



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 11 2017

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

RE: ReMed Recovery Care Centers
103 Aqua Drive
Pittsburgh, Pennsylvania 15238
License #: 440260

Dear Ms. Lecastsas:

As a result of the Department of Human Services' annual licensing inspection on December 14, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

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

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: REMED RECOVERY CARE CENTERS		License Number: 44026
Address: 103 AQUA DRIVE, PITTSBURGH, PA 15238		County: Allegheny
Administrator: Brian Scanlon		Region: WEST
Legal Entity Name: REMED RECOVERY CARE CENTERS		
Legal Entity Address: 16 INDUSTRIAL BOULEVARD STE 203, PAOLI, PA 19301		
Certificate(s) of Occupancy R-4 08/01/2009 Township of O'Hara		RECEIVED JAN 23 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 6	Working Staff: 5
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 12/14/2016: Eveggs, Joseph; Kimberland, Jon		
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: 6 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: 3 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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Violation Report: 44028 - 12/14/2016 - Eveges, Joseph
PCH Name: REMED RECOVERY CARE CENTERS

JAN 23 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

All of the resident records were unlocked, unattended and accessible in a closet in the lower level office area of 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.

- Step 1 Site manager reviewed importance of confidentiality and our expectation to keep clients records and charts locked at all times at our monthly staff meeting on 1/17/17.
- Step 2 The door on the client's records was locked and key is kept on the secured key rings in the house which is passed between staff.
- Step 3 The basement doorknob was replaced on 1/11/17 by our maintenance staff to ensure only authorized personnel have access to the basement office space.
- Step 4 Clinical specialist and Residential case manager will continue to monitor that the confidential records are secured and continue to remind staff of the importance of maintaining this standard during our monthly staff meetings. This will happen on a monthly basis to ensure that this information is secured.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Brian Scullin, Sr Personal Care Home Administrator

Date

1-20-17

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The above plan of correction is approved as of

2-2-17
(Date)

Plan of correction implementation status as of

2-6-17
(Date)

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

The above plan of correction was approved by

[Handwritten Initials]
(Initials)

Violation Report: 44028 - 12/14/2016 - Evesges, Joseph
PCH Name: REMED RECOVERY CARE CENTERS

JAN 23 2017

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

Several poisonous materials with labels indicating, "call poison control or a doctor", were unlocked, unattended and accessible in the lower level refrigerator room:

- * A 66.8 ounce full container, of Cascade dishwasher cleaner
- * A 116.5 fluid ounce container of Arm and Hammer Detergent
- * Two 116.3 ounce full container of Lysol disinfectant spray

Resident #1 is assessed as being unsafe to use or avoid 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.

- Step 1 Staff removed items from under the sink on 12/14/16 and secured them in a locked cabinet designated for cleaning supplies and poisonous materials.
- Step 2 The basement doorknob was replaced on 1/11/17 by our maintenance staff to ensure only authorized personnel have access to basement area where the surplus cleaning materials are stored. The key to the locked basement door is kept on the key ring that is passed between staff.
- Step 3 Site manager reviewed with staff our procedures for accessing and storing cleaning materials that could be harmful to our clients at our monthly staff meeting on 1/17/17.
- Step 4 Overnight staff will do a walk through nightly to ensure all cleaning materials are secured in proper spaces on a daily basis. This task was added to our gridded assignment book daily.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]* *BA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Primo Services BA Personal Care Home administrator* Date *1-20-17*

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The above plan of correction is approved as of 2-6-17
(Date)

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

Plan of correction implementation status as of 2-6-17
(Date)

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

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Violation Report: 44026 - 12/14/2016 - Eveses, Joseph
PCH Name: REMED RECOVERY CARE CENTERS

JAN 23 2017

1. REGULATION #8 Pa.Code §2600
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
There were no thermometers in the refrigerator or freezer sections of the home's kitchen refrigerator/freezer.

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.

- Step 1 Thermometers were replaced in upstairs fridge and freezer on the day of the inspection 12/14/16.
- Step 2 Daily log was developed and placed on each refrigerator and freezer in the house to ensure the temperatures are being recorded to ensure the freezers and refrigerators are working properly. This assignment was added to our gridded assignment book daily.
- Step 3 Food manager will review the temperature log weekly to ensure completion and that our refrigerators and freezers are working properly.
- Step 4 Site manager reviewed the importance of storing food in a refrigerator at 40 degrees and storing food in freezers at 0 degrees to ensure client safety at our monthly staff meeting on 1/17/17. He also discussed the importance of using these thermometers to ensure the items are stored at these temperatures.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]* B.G.

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Brian S. ... B.G. Personal Care Home Administrator Date 1-20-17

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

The above plan of correction is approved as of <u>2-6-17</u> (Date)	Plan of correction implementation status as of <u>2-6-17</u> (Date)
The above plan of correction was approved by <u>[Signature]</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: 44026 - 12/14/2016 - Evoges, Joseph
 PCH Name: REMED RECOVERY CARE CENTERS

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

The lower level emergency exit, through the office was obstructed by a 6 foot tall lamp preventing the door from opening.

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.

Step 1 The light blocking the egress was removed on 12/14/16 by the site manager.

Step 2 The site manager reviewed how stairways, hallways, doorways, passageways, and egress routes from rooms and the building must be unlocked and unobstructed to staff during our monthly staff meeting on 1/17/17.

Step 3 Health and safety representative and site manager will inspect property to ensure all emergency exits, stairways, hallways, doorways, passageways, and egress routes are clear from obstructions weekly.

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JAN 23 2017

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*, P.A. WEST REGION FIELD OFFICE
 Human Services Licensing

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Brian Scriver, B.A. Personal Care Home Administrator Date 1-20-17

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The above plan of correction is approved as of 2-6-17
 (Date)

Plan of correction implementation status as of 2-6-17
 (Date)

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

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

RECEIVED

Violation Report: 44026 - 12/14/2016 - Eveses, Joseph
PCH Name: REMED RECOVERY CARE CENTERS

JAN 23 2017

1. REGULATION 55 Pa.Code §2800 WEST REGION FIELD OFFICE
2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION
The emergency evacuation diagram posted in the lower level of the home does not depict the correct orientation to the exits.
The emergency evacuation diagrams on the upper level of the home by resident bedroom #4 and by the dining area do not depict the correct orientation to the exits.

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.

- Step 1 The evacuation plans were arranged on the wall temporarily to show proper floor plan and orientation of emergency routes on 12/15/16.
- Step 2 The evacuation plans are being reprinted so that the evacuation routes show the proper orientation evacuation and they should be done 1/23/17.
- Step 3 While completing monthly fire and emergency drills the Health and safety representative will review evacuation routes monthly to ensure we have the proper orientation on routes and hung in the proper areas.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]* BA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Brian Scanlon BA Personal care home administrator Date 1-20-17

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

The above plan of correction is approved as of 2-6-17 (Date)

Plan of correction implementation status as of 2-6-17 (Date)

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

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

Violation Report: 44026 - 12/14/2016 - Evesges, Joseph
 PCIH Name: REMED RECOVERY CARE CENTERS

1. REGULATION 55 Pa.Code §2600
 2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters

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2a. DESCRIPTION OF VIOLATION

A large plastic mop bucket touching the furnace located in the upper level furnace room.

JAN 23 2017

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.

WEST REGION FIELD OFFICE
 Human Services Licensing

- Step 1 Items stored in furnace room were removed on 12/15/16 by the site manager.
- Step 2 Staff received education from the site manager on 12/19/16 about proper storage of combustibile and flammable materials near a heat source or hot water heaters. They received education on steps we have taken to ensure we are not storing items 18 inches near a heat source.
- Step 3 The site manager measured 18 inches away from the furnace and placed a tape line to ensure as a reminder to staff of the standard to not store items closer to the furnace on 12/19/16
- Step 4 Health and Safety representative and site manager will inspect storage areas weekly to ensure proper storage of all materials away from heat sources.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Boris S. Carlson BA Personal Care Home Administrator			1-20-17
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of		Plan of correction implementation status as of	
2-6-17 (Date)		2-6-17 (Date)	
The above plan of correction was approved by		<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	
(Initials)			