



pennsylvania
DEPARTMENT OF HUMAN SERVICES

January 22, 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
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 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".

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *REMEDI RECOVERY CARE CENTERS*
Address: *934 NORTH CHESTER ROAD,, WEST CHESTER, PA 19380*
County: *CHESTER* Region: *SOUTHEAST*

License Number: *14116*

Administrator

Name: *Jean Bosshardt* Phone: *4845959300* Email: *ELECATSAS@REMEDI.COM, jbosshardt@remedi.com*

Legal Entity

Name: *REMEDI RECOVERY CARE CENTERS LLC*
Address: *16 INDUSTRIAL BLVD, SUITE 203, PAOLI, PA, 19301*

Certificate(s) of Occupancy

Type: *R-4* Date: *08/11/2014* Issued By: *East Goshen Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *8* Waking Staff: *6*

Inspection

Type: *Full* Reason: *Renewal* BHA Docket #: Notice: *Unannounced*

Inspection Dates and Department Representative

09/04/2019 - On-Site: Dean Gray

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8* Residents Served: *5*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *2*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *3* Have Physical Disability: *0*

89c - Testing Non-Public Water

Regulations

2600.

89.c. A home that is not connected to a public water system shall have a coliform water test at least every 3 months, by a Department of Environmental Protection-certified laboratory, stating that the water is below maximum contaminant levels. A public water system is a system that provides water to the public for human consumption, which has at least 15 service connections or regularly serves an average of at least 25 individuals daily at least 60 days out of the year.

Description of Violation

As of 09/04/19 the home has not had a coliform water test since 05/16/19. The home is not connected to a public water source.

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.)

Water testing company (BSC) was contacted on the day of inspection. BSC stated they were behind on their appointments due to staffing and missed the home's August test. They performed their quarterly test on 9/10/19. Please see attached report. Also attached, is the letter confirming they will test every 3 months.

Maintain documentation for Department review. 1/11/20 *MJ*

Legal Entity Representative

Jean Borshardt
Signature

Jean Borshardt, Site Manager 10/11/19
Printed Name and Title Date

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The above plan of correction is approved as of 1/11/20
(Date)

Plan of correction implementation status as of 1/11/20
(Date)

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

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

REMED RECOVERY CARE CENTERS

14116

103f - Refrigerator/Freezer Temps

Regulations

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the refrigerator in the kitchen's Frigidaire refrigerator/freezer.

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 new refrigerator/freezer was installed in the home on 9/2/19, but thermometers in old refrigerator/freezer were not transferred to the new one. Thermometers are now in place. Please see attached photos. Immediately: The administrator or designee shall develop a policy and procedures to ensure all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit. This will include a designee checking and recording all refrigerator and freezer temperatures at least twice daily. Documentation shall be kept. 1/11/20 *MG*

Legal Entity Representative

Jean Bosshardt

Signature

Jean Bosshardt, Site Manager

Printed Name and Title

10/11/19

Date

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REMED RECOVERY CARE CENTERS

14116

132f - Alternate Exit Routes

Regulations

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The front door exit was the only exit route used during the fire drills held from October 2018 to February 2019.

Repeat Violation: 09/12/18

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 importance of needing to use alternating exit routes when completing fire drills was reviewed with all staff. Monthly checks will be done by administrator. Please see attached drills from September denoting alternate exits used.

Mainatin documentation for Department reievw. 1/11/20 *MJ*

Legal Entity Representative

Jean Bosshardt

Signature

Jean Bosshardt, Site Manager 10/11/19

Printed Name and Title

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132g - Fire Drills Days/Times

Regulations

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home held three consecutive fire drills on Fridays as evidenced by the following drills 10/26/18, 11/23/18 and 12/28/18.

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.)

Staff were directed to use varying days and times when completing fire drills. Monthly checks will be completed by administrator. Attached is September's drills, completed on a day other than a Friday.

Mainatin documentation for Department reiew. 1/11/20 *mg*

Legal Entity Representative

Jean Bosshardt

Signature

Jean Bosshardt, Site Manager 10/11/19

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225a - Assessment 15 Days

Regulations

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1's assessment does not include the "Date Assessment Finalized".

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 date that was missing from the "Date Assessment Finalized" portion of the assessment has been added and is now documented properly. Please see attached assessment.

The administrator or designee will review all resident assessments for accuracy and completion. Any incomplete or inaccurate assessments will be corrected immediately. 1/11/20

[Handwritten signature]

Legal Entity Representative

Jean Bosshardt

Signature

Jean Bosshardt, Site Manager

Printed Name and Title

10/11/19

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227g -Support Plan Signatures

Regulations

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1 participated in the development of his/her support plan; however, the resident did not sign the support plan.

Resident #2 participated in the development of his/her support plan; however, the resident did not sign the support plan.

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.)

Both Residents are not their own guardian, and the designee/guardian was unable to sign. Per Regulation 227.h this has now been noted on the support plans. Please see attached.
All persons participating in the development of the support plan will be provided with the opportunity to sign the support plan. If the resident or designated person refuses or is unable to sign the support plan the staff person completing will indicate the reason for not signing, the date, time and staff person's initials. All staff persons involved with the completion of support plans will be educated on the proper completion of support plans including the required signature of persons involved with the development of support plans. Documentation of education will be kept. 1/11/20 *mg*

Legal Entity Representative

Jean Bosshardt
Signature

Jean Bosshardt, Site Manager 10/11/19
Printed Name and Title Date

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254a - Records Discharge/Active

Regulations

2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On 09/04/19, the resident's home exercise folders were unlocked, unattended, and accessible in the PT/OT Room.

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 home exercise program records were removed from the Physical Therapy Room and placed in the staff office, that is locked. See attached photo.

The administrator will review and update the policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records. All staff persons will be educated on the updated policy. The administrator or designated staff person on each shift will monitor the home daily to ensure all resident records are confidential and are kept safe and locked. Documentation will be kept. 1/11/20 *mg*

Legal Entity Representative

Jean Bosshardt
Signature

Jean Bosshardt, Site Manager
Printed Name and Title

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