



May 13, 2019

Ms. Elaine Lecatsas  
Vice President of Operations  
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. Lecatsas:

As a result of the Department's Bureau of Human Services Licensing annual inspection on November 28, 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 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 that reads "J. Rowe". The signature is stylized and cursive.

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report



Violation Report: 44026 - 11/28/2018 - Eveges, Joseph  
 PCH Name: REMED RECOVERY CARE CENTERS

**1. REGULATION 55 Pa.Code §2600**

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**2a. DESCRIPTION OF VIOLATION**

The previous license inspection summaries, dated 12/14/16 and 12/4/17, were posted on the home's bulletin board and included the resident privacy coding page, which included the following residents' names: resident #1, resident #2, resident #3 and resident #4.

**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.*

At the time of inspection, the coding pages for the posted 2016 and 2017 inspections were removed. The administrator will review incoming violation reports and remove all coding pages with confidential information prior to posting in facility.

Immediately, then at least daily, the administrator or designated staff person shall inspect all areas of the home to ensure resident records and documentation are kept confidential and inaccessible.

 4/29/19

Within 30 days of receipt of the plan of correction: All staff persons shall be educated on the confidentiality of resident records.

 4/29/19

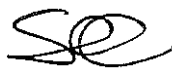
Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Brian Scanlon Date 1/18/19

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

The above plan of correction is approved as of 4/29/19  
 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 4/29/19  
 (Date)

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

Violation Report: 44026 - 11/28/2018 - Eveges, Joseph

PCH Name: REMED RECOVERY CARE CENTERS

**1. REGULATION 55 Pa.Code §2600**

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

**2a. DESCRIPTION OF VIOLATION**

The bedside light in bedroom #8 was inoperable.

**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 inoperable lamp was replaced on 11/28/18, the day of the inspection. The facility maintains a stock pile of lamps in case one breaks.

The administrator modified the client's weekly cleaning checklist to include checking to ensure bedside lamps are operable. See attached checklist.

The resident's case manager will review the room cleaning checklist weekly.

Within 30 days of receipt of the plan of correction: All staff persons shall be educated on the importance of bedside lighting and that each resident shall have an operable bedside lamp or source of light that can be turned on/off from bedside. Any damaged or missing light sources shall immediately be repaired or replaced.

 4/29/19

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


Signature of Legal Entity Representative  
(Required on EVERY Page) 

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

Date 1/18/19

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

The above plan of correction is approved as of 4/29/19  
(Date)

The above plan of correction was approved by   
(Initials)

Plan of correction implementation status as of 4/29/19  
(Date)

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

Violation Report: 44026 - 11/28/2018 - Evesges, Joseph  
 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 #5 is prescribed Mucinex 600mg – take 1 - 2 by mouth every 12 hours as needed for congestion. However, the medication label reads: Mucinex 600mg TBBP 12 hr Ea – 1 tab by mouth every 12 hours as needed for congestion and 2 tabs by mouth every 12 hours as needed for congestion. Do not crush.

**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 directions change, refer to MAR sticker was placed on the prescription 11/28/18.

 4/29/19

The physician wrote for 1-2 tabs of Mucinex to be given every 12 hours, leaving room for variability. Going forward, the rehabilitation case manager, clinical specialist, or nurse accompanying the client on doctor appointment will ensure that the prescription is specific.

The prescription will continue to be sent directly to the pharmacy, where a label can be generated to accurately match in the electronic MAR.

Staff will be educated via email, and staff meeting to compare labels during medication distribution and report discrepancies immediately. The Medication Manager will be responsible to monitor the MAR as well and alert the on-call immediately with any issues.


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

Signature of Legal Entity Representative  
 (Required on EVERY Page) 

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

Date 1/18/19

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

The above plan of correction is approved as of <u>4/29/19</u> (Date)	Plan of correction implementation status as of <u>4/29/19</u> (Date)
The above plan of correction was approved by  (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented