



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: December 30, 2015

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

RE: ReMed Recovery Care Centers
2 Harvey Lane
Malvern, Pennsylvania 19355
Certificate #:128470

As a result of the Department of Human Services' licensing inspections on November 19, 2015 of the above facility, the violation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

The violation 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Brett Swanger".

Brett Swanger
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 12847 - 11/19/2015 - McCloskey, Jason
 PCH Name: REMED RECOVERY CARE CENTERS

1. REGULATION 55 Pa.Code §2600

2800.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 9-4-15, an allegation of abuse against Resident 1 was reported to Staff Person B. Per interview with Staff Person A, the Administrator, the home did not report the allegation to the local area agency on aging until Tuesday, 9-8-15.

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 will ensure that the local area agency on aging will be contacted immediately with any report of an allegation of abuse.

** An inservice will be held for all staff concerning the reporting procedures for instances of suspected and reported abuse.*

*This inservice will be completed by 2/1/2016
 BATS 12/30/2015*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Dave Mackenzie

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Dave Mackenzie

Date *12/23/15*

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

The above plan of correction is approved as of

12/30/15
 (Date)

Plan of correction Implementation status as of

12/30/15
 (Date)

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

The above plan of correction was approved by

BATS
 (Initials)

Violation Report: 12847 - 11/19/2015 - McCloskey, Jason
 PCH Name: REMED RECOVERY CARE CENTERS

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 9-4-15 around 7 am, Resident 1 stated that Staff Person C pounded on the shower door startling the resident. Once the resident returned to the bedroom, Staff Person C came into the room and screamed at the resident asking why the resident slammed the bedroom door. Resident 1 asked the staff person to leave but that the staff person refused and continued to yell. The resident then attempted to push the staff person out of the bedroom at which point Staff Person C slapped the resident across the face. No physical injuries were noted, however, Resident 1 made the statement of being afraid of Staff Person C and that the resident "doesn't want this to happen again."

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.

Program staff reported overhearing the above verbal altercation and reported this to the resident's Case Manager (Staff B). The Case Manager spoke to the resident and gathered the details of the above incident. The Case Manager then immediately contacted the Site Manager/Administrator (Staff A). The Site Manager/Administrator contacted Human Resources, and both went to the program to meet with and interview the staff witnesses/reporters and Staff Person C. It was determined that there was a level of verbal abuse, but Staff Person C did not admit to hitting the resident and this action was not witnessed. Based on the admitted verbal abuse, Staff Person C was terminated immediately.

All staff are trained upon hire and annually on ReMed's zero tolerance policy for any type of verbal or physical abuse towards a resident.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Dave Mackenzie* Date *12/23/15*

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

The above plan of correction is approved as of <u>12/30/15</u> (Date) The above plan of correction was approved by <u>BAS</u> (Initials)	Plan of correction implementation status as of <u>12/30/15</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 12847 - 11/19/2015 - McCloskey, Jason

PCH Name: REMED RECOVERY CARE CENTERS

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 record of training for Staff Person C does not include orientation required on the first day of employment as stated in regulation 2600.65(a), and training required within the employee's first 40 working hours as stated in regulation 2600.65(b).

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 terminated employee's training checklist was inadvertently destroyed and not included in the personnel file. The administrator will ensure that all employee records of training will be kept in the personnel file.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Dave Mackenzie

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Dave Mackenzie Date 12/24/15

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

The above plan of correction is approved as of 12/30/15
(Date)

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

Plan of correction implementation status as of 12/30/15
(Date)

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

Violation Report: 12847 - 11/19/2015 - McCloskey, Jason
 PCH Name: REMED RECOVERY CARE CENTERS

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

The trash can in bathroom #2 (between bedrooms #5 and #6) did not have a lid.

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 trash can with a lid was immediately placed in bathroom #2. See attached photo. The Administrator will ensure that all trash cans in the kitchen and the bathrooms will have lids. This will be monitored during weekly walk-throughs by the Administrator and/or Health and Safety.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

DAVE MACKENZIE

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

DAVE MACKENZIE

Date *12/23/15*

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The above plan of correction was approved by

DM
 (Initials)

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- Not Implemented

Violation Report: 12847 - 11/19/2015 - McCloskey, Jason

PCH Name: REMED RECOVERY CARE CENTERS

1. REGULATION 55 Pa.Code §2600

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The last fire safety inspection and fire drill observed by a fire safety expert was conducted on 11/3/2014.

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.

There was a delay in scheduling the fire safety expert's annual inspection and drill observation. Both were completed on 12/07/15, see attached drill.

Going forward, the Administrator will ensure that the annual inspection and drill observation occur in a timely manner or on an annual basis.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Dave Mackenziel

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Dave Mackenziel

Date *12/23/15*

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(Initials)

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