



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 19 2014

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

RE: ReMed
139 Spruce Lane
Paoli, Pennsylvania 19301
License #: 134360

Dear Ms. Sprainer:

As a result of the Department of Public Welfare's licensing inspection on April 24, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period June 14, 2014 to June 14, 2015 was issued on March 10, 2014. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

PCH Name: REMED		License Number: 13436
Address: 139 SPRUCE LANE, PAOLI, PA 19301		County: Chester
Administrator: Lauren Glower		Region: CENTRAL
Legal Entity Name: REMED RECOVERY CARE CENTERS LLC		
Legal Entity Address: 16 INDUSTRIAL BLVD. SUITE 203, PAOLI, PA 19301		
Certificate(s) of Occupancy R-4 12/29/2008 Willistown Township		
Staffing Hours Resident Support: 0 Total Daily Staff: 5 Waking Staff: 4		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/24/2014: Rouse, McKinley; Riel, Becky		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>JUN 04 2014</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 5 Number of Residents Served: 5 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 1 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 13436 - 04/24/2014 - Rouse, McKinley
 PCH Name: REMED

1. REGULATION 55 Pa.Code §2600
 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.

2a. DESCRIPTION OF VIOLATION
 The home's training record for Staff Person A, hired on 12/5/13 with a start date of 12/18/13, indicated that the required trainings of 2600.65a were completed on 1/31/14, when the actual training took place on 12/18/13.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

We will ensure that training documentation for all staff is correct. The Administrator will routinely audit staff files to ensure this is completed correctly.

The home corrected the identified training record for Staff person A. - PE

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *LAUREN GOWER* Date *6/3/14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>6-4-14</u> (Date)	Plan of correction implementation status as of <u>6-4-14</u> (Date)
The above plan of correction was approved by <u>PE</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13436 - 04/24/2014 - Rouse, McKinley
 PCH Name: REMED

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

The sink for the bathroom across from Resident #1's room had a temperature of 127.5 degrees Fahrenheit at 1:15 PM.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

we will ensure the hot water temperature does not exceed 120 degrees. Health & Safety Representative will routinely check hot water temperature is within 120 degrees. If above 120 degrees, staff will contact ReMed maintenance staff immediately to correct.

(see attached photo)

The water temperature was immediately adjusted at the time of the inspection. - SE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>LAUREN GOWER</i>	Date <i>6/3/14</i>
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The above plan of correction is approved as of 6-3-14
 (Date)

The above plan of correction was approved by SE
 (Initials)

Plan of correction implementation status as of 6-3-14
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13436 - 04/24/2014 - Rouse, McKinley
 PCH Name: REMED

1. REGULATION 55 Pa.Code §2600

2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION

The first aid kit for the 2014 Honda Odyssey that the home uses to transport residents did not have eye coverings.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

We will ensure that all required items are in the vehicle first aid kits. The Health & Safety Representative will routinely check the vehicle first aid kits have all required items. If something is missing, the Administrator will be contacted immediately. *The eye coverings were*
 (see attached photos)

added to the first aid kit by the home. -EE

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *LAUREN GOWEN* Date *6/3/14*

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 (Date)

The above plan of correction was approved by EE
 (Initials)

Plan of correction implementation status as of 6-4-14
 (Date)

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