



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail elecatsas@remed.com
Sent via e-mail cboucher@remed.com
July 27, 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
1152 North New Street
West Chester, Pennsylvania 19380
License #: 106230

Dear Ms. Lecatsas:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 4, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Sandra Wooters

Sandra Wooters, MHS, ACG
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: REMED RECOVERY CARE CENTERS

License Number: 10623

Address: 1152 NORTH NEW STREET,, WEST CHESTER, PA 19380

County: CHESTER

Region: SOUTHEAST

Administrator

Name: Christopher Boucher

Phone: 6103443983

Email: cboucher@REMED.COM

Legal Entity

Name: REMED RECOVERY CARE CENTERS LLC

Address: 16 INDUSTRIAL LANE, PAOLI, PA, 19301

Certificate(s) of Occupancy

Type: C-3 SP

Date: 09/02/1999

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 12

Waking Staff: 9

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

02/04/2020 - On-Site: Youn Hie Chung, Susan Smith

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: 2

Are 60 Years of Age or Older: 2

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 4

Have Physical Disability: 7

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.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.

Description of Violation

Staff person A did not receive training in any of the topics listed above during training year 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.)

Staff person A is our Maintenance Assistant. As he is now being classified as an ancillary staff person, in 2020 and going forward he will attend both annual Fire Safety Training as well as Medical & Emergency Procedures Review. Both of these classes cover all of the required training topics listed in Regulation 65.g.

Legal Entity Representative

Christopher Bouchon
Signature

Christopher Bouchon Administrator 2/28/20
Printed Name and Title Date

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The above plan of correction is approved as of 7/24/2020
(Date)

Plan of correction implementation status as of 7/24/2020
(Date)

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

Implemented
 Not Implemented

85a - Sanitary Conditions

Regulations

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 02/04/2020 at 02:00 PM, there was no means of hand drying in resident #1's bathroom.

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 paper towel dispenser in Resident 1's bathroom was refilled at the time of inspection. Checking to ensure that the paper towel dispensers are full is now on the nightly Overnight checklist. Site Manager/Administrator and Health & Safety Representative will do both spot checks, and ensure they are full during monthly inspection.
Please see attached photo of paper towel dispenser that has been refilled.

Legal Entity Representative


Signature

Christopher Boudin Administrator 2/28/20
Printed Name and Title Date

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132d - Evacuation

Regulations

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. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

According to the fire safety inspection letter dated 10/25/2018, the home's maximum evacuation time was 5 minutes. During the fire drill held on Feb 19, 2019 at 06:15 PM, the evacuation time was 5 minutes and 3 seconds.

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 fire drill was re-run on Feb 23, 2019 and evacuated in 5 minutes and 0 seconds. Fire drill procedures have been reviewed with staff, as well as are reviewed during annual training. All fire drills completed since then have been under the allotted evacuation time. Please see attached fire drill tracker showing all subsequent drills have been under 5 minutes and 0 seconds.

Legal Entity Representative

Christopher Boucher
Signature

Christopher Boucher Administrator 2/28/20
Printed Name and Title Date

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171b5 - First Aid Kit

Regulations

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit in the van used to transport residents does not include tweezers, thermometer, or eye coverings.

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, thermometers and eye coverings have been placed in the vehicle first aid kit. Health & Safety representative will continue to check the first aid kits during their walk-thru's and inspections to ensure all required items are in the first aid kit at all times. Please see attached photo of missing items placed in first aid kit.

Legal Entity Representative

C. Bouch
Signature

Christopher Bouch Administrator 2/28/20
Printed Name and Title Date

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183d - Prescription Current

Regulations

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 02/04/2020, Soothe Night Ointment prescribed for resident #2 was in the home's medication bin; however, the medication was opened on 12/15/2019 and was to be discarded 30 days after opening. Virtussin AC 100 mg prescribed for resident #3 with a label with an expiration date of 12/21/2019 was still in the home's narcotics storage box.

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.)

Soothe Night Ointment for Resident 2 was discarded at time of inspection. New ointment was ordered. Medication Manager will ensure that ointment is discarded 30 days after opening, and that new ointment will be ordered prior to discarding so that no doses will be missed.

Resident 3's expired Virtussin AC 100mg was discarded at time of inspection. New bottle was ordered. Medication Manager will complete weekly audits of med cart to ensure there are no expired medications.

Legal Entity Representative

Chris Boucher
Signature

Chris Boucher Administrator 2/28/20
Printed Name and Title Date

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183e - Storing Medications

Regulations

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 02/04/2020, Maxitrol 0.1% Op eye drop was in resident #2's medication bin. According to the manufacturer's instructions, it should be discarded 30 days after opening but it did not have an open date specified.

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's Maxitrol 0.1% eye drop was has been dated. Please see attached photo. While completing med cart audits, Medication Manager will check to ensure all medications are dated when they are opened, and will ensure that it will be discarded after 30 days of opening. All staff will also be reminded the proper procedure when opening medication regarding dating.

Legal Entity Representative


Signature

Chris Boucher Administration Director
Printed Name and Title Date

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184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

On 02/04/2020, 3 packages of Botox for injection belonging to resident #4 were in the med refrigerator and were not labeled with the resident's name.

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 4's Botox injections have been discontinued and discarded. All staff will be reminded to ensure there are labels on all medications when they are delivered from the pharmacy. Medication Manager will also check to ensure labels are on all items.

Legal Entity Representative

Chris Boucher
Signature

Chris Boucher Administrator 2/28/20
Printed Name and Title Date

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187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #2 is prescribed Vascepa. However, his medication administration record does not indicate the diagnosis for this medication.

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 responsibility of the pharmacy to input all client diagnoses. All staff who are allowed to approve orders in the MAR are to check and ensure the order is correct, including ensuring the diagnosis is listed. Diagnosis has been entered into the MAR. Please see attached photo. A reminder of the process will be sent to all staff as well. When completing med audits, the Medication Manager will check entries to ensure the diagnosis is listed.

Legal Entity Representative

Chris Boucher
Signature

Chris Boucher Administrator 2/28/20
Printed Name and Title Date

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