



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 02 2018

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

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

Dear Ms. Sprainer:

As a result of the Department of Human Services' annual licensing inspection on December 4, 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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 44026 - 12/04/2017 - McConnell, Deb
PCH Name: REMED RECOVERY CARE CENTERS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

The home did not submit an incident report to the Department for the 5/1/17 motor vehicle accident involving a resident and staff person returning from a medical appointment. The police arrived on the scene and the resident was transported to the hospital.

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 DHS list of reportable incidents and conditions has been reviewed verbally with all on-call staff. All on-call staff has received a printed version to add to their on-call binders. The Program and Clinical Directors will receive a daily log of the day's calls as a double check that incident reports have been written and if reportable sent to appropriate personnel at the corporate office. During the staff meeting on 1/9/18 the Clinical Specialist and Site Manager will review our policy on incident reports when involving clients and post the DHS reportable incident and conditions lists in the staff office for all to review. The Site Manager and/or Clinical Specialist will follow up with any staff unable to make meeting to ensure understanding of the procedures by 1/16/18.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Brian Scalon

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

BRIAN SCALON

Date

1/5/18

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

The above plan of correction is approved as of

1/8/18
(Date)

Plan of correction implementation status as of

1/8/18
(Date)

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

The above plan of correction was approved by


(Initials)

JAN 05 2018

Violation Report: 44026 - 12/04/2017 - McConnell, Deb
 PCH Name: REMED RECOVERY CARE CENTERS

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

At approximately 10:24 a.m., the water temperature at the kitchen sink measured 124.3 degrees Fahrenheit.

At approximately 10:26 a.m., the water temperature at resident #2's bathroom sink measured 134.2 degrees Fahrenheit.

At approximately 10:28 a.m., the water temperature at resident #3's bathroom sink measured 132.8 degrees Fahrenheit.

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.

12/4/17 the hot water tanks temperature gauges were adjusted. The water was tested at all four client bathrooms, kitchen sink, and stationary sink in the laundry room. All the temperatures were under the 120 regulation.

The temperature gauges on the hot water tanks were marked to ensure they are not adjusted past this point (see picture).

A daily temperature log was created on 12/26/17 for staff to record the temperature of each sink in the client bathrooms, laundry room, and kitchen sink. This assignment has been added to the overnight checklist that the overnight staff will complete during the shift. The expectation has been reviewed with all overnight staff as of 12/28/17 and effective immediately. They were given written and verbal directions to contact site manager if the temperature exceeds 120 degrees.

Immediately - The administrator or designee will review the hot water temperature logs at least weekly & will test a sample of hot water temperatures weekly. Documentation will be kept.

1/8/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Brian Scanlon

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

BRIAN SCANLON

Date 1/5/18

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

The above plan of correction is approved as of

1/8/18
 (Date)

Plan of correction implementation status as of

1/8/18
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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

RECEIVED

JAN 05 2018

Violation Report: 44026 - 12/04/2017 - McConnell, Deb
PCH Name: REMED RECOVERY CARE CENTERS

REG: REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The assessment for resident #1, dated 3/7/17, indicates the resident is independent with personal hygiene. However, staff interviews indicate the resident requires assistance at times with getting into and out of the shower.

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 Clinical Specialist has started to review all current clients' initial assessments documented on the Department's assessment form on 12/22/17 and compared them with the client's current abilities. If a client has any significant changes in support needs, she will update the residential assessment support plan, review the new support plan with staff at rounds 1/2/18, and our monthly staff meeting on 1/9/18.

The clinical specialist will continue to review clients abilities compared to their strategies on a weekly basis in rounds. If a significant change occurs in a client's ability she will have a reassessment done and update the residential assessment support plan. The clinical specialist and RCM will then train each staff on the adjustments to the client care plan their next shift and update the residential assessment support plan. The clinical specialist will complete an annually assessment to each client to ensure that their current strategies fit their abilities of care.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **BRIAN SCANLON** Date **1/5/18**

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

The above plan of correction is approved as of 1/2/18 (Date)

Plan of correction implementation status as of 1/8/18 (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: 44026 - 12/04/2017 - McConnell, Deb
 PCH Name: REMED RECOVERY CARE CENTERS

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

The support plan for resident #1, dated 3/21/17, does not address how the home will meet the resident's needs related to ambulating, using transportation, supervision, mobility, judgement, communication of needs, and understanding instruction, as indicated in the assessment, dated 3/7/17.

The support plan for resident #2, dated 4/12/17, does not address how the home will meet the resident's needs related to supervision, mobility, judgement, communication of needs, understanding instruction and short/long term memory as indicated in the assessment, dated 3/29/17.

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.

The Clinical Specialist has started the process to adjust each of the two specified residents' support plans to detail the medical, mental health or behavioral care services that will be made available to meet the resident's identified needs. This will be completed by 1/5/18.

Over the next month, the Clinical Specialist will adjust the support plans of all of the residents in the program, to detail the medical, dental, vision, hearing, mental health or behavioral care services that will be made available to meet each of the residents' needs as identified on the plan.

Going forward, the RCM/Clinical Specialist will ensure that each resident's support plan includes detailed medical, dental, vision, hearing, mental health or behavioral care services that will be made available for each need identified on the plan.

Staff will continue to be educated regarding the care services they must provide to the residents via initial staff training, annual staff training, and written strategies.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) BRIAN SCANLON Date 1/5/18

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

The above plan of correction is approved as of <u>1/8/18</u> (Date)	Plan of correction implementation status as of <u>1/6/18</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