





COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670  
FAX: (717) 783-5662

APR 17 2012

Ms. Elaine Sprainer, Vice President of Operations  
ReMed Recovery Care Center  
16 Industrial Boulevard, Suite 203  
Paoli, Pennsylvania 19301

RE: ReMed Recovery Care Centers  
103 Aqua Drive  
Pittsburgh, Pennsylvania 15238

Dear Ms. Sprainer:

As a result of the Department of Public Welfare's licensing inspection on March 8, 2012 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

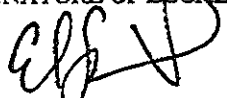
Sincerely,

A handwritten signature in black ink, appearing to be 'R Melusky'.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME REMED RECOVERY CARE CENTERS, 103 AQUA DRIVE PITTSBURGH, PA 15238		CURRENT LICENSE NUMBER 440260	
INSPECTION DATES (Include all dates of the inspection) 03/08/2012		REGIONAL REPRESENTATIVE McKinley Rouse, Maria Stepanovich	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Elaine Sprainer, VP of Operations</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 3/21/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Maria Stepanovich (MS)</i>	DATE 3/28/12

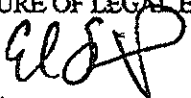
REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	There was an inoperable bedside lamp in bedroom #1 which is a private room.	3/08/12	During the inspection, light bulb was replaced so light is operable. Weekly walk-throughs by the Site Manager will check for ongoing compliance with this. (see attached picture)	MS 3/28/12
171b5 If staff persons or volunteers of the home provide transportation for the residents, the vehicle shall have a first aid kit with the contents in 96.	The gray van used to transport residents had a first aid kit that did not include a thermometer or eye coverings.	3/08/12	During the inspection, thermometer and eye coverings were placed in the gray van, completing its first aid kit. (see attached picture) Health & Safety Representative will check the first aid kit of all vehicles to ensure all items are available as part of the monthly vehicle inspection checks.	MS 3/28/12

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Adult Residential Licensing

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME REMED RECOVERY CARE CENTERS, 103 AQUA DRIVE PITTSBURGH, PA 15238		CURRENT LICENSE NUMBER 440260	
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SIGNATURE OF LEGAL ENTITY 	DATE 3/21/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION MS	DATE 3/28/12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	<p>The following medications and number of pills were in an unlocked pill box on resident #2's dresser of the unlocked bedroom:</p> <ul style="list-style-type: none"> <li>• 8 Depakote - 500 mg</li> <li>• 1 Depakote - 250 mg</li> <li>• 3 Nexium</li> <li>• 2 Wellbutrin - 150 mg</li> </ul> <p>Also, there was an unlabeled, unlocked Flovent inhaler on the same dresser.</p>	3/12/12	<p>The clients medications were locked in [redacted] med box in [redacted] room immediately.</p> <p>A larger med box was purchased so that the Flovent Inhaler and its original container would fit into the lock box. (see attached picture)</p> <p>A tracker was developed to check the resident's room 2 times per day to ensure the medications remain in the locked med box. (see attached form)</p> <p>By 4/28/12 - resident #2 will be re-educated on the required locked storage of medications.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable.</p> <p>3/28/12 MS Date Initials (DPW)</p>


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MS 3/28/12

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY 	DATE 3/24/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION MS	DATE 3/28/12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	There was an unlabeled Flovent inhaler on resident #2's dresser.  <b>RECEIVED</b>  MAR 21 2012  Western Field Office Adult Residential Licensing	3/10/12	The original container for the Flovent inhaler was placed with the inhaler in the locked med box. A larger box was purchased so that the Flovent inhaler and its original container would fit into the locked box.  (see attached picture) A tracker was developed to check the resident's room 2 times per day to ensure the medications remain in the locked med box.  (see attached form) By 4/28/12 - Resident #2 will be re-educated on the required locked storage of medications. MS 3/28/12	Steps have been taken to correct violation; full compliance is not verified. 3/28/12 MS Date Initials (DPV)

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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226a The resident shall be assessed for mobility needs as part of the resident's assessment.	<p>Resident # 1's assessment, support plan and medical evaluation contradict each other regarding the resident's mobility needs.</p> <p>Resident #1's medical evaluation, dated 5/18/11, indicates the resident has difficulty understanding and following oral directions in the event of an emergency. The assessment, dated 6/1/11, indicates the resident is independently mobile with an ambulation device and the support plan, dated 6/14/11, indicates the resident requires moderate assistance transferring in/out of bed/chair.</p>	3/09/12	<p>Resident's assessment was updated to reflect that he required moderate assistance for emergency evacuation.</p> <p style="text-align: center;">(see attached RASP)</p> <p>Case Manager will check all resident documentation to ensure consistency of abilities noted.</p>	<p>MS 3/28/12</p>

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