



March 9, 2020

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 4, 2019 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 "Kevin Hancock", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: REMED RECOVERY CARE CENTERS

License Number: 13158

Address: 350 PAOLI PIKE, MALVERN, PA 19355

County: CHESTER

Region: SOUTHEAST

Administrator

Name: Diane Amicone

Phone: 4845959300

Email: damicone@REMED.COM

Legal Entity

Name: REMED RECOVERY CARE CENTERS LLC

Address: 16 INDUSTRIAL BLVD, SUITE 203, PAOLI, PA, 19301

Certificate(s) of Occupancy

Type: Other

Date: 02/28/2007

Issued By: Willistown Twp

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 13

Waking Staff: 10

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

09/04/2019 - On-Site: Youn Hie Chung

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 8

Residents Served: 8

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 4

Are 60 Years of Age or Older: 3

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 5

Have Physical Disability: 7

51 - Criminal Background Check

Regulations

2600.

- 51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

The criminal background check for Staff person A, hired on 01/24/2017, was not requested until 01/25/2017. The criminal background check for staff person B, hired on 08/23/2016, was not requested until 08/29/2016.

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.)

It is the practice of the HR Department to complete background checks prior to or on the hire date. See attached Employment Clearance and Reference Checks Policy. The violation was discussed with the HR Department. HR and the program administrator will ensure to communicate to determine a new hire start date, and if there are any changes to a planned start date in order to be sure background checks are completed in accordance with OAPSA's hiring policies.

Legal Entity Representative

Diane Amicone
Signature

Diane Amicone, Program Director 10/17/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 03-07-2020
(Date)

Plan of correction implementation status as of 03-07-2020
(Date)

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

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

65g - Annual Training Content

Regulations

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

Description of Violation

Staff persons A and B did not receive training in Fire-Safety completed by a fire safety expert or by a staff person trained by a fire safety expert during training year December 2017 to November 2018. They both completed this training online.

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.)

Violation was discussed with ReMed's Director of Learning & Development and Director of Corporate Compliance and Quality Management. Going forward, the annual fire safety and emergency procedures training will be incorporated into the live annual training day that is mandatory for all ReMed staff. The training will be conducted by a fire safety expert, or a person trained by a fire safety expert.

Legal Entity Representative

Diane Arnicone
Signature

Diane Arnicone, Program Director 10/17/19
Printed Name and Title Date

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	(Initials)	<input checked="" type="checkbox"/> Partially Implemented - Adequate Progress	
		<input type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	

82c - Locking Poisonous Materials

Regulations

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.

Description of Violation

On 09-04-19, Lysol Disinfectant Spray, with a manufacturer's label indicating "contact poison control when ingested", was unlocked, unattended, and accessible to residents. Not all the residents of the home, including residents #1 and #2, have been assessed capable of recognizing and using poisons safely.

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.)

All poisonous and hazardous materials will be properly stored in locked cabinets or storage closets. The importance of ensuring these materials remain locked at all times will be reviewed with staff and clients. Please see attached photos.

Legal Entity Representative

Diane Amicone
Signature

Diane Amicone, Program Director 10/17/19
Printed Name and Title Date

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96a - First Aid Kit

Regulations

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the kitchen does not include a thermometer.

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.)

Thermometer was purchased and replaced in the home's first aid kit that is stored in the kitchen. Please see attached photo. The program's Health & Safety representative will conduct monthly inspection to ensure compliance. Staff have been reminded to place thermometer back in first aid kit if used and to alert both the Health & Safety representative and administrator if they notice an item missing from the first aid kit.

Legal Entity Representative

Diane Amicone
Signature

Diane Amicone, Program Director 10/17/19
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103i - Outdated Food

Regulations

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There were 2 cans of green beans and one can of sliced peaches with best-by dates of 07/20/2018 and 08/29/2019 on the shelf in the basement storage room of the home.

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.)

Entire grocery inventory was inspected and any outdated food items were disposed of. In addition, the Food Service Manager will begin to use a PAR inventory checklist to ensure compliance. See attached sample PAR tracking sheet.

Legal Entity Representative

Diane Amico
Signature

Diane Amico, Program Director 10/17/19
Printed Name and Title Date

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185a - Implement Storage Procedures

Regulations

2600.

185.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.

Description of Violation

On 09/04/2019, Triamcinolon Cream 0.5% prescribed for resident #1 on as-needed basis was not available in the home.

Resident #3 is prescribed Accu-checks on Mondays and Fridays. On Friday 08/16/2019, his MAR shows 167 while his glucometer reads 162. On Monday 08/19/2019, his MAR shows 147 when his glucometer reads 124.

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.)

Triamcinolon Cream 0.5% prescribed for resident #1 was ordered and replenished.

Staff who administered and recorded resident #3's glucometer on both 8/16/19 and 8/19/19 was met with and underwent medication remediation with Clinical Specialist. Please see attached Medication Error - Staff Plan of Correction forms.

Legal Entity Representative

Diane Amicon
Signature

Diane Amicon, Program Director 10/17/19
Printed Name and Title Date

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187d - Follow Prescriber's Orders

Regulations

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed Duloxetine 60 mg at bedtime. However, this medication was not administered to resident #1 on 08/12/2019 because the medication was not available in the home.

Regulations

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed Warfarin 5 mg at 06:00 PM on Monday through Thursday and Warfarin 6 mg on Friday, Saturday, and Sunday. However, resident 1 was administered Warfarin 6 mg on Monday 09/02/2019.

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 medication missed on 8/12/19 was not administered due to pharmacy error. A new blister pack was to be delivered prior to existing one running out and this did not occur. It was received the morning of 8/13/19 and the client resumed their normal medication schedule. Client was monitored for change in mood.

On 9/2/19 after administration, staff realized they gave the wrong dose and immediately notified the on-call clinical specialist, as well as the on-call nurse. Proper procedures were followed in monitoring the client, as well as reporting the incident to the Bureau of Human Services Licensing. See attached incident report.

Legal Entity Representative

Diane Amico
Signature

Diane Amico, Program Director 10/17/19
Printed Name and Title Date

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