

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

September 3, 2025

[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 07/17/2025, 07/18/2025 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: HEARTFUL HANDS LLC License #: 45370 License Expiration: 11/29/2025  
 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: 06/14/2010 Issued By: City of Clairton

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 30 Waking Staff: 23

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Monitoring Exit Conference Date: 07/18/2025

**Inspection Dates and Department Representative**

07/17/2025 - On-Site: [REDACTED]  
 07/18/2025 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 36 Residents Served: 29  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 1  
 Number of Residents Who:  
 Receive Supplemental Security Income: 25 Are 60 Years of Age or Older: 20  
 Diagnosed with Mental Illness: 25 Diagnosed with Intellectual Disability: 1  
 Have Mobility Need: 1 Have Physical Disability: 0

**Inspections / Reviews**

07/17/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/14/2025

08/19/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 09/03/2025  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/24/2025

Inspections / Reviews *(continued)*

09/03/2025 POC Submission

Submitted By: [REDACTED]      Date Submitted: 09/03/2025  
Reviewer: [REDACTED]      Follow Up Type: *Bypass Document  
Submission*

09/03/2025 Bypass Document Submission

Submitted By: [REDACTED]      Date Submitted: 09/03/2025  
Reviewer: [REDACTED]      Follow Up Type: *Not Required*

51 - Criminal Background Check

1. Requirements

2600.

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

Staff person A, date of hire [redacted] does not have a criminal history background check completed.

Plan of Correction

Accepted [redacted] - 09/02/2025)

Please take a look at the attached background check that was completed on 4/22/2025 and not properly filed. As of July 25, 2025, onboarding staff to be employees will require background checks to be completed at the time of hire. As of July 25th, 2025, Heartful Hands will also be auditing quarterly staff and resident files to ensure compliance is maintained. The previous Administrator is no longer employed as a result of their noncompliance with regulatory expectations of PA DHS.

Licensee's Proposed Overall Completion Date: 08/22/2025

Implemented [redacted] - 09/03/2025)

60a - Staff/Support Plan

2. 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

There was no qualified staff person to administer medications in the home from [redacted], on the 11:00 p.m.-7:00 a.m. shift. Multiple residents are prescribed as needed medications, to include resident [redacted] and [redacted].

Plan of Correction

Accepted [redacted] - 09/03/2025)

The schedule will be adjusted to meet the regulation 2600.60.a. Heartful Hands hired [redacted], and [redacted] is also a med tech. [redacted] has completed med tech training, and [redacted], and two part-time med techs are interviewing on 8/11/2025. Our overnights are fully staffed, and we have on-call capacity in the event someone calls in sick.

Heartful Hands' medication supervisor will train all med techs on regulations by 9/4/2025 and have them sign that they have reviewed and understand the requirements per PA DHS.

7/25/2025 [redacted], who became the administrator on record, has categorized staff in the scheduling system to reflect that the shift is covered 24 hours per day.

Licensee's Proposed Overall Completion Date: 09/04/2025

Implemented [redacted] 09/03/2025)

65a - FS Orientation 1st Day

3. Requirements

2600.

65a FS Orientation 1st Day (continued)

- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
1. Evacuation procedures.
  2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
  3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
  4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
  5. The location and use of fire extinguishers.
  6. Smoke detectors and fire alarms.
  7. Telephone use and notification of emergency services.

**Description of Violation**

Staff person A, whose first day of work was [REDACTED], did not receive orientation in any of the required topics in accordance with 2600.65a.

Repeat Violation: [REDACTED] et al and [REDACTED] et al

**Plan of Correction**

Accept [REDACTED] 09/03/2025)

All documentation had been completed, but it was not properly filed. On 7/25/2025, the administrator, [REDACTED], trained [REDACTED] on effective hiring practices as they relate to Reg 2600.65a.

On 8/11/2025, hiring packets were created with the appropriate documents needed for compliance.

No staff will begin the first day of work without the documents required for their job duties per regulation.

Kelley Martin will conduct file audits for staff during the last week of the month, at the end of each quarter, to ensure compliance. 8/26/2025 will complete the first audit.

The correction is that new hires will not be permitted to pick up paperwork to fill out for return. However, Administrators or Managers have been trained in employee onboarding, and the administrator will monitor in person for 90 days when hiring new staff.

Licensee's Proposed Overall Completion Date: 08/26/2025

Implemented [REDACTED] - 09/03/2025)

65b - Rights/Abuse 40 Hours

**4. Requirements**

2600.

- 65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

**Description of Violation**

Staff person A completed [REDACTED] 40th scheduled work hour on or about [REDACTED]. However, this staff person did not receive orientation training in any of the required topics in accordance with 2600.65b.

65b - Rights/Abuse 40 Hours (continued)

Repeat Violation: [REDACTED] et al and [REDACTED], et al

Plan of Correction

Accept [REDACTED] - 09/03/2025)

[REDACTED] has trained [REDACTED] in person on regulations 2600.65.b and 2600.26b with new employees to ensure we are meeting rules as of August 12, 2025. The previous Administrator is no longer employed with Heartful Hands as of 7/25/2025 [REDACTED] is the administrator. The tasks were completed but not filed, and the file was not available at the time of inspection. As of July 25, 2025, the Administrator will need to verify all new hire paperwork before the physical start, and will be responsible for background checks.

The owner will also conduct a quarterly audit to ensure that resident and staff files comply.

Training will be conducted monthly by the Administrator to ensure staff are trained according to the regulations of DHS.

As of 7/25/25, [REDACTED] will handle all compliance corrections in Sanswrite.

Licensee's Proposed Overall Completion Date: 08/23/2025

Implemented [REDACTED] 09/03/2025)

131e - Accessible Extinguishers

5. Requirements

2600.

131.e. Fire extinguishers shall be accessible to staff persons. Fire extinguishers shall be kept locked if access to the extinguisher by a resident could cause a safety risk to the resident. If fire extinguishers are kept locked, each staff person shall be able to immediately unlock the fire extinguisher in the event of a fire emergency.

Description of Violation

On [REDACTED] at 9:01 a.m. there was an unlocked, improperly stored fire extinguisher outside, on the cement ground near the resident smoking area. It was also accessible to residents, causing a safety hazard.

Plan of Correction

Accept [REDACTED] 09/03/2025)

The fire extinguisher was removed and verified on 8/23/2025. [REDACTED] completed this task and attached a picture. We have contacted [REDACTED] regarding the safe and appropriate extinguishing supplies. The facility manager [REDACTED] will contact [REDACTED] again on 8/26/2025.

Licensee's Proposed Overall Completion Date: 08/28/2025

Implemented [REDACTED] - 09/03/2025)

132c - Fire Drill Records

6. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on [REDACTED], at 3:40 a.m., does not include the amount of time to evacuate.

132c - Fire Drill Records (continued)

The fire drill conducted on [REDACTED], indicates two times the drill was conducted - 1:45 p.m. and 2:01 p.m. - and only one evacuation time.

Plan of Correction

Accept [REDACTED] - 09/03/2025)

The administrator as of 7/25/2025 will be present for fire monthly fire drills to ensure entries are correctly written. [REDACTED] was trained to review and use the new fire drill document to improve entries. [REDACTED] directed Heartful Hands to complete an unannounced overnight fire drill. [REDACTED], Owner/Administrator, observed and conducted on 7/14/2025. This was documented correctly, and the Administrator will conduct a review for the next 90 days to ensure compliance with the regulation. Next drill is scheduled for 8/26/2025. Regulation was reviewed with direct care staff on 6/26/2025.

[REDACTED] was coached on one-line error correction on 7/26/25 when making entries. On 7/14/2025, Heartful Hands Owner conducted a fire drill that was directed and performed as required by DHS. We have updated our form on 7/13/2025 to include am/pm in the time area, preventing errors in evacuation time. Staff all received written and in-person training on fire drills and safety from the administrator. The administrator will participate in the monthly fire drill in Aug, September and October to ensure recording and alternative exits are being exercised.

Licensee's Proposed Overall Completion Date: 08/26/2025

Implemented [REDACTED] - 09/03/2025)

187a - Medication Record

7. Requirements

2600.

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

- 3. Name of medication.
- 4. Strength.
- 5. Dosage form.
- 6. Dose.
- 7. Route of administration.
- 8. Frequency of administration.
- 9. Administration times.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED], take 2 tablets by mouth 3 times a day as needed for pain or fever. However, resident's July 2025 medication administration record does not include this medication.

Plan of Correction

Accept [REDACTED] 09/03/2025)

On 7/25/2025 a new administrator is appointed. [REDACTED] on 7/17/25 spoke with [REDACTED] from [REDACTED] office to provide a prescription. On 8/22/2025, Owner/Administrator met with Health Direct to implement Electronic MARS system and medication tracking 10/1/2025. Health Direct will return on 8/26/2025 to meet Med Supervisor [REDACTED]. This system will have automatic refills and deliver to Heartful Hands. During the system transition [REDACTED] and [REDACTED] will review MARS/MED Cart three times per week to ensure proper medication distribution occurs. Med Techs will continue monthly training to maintain standards and expectations when distributing medication. Script is attached.

Licensee's Proposed Overall Completion Date: 08/26/2025

187a - Medication Record (continued)

Implemented [REDACTED] - 09/03/2025)

187d - Follow Prescriber's Orders

8. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] 100u/ml inject 4 units with lunch in addition with sliding scale: 150 no additional insulin: 151-200=4 units, 201-250=6 units,251-300=8 units, 301-350=12 units, 351-400=14 units, 401-450=20 units, 451-500=22 units and call MD. However, on 7/5/25, the resident's blood glucose reading was 123 and no insulin was administered. The resident should have received the 4 unit dose.

Plan of Correction

Accept [REDACTED] - 09/03/2025)

On July 17, 2025, [REDACTED] contacted [REDACTED] office to obtain a prescription and specific directions for the medication. It was placed in the [REDACTED] and the resident file to ensure med techs follow instructions. Staff JU was trained explicitly on July 18, 2025. The written staff correction between the Med Supervisor/Trainer is attached. Nyhemia and Shannon will review MARS/MED Cart three times per week to ensure proper medication distribution occurs.

Licensee's Proposed Overall Completion Date: 08/26/2025

Implemented [REDACTED] - 09/03/2025)