



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUL 07 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  
350 Paoli Pike  
Malvern, Pennsylvania 19355  
License #: 131580

Dear Ms. Sprainer:

As a result of the Department of Human Services' annual licensing inspection on March 8, 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**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PGH Name: Remed Recovery Care Centers		License Number: 13158
Address: 350 Paoli Pike, Malvern, PA 19355		County: Chester
Administrator: David McKenzie		Region: CENTRAL
Legal Entity Name: Remed Recovery Care Centers, Inc.		
Legal Entity Address: 18 Industrial Boulevard, Paoli, PA 19301		
<b>Certificate(s) of Occupancy</b>		
Other 01/16/2008 Willistown Township		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 12	Waking Staff: 9
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
03/08/2016: Gillespie, Denise; McCloskey, Jason		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers: 132b and 183b		Random Indicators: 11a, 28a, 84c, 101c, 130e
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 8 Number of Residents Served: 8 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	<b>Number of Residents who:</b> Receive Supplemental Security Income: 5 Are 80 Years of Age or Older: 1 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 7	

Violation Report: 13158 - 03/08/2016 - Gillespie, Denise  
 PCH Name: Remed Recovery Care Centers

**1. REGULATION 55 Pa.Code §2800**

2800.65(j) - 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 direct care staff training does not include the 1st day training and the required training within the first 40 hours scheduled for Direct Care Staff Person A.

**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.*

Staff Person A did receive the 1st Day Training and required trainings within 40 hours scheduled. See attached Training Checklist. The Administrator and Staff Trainer will ensure training checklists are stored on-site and available during inspections.

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 - Administrator* Date *4/21/16*

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

The above plan of correction is approved as of 6-2-16  
 (Date)

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

Plan of correction implementation status as of 6-2-16  
 (Date)

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

Violation Report: 13158 - 03/08/2016 - Gillespie, Denise  
 PCH Name: Remed Recovery Care Centers

1. REGULATION 55 Pa.Code §2600  
 2600.103(d) - Food shall be stored off the floor.

2a. DESCRIPTION OF VIOLATION

On 3/8/16, at 11:30 am, 8 cans of soup, 4 cans of Chef Boyardee beef ravioli and 2 cans of Manwich were stored on the floor in the basement, in front of the emergency water supply.

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 cans of food were removed from the floor and stored on appropriate shelving. See attached picture. The Administrator and Food Service Rep will conduct weekly walk-throughs to ensure food is stored properly.

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 - Administrator*

Date *4/21/16*

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Violation Report: 13158 - 03/08/2016 - Gillespie, Denise  
 PCH Name: Remed Recovery Care Centers

**1. REGULATION 55 Pa.Code §2600**

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**2a. DESCRIPTION OF VIOLATION**

On 3/8/16 at 9:45 am, medication stored in a weekly pill box was found unlocked and accessible to residents in the common area table outside of Bedroom #3.

**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 lockbox was purchased for the resident to securely store his medications in his bedroom. See attached photo. The Administrator will conduct checks to ensure client is using the new system and meds are not being left in common areas.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Dave Mackenzie* Date *4/21/16*

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