



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 07 2016

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

RE: ReMed Recovery Care Center
709 Fairview Road
Fox Chapel, Pennsylvania 15238
License #: 446450

Dear Ms. Lacastsas:

As a result of the Department of Human Services' annual licensing inspection on August 4, 2016, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes).

Sincerely,

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

Jacqueline L. Rowe
Director

Enclosure
Licensing Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: REMED RECOVERY CARE CENTERS		License Number: 44646
Address: 709 FAIRVIEW ROAD, FOX CHAPEL, PA 15238		County: Allegheny
Administrator: Willow Mcskyok		Region: WEST
Legal Entity Name: REMED RECOVERY CARE CENTERS LLC		
Legal Entity Address: 16 INDUSTRIAL BLVD SUITE 203, PAOLI, PA 19301		RECEIVED
Certificate(s) of Occupancy R-4 10/20/2014 Borough of Fox Chapel		SEP 20 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 8	Waking Staff: 6
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/04/2016: Park, Beth		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
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		Number of Residents who: Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 1 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0

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Page 2 of 3

Violation Report: 44845 - 08/04/2016 - Park, Beth
PCH Name: REMED RECOVERY CARE CENTERS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.64(a) - Prior to initial employment as an administrator, a candidate shall successfully complete the following:

- (1) An orientation program approved and administered by the Department.
- (2) A 100-hour standardized Department-approved administrator training course.
- (3) A Department-approved competency-based training test with a passing score.

2a. DESCRIPTION OF VIOLATION

Staff person A, the home's administrator, has a current Nursing Home Administrator's license. However, staff person A has not taken the Department-approved competency-based training test with a passing score.

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 completed the Department-approved competency-based test for Personal Care Home Administrators on 9/09/2016. See attached training certificate. Moving forward, ReMed will ensure all active Administrators meet the initial and annual requirements for the position.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Willow Maszyk, PCH Administrator* Date *09.20.16*

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

The above plan of correction is approved as of 10/7/16
(Date)

Plan of correction Implementation status as of 10/7/16
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

- Fully Implemented *[Signature]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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Page 3 of 3

Violation Report: 44645 - 08/04/2016 - Park, Beth
PCH Name: REMED RECOVERY CARE CENTERS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2800

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The first aid kit in the 2015 Honda van does not include eye coverings.

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.

New pair of goggles (eye coverings) were placed in the vehicle's first aid kit. (See attached.) The program keeps a surplus of first aid supplies on-hand. The Administrator and Health & Safety Rep will conduct monthly checks to ensure each First Aid Kit contains required items.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Willow Moskycok

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

Willow Moskycok, PCH Administrator

Date

09.20.16

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The above plan of correction is approved as of

10/7/16
(Date)

Plan of correction implementation status as of

10/7/16
(Date)

- Fully Implemented *✓*
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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)