



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 15 2017

Ms. Elaine Lecatsas,
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. Lecatsas:

As a result of the Department of Human Services' annual licensing inspection on January 27, 2017 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: 13158 - 01/27/2017 - Palermo, Michael

PCH Name: REMED RECOVERY CARE CENTERS

1. REGULATION 55 Pa.Code §2600

2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

On 1/27/2017, the home had 8 residents, but only 17.5 gallons of emergency drinking water.

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 program purchased 7 additional gallons of drinking water to ensure a 3-day supply of drinking water was available for all residents (See attached picture). The Administrator and the Health & Safety representative will ensure there is a 3-day supply of nonperishable food and drinking water for all residents as part of their weekly program walk-through.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Laura Schuster Date 3/20/17

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The above plan of correction is approved as of 3-23-17
(Date)

Plan of correction implementation status as of 3-23-17
(Date)

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

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

Violation Report: 13158 - 01/27/2017 - Palermo, Michael
 PCH Name: REMED RECOVERY CARE CENTERS

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION


The label for Resident #1's Nonyx Nail Gel, to be applied to affected nails twice daily, does not include the resident's name, date prescribed, dosage or prescriber's information.

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 Medication stated above was discontinued and properly disposed of. The program's Nurse/Case Manager and the Medication Manager will check to ensure all medications are properly labeled (name, date prescribed, dosage/prescriber's information) during their weekly audits.

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

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

Date 3/20/17

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