



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 15 2019

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
2 Harvey Lane
Malvern, Pennsylvania 19335
License #:128470

Dear Ms. Lecatsas:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 29, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) 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.

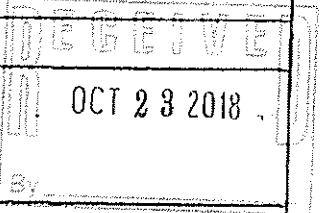
Sincerely,

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

Jacqueline L. Rowe
Director

Enclosure
Violation Report

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

PCH Name: REMED RECOVERY CARE CENTERS		License Number: 12847
Address: 2 HARVEY LANE, MALVERN, PA 19336		County: Chester
Administrator: DIANE AMICONE		Region: SOUTHEAST
Legal Entity Name: REMED RECOVERY CARE CENTERS		
Legal Entity Address: 16 INDUSTRIAL BLVD SUITE 203, PAOLI, PA 19301		
Certificate(s) of Occupancy R-4 04/02/2008 Willistown Township		
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 08/29/2018: Braswell, Natasha		
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 who:	Receive Supplemental Security Income: 0
Number of Residents Served: 6		Are 60 Years of Age or Older: 3
Secured Dementia Care Unit in Home: No		Have Mental Illness: 0
Area:		Have an Intellectual Disability: 0
Secured Dementia Unit Capacity, if Applicable:		Have a Mobility Need: 0
Number of Residents Served in Secured Dementia Care Unit, if applicable:		Have a Physical Disability: 2
Number of Current Hospice Residents: 0		
Number of Hospice Residents in past year: 0		

Violation Report: 12847 - 08/29/2018 - Braswell, Nalasha
 PCH Name: REMED RECOVERY CARE CENTERS

1. REGULATION 56 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION
 The front door was used during the fire drills conducted on 9/23/17; 10/18/17; 11/11/17; 12/29/17 and 3/10/18; 4/14/18; 5/5/18; 6/19/18; 7/21/18 and 8/27/18.

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 facility will vary the exit route used during future fire drills, in addition to continuing to vary the location of the fire. Please see attached drills for September & October 2018, in which additional exit routes have been used.

The fire drill procedure has also been updated to included checking the previous months exit route to ensure variability.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Diane Amicone*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **DIANE AMICONE** Date **10-23-2018**

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

The above plan of correction is approved as of <u>2/22/19</u> (Date)	Plan of correction implementation status as of <u>2/22/19</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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