



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 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
1152 North New Street
West Chester, Pennsylvania 19380
License #: 106230

Dear Ms. Lecatsas:

As a result of the Department of Human Services' annual licensing inspection on June 6, 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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: REMED NEW STREET		License Number: 10623
Address: 1152 NORTH NEW STREET, WEST CHESTER, PA 19380		County: Chester
Administrator: Christopher Boucher		Region: SOUTHEAST
Legal Entity Name: REMED INC		
Legal Entity Address: 16 INDUSTRIAL LANE, PAOLI, PA 19301		
Certificate(s) of Occupancy C-3 SP 08/02/1999 Commonwealth of PA, L&I		
Staffing Hours		
Resident Support: 16	Total Daily Staff: 31	Waking Staff: 23
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
06/06/2017: Gray, Dean; Thomas, Tahesia		
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: 1	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: 7 Have a Physical Disability: 7	

Violation Report: 10623 - 06/06/2017 - Gray, Dean
 PCH Name: REMED NEW STREET

1. REGULATION 55 Pa.Code §2600

2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION

- Staff Person A's date of hire is [REDACTED] 16, Their criminal background check was completed on 11/30/16.
- Staff Person B's date of hire is [REDACTED] 17. Their criminal background check was completed on 05/18/17.

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.

HR conducts background checks at the time of hire. This will be the same day or prior to orientation, which is always prior to or the same day as first date on-site.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CHRIS BOUCHER</i>	Date <i>7/18/17</i>
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The above plan of correction is approved as of *7/19/17*
 (Date)

Plan of correction Implementation status as of *7/19/17*
 (Date)

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

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

Violation Report: 10623 - 06/06/2017 - Gray, Dean
 PCH Name: REMED NEW STREET

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

On 06/06/17, PRN medication: Azithromycin 250 mg tabs for respiratory protocol was located in the home's medication cart for Resident #1. This is not a current prescription.

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.

Azithromycin was removed immediately from the home. The Medication Manager will be scheduled to audit the medications every other week on the assignment grids.

The audits will be maintained for Department review

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CHRIS BOUCHER* Date *7/18/17*

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