



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 15 2016

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
934 North Chester Road
West Chester, Pennsylvania 19380
License #: 141160

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,

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 14116 - 01/29/2016 - McCloskey, Jason
 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 was not signed by the resident.

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 resident. Case management team will routinely check compliance. (See attached document with signatures.)

Case management team checked all client contracts to ensure all necessary signatures were obtained and all elements of contract completed as necessary.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Julia Nastasi

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

Julia Nastasi, Administrator

Date *3-11-16*

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

The above plan of correction is approved as of

3/14/16
 (Date)

Plan of correction implementation status as of *3/14/16*
 (Date)

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

The above plan of correction was approved by

BAS
 (Initials)

Violation Report: 14116 - 01/29/2016 - McCloskey, Jason
 PCH Name: REMED RECOVERY CARE CENTERS

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

The home has a One Touch Ultra Mini glucometer which was described as a "house glucometer" by Staff person B. Although the home doesn't serve a population which currently requires blood sugar testing, multiple blood sugar readings were recorded on the glucometer, including a recent reading on 1-20-16 at 3:00 am of 78. A progress note indicating blood sugar testing on 1-20-16 for Resident 1 correlates to the blood sugar reading of 78 observed on the glucometer.

Per interview, Staff person B stated that the glucometer is used to check residents or staff who present as "a little dizzy or lightheaded" or who aren't presenting at "their baseline." Staff person B admitted to using the unit at least once to check his/her own blood sugar.

Additional readings observed on the glucometer:

11-20	at 2:03am	103
11-19	at 2:57pm	230
11-19	at 2:28pm	162
11-5	at 10:26am	106
10-27	at 1:18am	139
10-10	at 8:54am	96
10-1	at 1:20am	135
9-30	at 1:46pm	136
9-1	at 12:19am	87
8-31	at 12:17pm	167
8-31	at 7:22am	158
8-31	at 3:28am	189
8-31	at 12:28am	151
8-30	at 12:37pm	390
8-30	at 6:55am	375
8-30	at 3:18am	294
8-30	at 12:04am	115
8-29	at 1:29pm	198
8-29	at 12:15am	206
8-28	at 12:57am	154
8-27	at 7:10am	153
8-27	at 2:59am	226
8-27	at 12:57am	226
8-26	at 12:42pm	208
8-26	at 7:16am	234

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.

Glucometer reviewed at time of inspection was discarded. New glucometers were purchased to be kept on site and to be dedicated to only one client. Medication Mgr will ensure glucometers are dedicated to only one client and are not used inappropriately. Con't... on

Page 3A

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

Julia Nastasi

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Julia Nastasi, Administrator	3-11-16

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 (Date)

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

Plan of correction implementation status as of 3/14/16
 (Date)

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

Page 3A of 10

3. Con't: Medication Manager will ensure each client's specific glucometer is labeled with that client's name. Only Nursing staff will be responsible for testing a client's blood sugar or for providing any necessary insulin administration.

Violation Report: 14116 - 01/29/2016 - McCloskey, Jason
 PCH Name: REMED RECOVERY CARE CENTERS

1. REGULATION 55 Pa.Codes §2600
 2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home had no documentation that the furnace had been inspected in 2015. Staff person A, the administrator, stated that the furnace has not been inspected since it was installed in October of 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.

Furnace was inspected on 2/15/16. (See attached picture.)

Maintenance checklist to include furnace inspection to ensure annual inspections are completed and documented in a timely manner.

Completion of maintenance checklist will be monitored by the Administrator and double checked during quarterly self inspections by Administrator or health & safety designee.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Julia Nastasi, Administrator* Date *3-11-16*

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The above plan of correction is approved as of <u>3/14/16</u> (Date) The above plan of correction was approved by <u>BAS</u> (Initials)	Plan of correction implementation status as of <u>3/14/16</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: 14116 - 01/29/2016 - McCloskey, Jason
 PCH Name: REMED RECOVERY CARE CENTERS

1. REGULATION 55 Pa.Code §2600
 2600.127(a) - Portable space heaters are prohibited.

2a. DESCRIPTION OF VIOLATION

On 1/29/16, a small, silver "Dayton" brand portable space heater was located under a desk in the basement office area of the home. The unit was plugged into the wall at the time of the inspection.

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.

Portable space heater was removed from home. Regulation was reviewed with all staff. Weekly walk-throughs by the Health & Safety Representative will be done to ensure compliance implemented and will continue.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Julia Nastasi, Administrator</i>	Date <i>3-11-16</i>
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 (Initials)

Plan of correction implementation status as of 3/14/16
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- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 14116 - 01/29/2016 - 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 home's documentation for a fire safety inspection and fire drill observed by a fire safety expert was for the inspection conducted on 11/3/14. The administrator stated that a drill and inspection took place on 12/7/15, however, the home did not have documentation for this inspection.

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.
(Please see all attached documents.)

Fire safety expert signed fire drill form documenting that a drill was observed at the time of inspection, 12/07/15, however receipt of inspection report was delayed. ReMed will ensure 2016 drill is observed by fire safety expert and report of inspection will be completed in a timely manner.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Julia Nastasi*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Julia Nastasi, Administrator* Date *3-11-16*

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(Initials)

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(Date)

- Fully Implemented
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- Not Implemented

Violation Report: 14118 - 01/29/2016 - McCloskey, Jason
 PCH Name: REMED RECOVERY CARE CENTERS

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 The following medications were present in the home and were expired:
 - Diphenhydramine HCL 25 mg Cap for Resident 1, expired 11/24/15
 - Bisacodyl Tab 5 mg EC for Resident 3, expired 9/25/15
 - Aloe Vesta Perineal Cleaner for Resident 3, expired 4/9/15

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.

Expired medications were removed from medication room and discarded according to policy and procedure.
 Weekly inspections by med manager will be conducted to ensure compliance.
 Medication manager is reviewing medication procedures and policy with all med admin staff; training should be completed by March 11, 2016.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Julia Nastasi, Administrator</i>	Date <i>3-11-16</i>
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The above plan of correction was approved by <u>BNS</u> (Initials)	<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

Violation Report: 14116 - 01/29/2016 - McCloskey, Jason
 PCH Name: REMED RECOVERY CARE CENTERS

1. REGULATION 55 Pa.Code §2600

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

The medication administration records for Resident 2 include *Haloperidol 1 MG tabs, "take 2 tablets (2 MG) by mouth every 12 hours as needed for severe agitation."* The use of medication to control resident behavior is considered to be a chemical restraint and is prohibited by this regulation.

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.

Medication was never administered. Medication was discharged. See attached script. Medication Manager will ensure medication documentation is accurate.

Medication manager has reviewed all current clients' Med orders to ensure medications are prescribed for a specific diagnosis and not to control behaviors. Monthly Med Manager audits of the Physician Orders, MARs and Meds on site will occur to ensure continued compliance.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Julia Nastasi, Administrator* Date *3-11-16*

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Plan of correction implementation status as of 3/14/16
 (Date)

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

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

Violation Report: 14116 - 01/29/2016 - McCloskey, Jason
 PCH Name: REMED RECOVERY CARE CENTERS

1. REGULATION 55 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

The pre-admission screening form for Resident 2, admitted [redacted] 15, does not include a determination that the home can meet the service needs of the resident.

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.

Pre-admission screening was corrected. (See attached document.)

Case management team will routinely check compliance with this regulation. Case management staff also reviewed all residents' pre-admission screening forms to ensure proper completion.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Julia Nastasi, Administrator* Date *3-11-16*

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 (Date)

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 (Initials)

Plan of correction implementation status as of 3/14/16
 (Date)

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

Violation Report: 14116 - 01/29/2016 - McCloskey, Jason
 PCH Name: REMED RECOVERY CARE CENTERS

1. REGULATION 55 Pa.Code §2600
 2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION
 Resident 3 did not sign the support plan dated 10/19/15. The support plan did not contain a notation regarding the inability or refusal of the resident to sign the support plan.

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.

Resident signed support plan. (See attached document.)

Case management team will routinely check compliance with this regulation.

Case management staff reviewed all current residents' RASPs to ensure all care needs were identified and addressed, and that all RASPs were either signed or noted that client was unable or refused to sign.

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

Julia Nastasi

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

Julia Nastasi, Administrator Date *3-11-16*

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The above plan of correction was approved by <u>BMS</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