

Department of Human Services  
Bureau of Human Service Licensing

September 16, 2020

ELAINE LECATSAS, VICE PRESIDENT OF OPERATIONS  
REMED RECOVERY CARE CENTERS LLC  
16 INDUSTRIAL BLVD, SUITE 203  
PAOLI, PA 19301

RE: REMED RECOVERY CARE CENTERS  
100 BRISTOL LANE  
IRWIN, PA, 15642  
LICENSE/COC#: 44997

Dear Ms. Lecatsas,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 07/21/2020 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,  
Jody Garvey

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *REMED RECOVERY CARE CENTERS* License #: *44997* License Expiration Date: *06/14/2021*  
 Address: *100 BRISTOL LANE, IRWIN, PA 15642*  
 County: *WESTMORELAND* Region: *WESTERN*

**Administrator**

Name: *Rebecca Rubish* Phone: *724-864-1896* Email: *btubish@remed..com*

**Legal Entity**

Name: *REMED RECOVERY CARE CENTERS LLC*  
 Address: *16 INDUSTRIAL BLVD, SUITE 203, PAOLI, PA, 19301*  
 Phone: *4845959300* Email: *ECLATSAS@REMED.COM*

**Certificate(s) of Occupancy**

Type: *R-3* Date: *04/04/2019* Issued By: *Hempfield TWP*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *14* Waking Staff: *11*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *07/21/2020*

**Inspection Dates and Department Representative**

*07/21/2020 - On-Site: Desmond Grace*

**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: *8* Are 60 Years of Age or Older: *0*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *6* Have Physical Disability: *0*

**Inspections / Reviews**

**07/21/2020 - Partial**

Lead Inspector: *Desmond Grace* Follow-Up Type: *POC Submission* Follow-Up Date: *09/04/2020*

Inspections / Reviews (*continued*)

9/16/2020 - POC Submission

Lead Reviewer: *Jody Garvey*Follow-Up Type: *Document Submission*Follow-Up Date: *10/16/2020*

## 227d - Support Plan Medical/Dental

**1. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

*Resident #1's most recent assessment, dated 6/8/20, indicates that the resident requires regular supervision in the home, cannot leave the home unattended, and is unaware of unsafe areas. The resident's support plan indicates that staff will provide extensive supervision, monitoring and cueing to ensure safety in the home and in the community. However, on 7/21/20 between 8:45 a.m. and approximately 9:05 a.m., the home failed to provide supervision to resident #1 who was in the parking lot of the home while staff person A was sitting outside in the smoking area on the opposite side of a van from the resident and unaware that the resident was outside.*

**Plan of Correction****Accept**

*A program specific staffing grid system is in place at the residence. The grid system is completed weekly by the House Supervisor and is designed to have detailed responsibilities for each staff working. The grid system identifies the staff scheduled to work and the assigned client(s) that they will work with for the duration of their shift, and includes specific activities and the time frame in which they are to be completed/assigned to a client.*

*After the House Supervisor completes these each week, they are sent to the Clinical Specialist for finalization to confirm that adequate staffing has been scheduled to meet the needs of the clients.*

*At the start of each shift, staff read their scheduled grid assignments and initial it to acknowledge and confirm they understand their shift responsibilities and are to also initial next to each scheduled activity once completed, throughout the shift. If a discrepancy is noted at the start of the shift or a co-worker assigned does not show, the staff will immediately contact the on-call to adjust the grid and ensure staffing needs are met.*

*During shift change times, staff hand off the client to the next staff assigned and review relevant events of the shift.*

*After the 7/21/20 inspection, the House Supervisor and/or Clinical Specialist individually reviewed the resident's RASP's with all staff to confirm the awareness and acknowledgment of each client's guidelines. A verbal reminder was given to staff that door alarms were installed prior to this incident as an auditory cue to be cognizant of the surroundings and location of clients.*

*The House Supervisor will also email the violation report to all staff to review and will discuss in the October 2020 staff meeting. In an effort to provide continuous education on the violation and to prevent re-occurrences, the topic will be added to the agenda for the monthly staff meetings.*

**Completion Date:** 09/16/2020