



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 20 2018

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's Bureau of Human Services Licensing annual inspection on September 11, 2018 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.

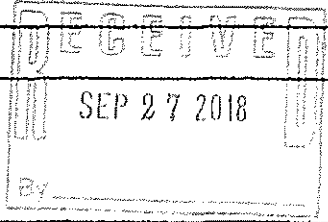
Sincerely,

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

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 56 Pa.Code Chapter 2600**

PCH Name: REMED RECOVERY CARE CENTERS		License Number: 13158
Address: 350 PAOLI PIKE, MALVERN, PA 19355		County: Chester
Administrator: Diane Amicone		Region: SOUTHEAST
Legal Entity Name: REMED RECOVERY CARE CENTERS LLC		
Legal Entity Address: 10 INDUSTRIAL BLVD SUITE 203, PAOLI, PA 19301		
Certificate(s) of Occupancy Other 02/28/2007 Willistown Twp		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 15	Waking Staff: 11
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/11/2018: Swisher, Michele		
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: 0	Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 3 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 7 Have a Physical Disability: 7	

Violation Report: 13158 - 09/11/2018 - Swisher, Michele
 PCH Name: REMED RECOVERY CARE CENTERS

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
 A closet in the hallway containing several varieties of cleaning products containing manufacturers warning labels indicating "harmful if swallowed" and "contact physician or poison control if swallowed" was unlocked and accessible to residents. The door to the closet has a message posted indicating that the door is to be locked at all times.
 Resident 1's Document of Medical Evaluation (DME) dated 3/15/18 indicates that this resident cannot safely use or avoid poisonous materials.
 Resident 2's DME dated 11/1/17 indicates that this resident cannot safely use or avoid poisonous materials.
 Resident 3's DME dated 10/11/17 indicates that this resident cannot safely 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.

State and program regulations were reviewed with all staff regarding the safe storage of cleaning products.
 This was corrected and locked at the time of inspection.

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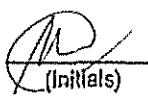
Signature of Legal Entity Representative
 (Required on EVERY Page) *Diane Amicone*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) DIANE AMICONE	Date 9-26-18
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12/12/18
 (Date)

Plan of correction implementation status as of 12/12/18
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 13158 - 09/11/2018 - Swisher, Michele
 PCH Name: REMED RECOVERY CARE CENTERS

1. REGULATION 66 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

There is a standing puddle of clear water approximately 1/2 inch deep and 2 feet by 2 feet wide, present on the floor in front of and around the base of the toilet, sink and corner in the bathroom used by residents 1 and 2. The bathroom contains a handicap accessible shower area that allows water to flow out of the shower area and onto the floor of the entire bathroom during resident showering. There is a drain in the floor of the immediate shower area only with no additional drainage system present on the floor in the rest of the bathroom. This standing water poses a hazardous condition that could lead to falls as well as the growth of mold, as water is not properly draining from floor area.

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.

Two residents received morning showers just prior to this inspection/site visit. This resulted in water pooling on bathroom floor. The bathroom has been assessed by ReMed's maintenance department as well as an external contractor to develop a plan to address and rectify the standing water situation.

Proposal for additional drainage installation as well as complete bathroom renovation are being considered.

The purchase of long handled squeegees was made following inspection for use by staff immediately following client showers until permanent renovations are completed.

See attached photo.

Training for use of squeegees for staff to be completed immediately. Documentation to be maintained for Department Review 12/12/18 MCO

submitted documents reviewed

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 **9-26-18**

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The above plan of correction is approved as of 12/12/18 (Date)

Plan of correction implementation status as of 12/12/18 (Date)

The above plan of correction was approved by *DA* (Initials)

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

Violation Report: 13158 - 09/11/2018 - Swisher, Michele
 PGH Name: REMED RECOVERY CARE CENTERS

1. REGULATION 55 Pa.Code §2600
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION

There is a document labeled 2018 Fire and Emergency Drill Schedule present in the homes policy binder that is located in the staff/chart area. The document indicates the month, and location of the simulated fire, the type of drill (Fire, severe weather, loss of utility), and the shift the drill is to be conducted on (AM, PM, or Overnight). This is accessible to staff and allows for advance notice of when a drill is likely to occur.

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.

Yearly schedules of fire and emergency drills are distributed to program health & safety representatives at the first monthly meeting of the new year. Moving forward, this schedule will no longer be filed in the program Health & Safety Binder, but will be housed in the health & safety representative's personal file of health & safety information.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 **9-26-18**

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 (Initials)

Violation Report: 13158 - 09/11/2018 - Swisher, Michele
 PCH Name: REMED RECOVERY CARE CENTERS

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home's designated evacuation time is 5 minutes and 40 seconds.
 On 4/28/2017 at 12:10am the homes evacuation time is recorded as 10 minutes.
 On 5/2/2017 at 11:44 pm the homes evacuation time is recorded as 14 minutes and 22 seconds.

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.

A strategy/training competency checklist was created to assist with reducing evacuation time for Resident #1. This was created on 5/12/2017 and reviewed with all staff. (See attached photos).

The next overnight fire drill ran was in October 2017, which was completed in less than the designated evacuation time. See attached photo of drill.

submitted documents moved

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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 9-26-18
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Violation Report: 13158 - 09/11/2018 - Swisher, Michele
 PCH Name: REMED RECOVERY CARE CENTERS

1. REGULATION 55 Pa.Code §2600
 2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.98 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION
 The first aid kit located on the vehicle used for transporting residents does not contain tweezers.

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.

Tweezers were purchased on September 12th and placed in program vehicle first aid kit.
 Health & Safety representative to continue performing monthly check of contents for all program and vehicle(s) first aid kits.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 9-26-18
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Violation Report: 13158 - 09/11/2018 - Swisher, Michele
FCH Name: REMED RECOVERY CARE CENTERS

1. REGULATION 55 Pa.Code §2800
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
Artificial Tears OP Solution 1.4% prescribed for Resident # 4 was discontinued on 7/17/18. The medication was present in the medication cart on 9/11/18.

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.

Said medication was removed immediately at time of inspection and was properly disposed of.

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 **9-26-18**

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(Date)

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(Initials)

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- Not Implemented

Violation Report: 13158 - 09/11/2018 - Swisher, Michele
 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
 Resident # 1's bottle AloeVestra Pericleanser, - Apply liberal amount to scrotum/groin/buttocks two times per day, does not contain a label that includes any of the following information:
 Residents name
 Name of the medication
 Date the prescription was issued
 The prescribed dosage and instructions for administration
 The name and title of the prescriber

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.

Resident #1 is funded through the Veteran's Administration and therefore receives all his medications via U.S. Mail. After receipt of medications, ReMed's pharmacy is notified to supply the proper label for the medication.
 Moving forward any medication received via mail for Resident #1 will be forwarded directly to the residents case manager, as opposed to being brought into the medication room. The resident's case manager will notify the pharmacy and order the proper label and make sure it is affixed before it is stored in the med room/cart.
 All program staff were notified of this new procedure on September 12, 2018.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 9-26-18
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Violation Report: 13158 - 09/11/2018 - Swisher, Michele
 PCH Name: REMED RECOVERY CARE CENTERS

1. REGULATION 55 Pa.Code §2000
 2600.195(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

The glucometer located in the medication cart with Resident # 2's medications and treatments is not labeled with resident name.
 The glucometer located in the medication cart with Resident # 4's medications and treatments is not labeled with resident name.

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.

Resident #2 and #4's glucometers are stored in their individual section of the locked med cart. Each glucometer is kept inside a storage pouch made of a nylon material. Labels with each client's name had been affixed to the storage pouch and lost their adhesiveness due to the material the pouch is made of.

On September 12, 2018 the program purchased duct tape for permanent labeling of the resident's glucometer pouches. In addition, each resident's actual glucometer is now identified with resident's name with a black sharpie marker.

See attached photos.

submitted documents received (PW)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *9-26-18*

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 (Date)

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

- Fully Implemented
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- Not Implemented

Violation Report: 13158 - 09/11/2018 - Swisher, Michele
 PCH Name: REMED RECOVERY CARE CENTERS

1. REGULATION 65 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #4 has a blood glucose recording of 147 for their glucose check on 09/07/18. The reading in the glucometer on date 9/7/18 is 129.

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 model of glucometer (Contour from Bayer) used displays a number when you hit the scroll/memory button.

You then must hit the scroll/memory button a second time to get the most recent reading. The staff who was assigned to record/transcribe the blood glucose reading on the MAR on 9/7/2018 failed to press the scroll/memory button a second time, therefore recording an inaccurate blood glucose level.

Proper procedure for use of glucometer was presented and practiced at staff rounds on September 12th. All medication trained staff have completed and signed a competency checklist to ensure proper procedure will be followed.

submitted documents reviewed 12/12/18

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative <i>(Required on EVERY Page)</i> <i>Diane Amicone</i>	
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Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i> <i>DIANE AMICONE</i>	Date <i>9-26-18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>12/12/18</i> (Date)	Plan of correction implementation status as of <i>12/12/18</i> (Date)
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The above plan of correction was approved by <i>AD</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
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