



NOV 05 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  
934 North Chester Road  
West Chester, Pennsylvania 19380  
License #: 141160

Dear Ms. Lecatsas:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 12, 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](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.

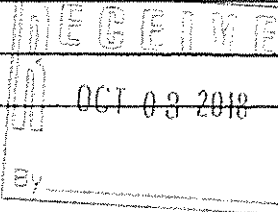
Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe", is written over a faint, larger version of the signature.

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

PCH Name: REMED RECOVERY CARE CENTERS		License Number: 14116
Address: 934 NORTH CHESTER ROAD, WEST CHESTER, PA 19380		County: Chester
Administrator: Jean Bosshardt		Region: SOUTHEAST
Legal Entity Name: REMED RECOVERY CARE CENTERS LLC		
Legal Entity Address: 16 INDUSTRIAL BLVD SUITE 203, PAOLI, PA 19301		
<b>Certificate(s) of Occupancy</b> R-4 08/11/2014 E Goshen Township		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 10	Working Staff: 8
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 09/12/2018: Chung, Youn Hie		
<b>Off-Site Inspection Dates and Inspectors, If Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 8 Number of Residents Served: 6 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: 2 Are 60 Years of Age or Older: 2 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 0

Violation Report: 14116 - 09/12/2018 - Chung, Youn Hie  
 PCH Name: REMED RECOVERY CARE CENTERS

1. REGULATION 56 Pa.Code §2600  
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION  
 There was no influenza poster posted in the home.

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.

Influenza poster was posted and witnessed by inspector at time of the inspection. See attached photo.

The facility will routinely monitor the Department of Human Service's website in order to remain up to date with federal, state and local laws, ordinances and regulations. Administrator will also ensure influenza poster remains hanging as a part of their walk throughs.

*The administrator will ensure the information (poster) is posted in a public place in the facility as required by the Influenza Awareness Act (10/31/18)*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Jean Bosshardt*

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

Jean Bosshardt

Date 10/11/18

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

The above plan of correction is approved as of 10/31/18  
 (Date)

Plan of correction implementation status as of 10/31/18  
 (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: 14116 - 09/12/2018 - Chung, Youn Hie  
 PCH Name: REMED RECOVERY CARE CENTERS

1. REGULATION 55 Pa.Code §2600  
 2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION  
 The fire extinguisher in the home's vehicle used for resident transportallon is missing an inspection tag. There is no way to verify the last time a fire safety expert inspected the ~~vehicle~~. *Fire extinguisher.*

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 fire extinguisher in the facility's vehicle was replaced. See attached photos.  
 Fire extinguishers in the vehicles will be inspected monthly by the designated Health & Safety Representative.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jean Bosshardt</i>	Date <i>10/11/18</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>10/3/18</i> (Date)	Plan of correction implementation status as of <i>10/3/18</i> (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

Violation Report: 14116 - 08/12/2018 - Chung, Youn Hie  
 PCH Name: REMED RECOVERY CARE CENTERS

1. REGULATION 55 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 on 08/29/17, 09/24/17, 10/25/17, 11/26/17, 12/27/17, 01/31/18, 02/19/18, 03/05/18, 04/29/18, 05/27/18, 07/26/18, and 08/23/18. The home is not using alternate exits during fire drills.

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.

Going forward, the fire drill procedure will be updated to include checking the previous months exit route to ensure variability.

*The home will use a fire safety expert to train staff on the importance of using alternate exit routes. with 30 days receipt of the approved POC @ 10/31/18*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Jean Bosshardt*

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

*Jean Bosshardt*

Date 10/1/18

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

The above plan of correction is approved as of 10/3/18  
 (Date)

Plan of correction implementation status as of 10/31/18  
 (Date)

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

The above plan of correction was approved by

*JW*  
 (Initials)