pager, an alarm, and a sensor.

The device will be installed within 48 hours upon arrival expected date is 5/18/2026, (Picture provided)

Resident will be educated on the use and purpose of all devices by May 20th, 2026. See attached

130e Hearing Impairment (continued)

Direct Care will provide daily reminders to use the pager device for 2 weeks, ensuring the resident carries it when not in bed and helping acclimate to its use through May 31st 2026. Facility manager will check that the bed shaker is operational during a fire drill by May 22nd 2026. This is outside of the device testing during setup. Joe L, the fire chief, has approved the device. The device will be audited during monthly fire drills and noted on the drills' assistance needed roster.

Licensee's Proposed Overall Completion Date: 05/22/2026

Implemented - 05/26/2026)

225a - Assessment 15 Days

3. 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, initial support plan dated, did not indicate if the resident was able to transfer in and out of a bed or a chair and if needed assistance with toileting. These boxes were left blank.

Plan of Correction

Accept - 05/18/2026)

On May 13th 2026, PB RASP was updated to reflect the hearing device and mobility needs by and (Administrator and Admin Trainee) will conduct an audit of all files by 6/15/2026 to ensure that accurate assessments of mobility, toileting, and assistance needs are reflected in each resident file. During the audit, or will review the accuracy of the assessment of the resident's transfer abilities to ensure it accurately reflects the resident's needs, including transfers in and out of bed and a chair. The resident's level of independence in these transfers, assess the resident's toileting needs and determine if assistance is required. All residents will have their RASPS updated within 5 days of a change in the level of assistance needed. All staff will be notified to ensure comprehensive and accurate care planning. Follow Up: Audits of resident files will be conducted and documented in September 2026 and January 2027.

Licensee's Proposed Overall Completion Date: 06/15/2026

Implemented - 05/26/2026)