



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 23 2016

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  
License #: 128470

Dear Ms. Sprainer:

As a result of the Department of Human Services' annual licensing inspection on January 29, 2016 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Jay Bausch".

Jay Bausch  
Deputy Secretary

Enclosure  
License Inspection Summary



Violation Report: 12847 - 01/29/2016 - Gillespie, Denise  
 PCH Name: Remed Recovery Care Centers

**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 11/12/2014, 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.*

Contract was signed by designee. The case management team will routinely check compliance.

(See attached document with signatures.)

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) <i>Dave Mackenzie</i>	Date <i>4/6/16</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>4-6-16</u> (Date)	Plan of correction implementation status as of <u>4-6-16</u> (Date)
The above plan of correction was approved by <u>EE</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: 12847 - 01/29/2016 - Gillespie, Denise  
 PCH Name: Remed Recovery Care Centers

**1. REGULATION 55 Pa.Code §2600**

2600.82(b) - Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

**2a. DESCRIPTION OF VIOLATION**

Jet Dry with a manufacturer's label indicating, "if in the eyes seek immediate medical attention," Ultimate Clean Dishwashing liquid and Cascade dishwashing liquid with the manufacturer's label indicating, "if swallowed contact physician or poison control," were found stored in an unlocked cabinet next to the dishwasher. Not all residents have been assessed as being able to safely use poisonous materials.

**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.*

Poisonous materials were locked in a designated cabinet. The Administrator and/or Health & Safety Rep will conduct weekly walk-throughs to ensure proper storage of poisonous materials.

(See attached photos.)

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) <i>Dave Mackenzie</i>	Date <i>4/6/16</i>
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Violation Report: 12547 - 01/29/2016 - Gillespie, Denise  
 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 Community Bathroom #1, used by residents, does 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 placed in bathroom . (See attached photo.)

The Administrator will ensure that all trash cans in the bathrooms will have lids. This will be monitored during weekly walk-throughs by Administrator and/or Health & Safety Rep.

Repeat Violation: Yes	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Dore McKenzie*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Dore McKenzie* Date *4/6/16*

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The above plan of correction is approved as of <u>4-6-16</u> (Date)  The above plan of correction was approved by <u><i>DR</i></u> (Initials)	Plan of correction implementation status as of <u>4-6-16</u> (Date) <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
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Violation Report: 12847 - 01/29/2016 - Gillespie, Denise  
 PCH Name: Remed Recovery Care Centers

**1. REGULATION 55 Pa.Code §2600**

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.

**2a. DESCRIPTION OF VIOLATION**

The fire drill record for the drills conducted on 7/22/15 and 11/14/15 do not include the number of residents in the home or the number of residents evacuated during the drills.

**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 number of residents in the home and the number of residents evacuated was added to the Fire Drill records for 7/22/15 and 11/14/15. (See attached revised drills.)

The Administrator and/or Health & Safety Rep will ensure all Fire Drill records include necessary information.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Dore Mackenzie</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Dore Mackenzie</i>	<i>4/16/16</i>

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(Date)

Plan of correction implementation status as of 4-6-16  
(Date)

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

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