



**Sent via e-mail elecatsas@remed.com
March 31, 2020**

Ms. Elaine Lecatsas
Vice President of Operations
ReMed
16 Industrial Boulevard, Suite 203
Paoli, Pennsylvania 19301

RE: ReMed
137 Spruce Lane
Paoli, Pennsylvania 19301
License #: 138330

Dear Ms. Lecatsas:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 26, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Shawn Parker

Shawn Parker
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *REMEDI*

License Number: *13833*

Address: *137 SPRUCE LANE,, PAOLI, PA 19301*

County: *CHESTER*

Region: *SOUTHEAST*

Administrator

Name: *Elizabeth Faherty*

Phone: *6109932827*

Email: *ELECATSAS@REMEDI.COM*

Legal Entity

Name: *REMEDI RECOVERY CARE CENTERS*

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

Certificate(s) of Occupancy

Type: *R-3*

Date: *05/29/2011*

Issued By: *Willistown Township, Chester Co.*

Staffing Hours

Resident Support Staff: *5*

Total Daily Staff: *11*

Waking Staff: *8*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

02/26/2020 - On-Site: Sabrina Freeman

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *5*

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: *3*

Are 60 Years of Age or Older: *4*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *1*

Have Physical Disability: *0*

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Personal care and assisted living homes must post the required influenza information in a public place in the home year-round as required by the Influenza Awareness Act (HB 1785). The home did not have an influenza poster anywhere.

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 description of violation is not accurate. There were 2 influenza posters hung in the house at the time of inspection, in the staff office and near the time clock. The home was given guidance to also post one upstairs where visitors and clients can see. This was completed after the inspection. Please see attached photos of postings in both staff office and common area.

DPOC - Admin or designated person will ensure influenza poster is posted in a conspicuous, public place in the home at all times. SP 03-31-2020

Legal Entity Representative

Liz Faherty
Signature

Liz Faherty
Printed Name and Title

3/20/20
Date

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

The above plan of correction is approved as of 03-31-20
(Date)

Plan of correction implementation status as of 03-31-20
(Date)

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

Implemented
 Not Implemented

25b - Contract Signatures

Regulations

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #1 did not sign there contract, nor was there any documentation that resident #1 was unable to sign or refused to sign the contract.

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.)

Administrator met with Resident #1 on 2/26/20 and had her sign the contract. Please see attached. For any further admissions, the administrator will review the contract day of admission to ensure that it is signed.

Legal Entity Representative

Liz Faherty
Signature

Liz Faherty
Printed Name and Title

3/20/20
Date

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41e - Signed Statement

Regulations

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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.)

Administrator met with Resident #1 on 2/26/20 and had her sign the contract, including receipt of copy of resident rights and complaint procedures. Please see attached.

For any further admissions, the administrator will review the contract day of admission to ensure that it is signed.

Legal Entity Representative


Signature

Liz Fabury
Printed Name and Title

3/20/20
Date

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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 numerous individually bagged pieces of meat in the freezer that did not have a label or date.

There was meat and cheese in the refrigerator that did not have a label or date.

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.)

Food that wasn't labeled/dated was in the client's personal refrigerator. After inspection staff assisted clients to label their food. This refrigerator is monitored each day to ensure this process continues. Please see attached photo.

Legal Entity Representative

[Handwritten Signature]
Signature

Lauren Gower
Printed Name and Title

3/20/20
Date

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191 - Resident Right to Refuse

Regulations

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

There was no documentation that resident #1 was educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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.)

Administrator met with Resident #1 on 2/26/20 and had her sign the contract, including education regarding the resident's right to refuse medication if the resident believes that there may be a medication error. Please see attached.

For any further admissions, the administrator will review the contract day of admission to ensure that it is signed.

Legal Entity Representative

Liz Farway
Signature

Liz Farway
Printed Name and Title

3/20/20
Date

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221c - Post Activity Calendar

Regulations

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The home does not have a current weekly activity calendar posted.

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 does not agree with this violation.

Due to each client's program being tailored to their rehab goals, each client has a personal Monday through Friday weekly schedule, and a separate Friday through Sunday weekend schedule which lists their own activities, therapies and outings.

In addition, there is always a monthly activity board posted in the dining room of the home which also lists these activities, as well as home options for the group to do in the evenings during down times. The Department representative observed this calendar during inspection.

Please see attached photo of the March monthly activity calendar which is posted in the common area of the home.

DPOC - Admin or designee will ensure a weekly activity poster is posted in a conspicuous place in the home.

SP 03-31-2020

Legal Entity Representative


Signature

Liz Fabury
Printed Name and Title

3/20/20
Date

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