



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 28 2015

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

RE: ReMed Recovery Care Centers  
1152 North New Street  
West Chester, Pennsylvania 19380  
Certificate #: 106230

Dear Ms. Sprainer:

As a result of the Department of Human Services' licensing inspection on June 16, 2015 and June 17, 2015, 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 (relating to Personal Care Homes) must be maintained.

Your regular license for the period May 26, 2015 to May 26, 2016 was issued on February 24, 2015. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones".

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary



Violation Report: 10623 - 08/16/2015 - Hoover, Douglas  
 PCH Name: REMED

**1. REGULATION 55 Pa.Code §2600**

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

**2a. DESCRIPTION OF VIOLATION**

The contract for Resident #1, dated 11/30/14, was not signed by the home.

**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.*

The contract has been signed by the home's Administrator designee on June 18, 2015. ReMed will ensure that the Administrator or designee signs all contracts, in addition to the resident. All contracts will be reviewed upon completion by the Administrator to ensure all necessary signatures have been secured.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Helen Heinemann BS*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Helen Heinemann PCHA* Date *7-17-15*

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

The above plan of correction is approved as of 8-25-15  
 (Date)

Plan of correction implementation status as of 8-25-15  
 (Date)

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

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

Violation Report: 10623 - 06/16/2015 - Hoover, Douglas  
 PCH Name: REMED

**1. REGULATION 55 Pa.Code §2600**

2600.65(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.

**2a. DESCRIPTION OF VIOLATION**

Direct Care Staff Member A, whose first day of work was 1/14/15, did not receive an orientation in general fire safety and emergency preparedness until 1/18/15.

**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.

The Administrator or the program's Health & Safety Representative will ensure that the overview of fire and safety and emergency procedures is reviewed first day on site, to include all topics listed above, with every new employee, volunteer, ancillary and/or substitute staff.

*Documentation of the training will be kept by the home. -25*

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 (Required on EVERY Page) *Helen Heinemann PCHA* Date *7-17-15*

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 (Date)

The above plan of correction was approved by *HS*  
 (Initials)

Plan of correction implementation status as of *8-25-15*  
 (Date)

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Violation Report: 10623 - 06/16/2015 - Hoover, Douglas  
 PCH Name: REMED

1. REGULATION 55 Pa.Code §2600  
 2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

2a. DESCRIPTION OF VIOLATION  
 There was an unmarked spray bottle in the storage area behind the kitchen filled with "PineSol" cleaner, as identified by Staff Member E.

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.

The Administrator has informed the outside cleaning company agency that they must use the products supplied by the program, to ensure all cleaning products are in their original containers. This will be monitored on a regular basis by the Administrator and the program's Health & Safety Representative.

*The identified container was removed by the home immediately. -SE*

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The above plan of correction was approved by <u>SE</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: 10623 - 06/16/2015 - Hoover, Douglas  
 PCH Name: REMED

1. REGULATION 55 Pa.Code §2600  
 2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION  
 The two concrete steps from the kitchen's "delivery entrance" leading to the driveway did not have a handrail.

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.

A handrail has been installed by the two steps at the kitchen's back door (see attached). This was completed 07/14/15.

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Violation Report: 10823 - 06/16/2015 - Hoover, Douglas  
 PCH Name: REMED

1. REGULATION 55 Pa.Code §2600  
 2600.102(k) - Use of a common towel is prohibited.

2a. DESCRIPTION OF VIOLATION  
 There were no paper towels in the bathroom used by Resident #2.

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.

Paper towels were provided in the bathroom used by Resident #2 during the inspection. All program staff have been educated regarding the necessity to have a supply of paper towels available in the individual bathrooms at all times. This will be checked during regular walk-throughs by the Administrator and the program's Health & Safety representative.

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Violation Report: 10823 - 06/16/2015 - Hoover, Douglas  
 PCH Name: REMED

**1. REGULATION 56 Pa.Code §2600**

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**2a. DESCRIPTION OF VIOLATION**

Resident #2, admitted on 3/20/15, did not have a pre-admission screening form completed until 3/23/15.

**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.*

ReMed will ensure that all residents have a completed pre-admission screening form prior to admission. Although the Nurse Practitioner had evaluated the Resident at the facility from which he was being discharged, and wrote the admission orders for his return to ReMed, the pre-admission screening form was not completed in a timely manner.

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