

Department of Human Services
Bureau of Human Service Licensing

April 27, 2021

██████████ 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 ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/08/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Suzy Quinn

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

Administrator

Name: [REDACTED] Phone: *724-610-6037* Email: [REDACTED]

Legal Entity

Name: *REMEDI RECOVERY CARE CENTERS LLC*
Address: *16 INDUSTRIAL BLVD, SUITE 203, PAOLI, PA, 19301*
Phone: *4845959300* Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *12* Working Staff: *9*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *03/08/2021*

Inspection Dates and Department Representative

03/08/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8* Residents Served: *7*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *7* Are 60 Years of Age or Older: *0*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *5* Have Physical Disability: *0*

Inspections / Reviews

03/08/2021 Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/05/2021*

Inspections / Reviews (*continued*)

4/9/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Document Submission*Follow-Up Date: *04/26/2021*

4/27/2021 Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

There was a 1" diameter blood smear on resident #1's glucometer.

Plan of Correction

Accept

Medication administration procedures will be reviewed with all medication certified staff by 4/9/21 to ensure that cleaning and sanitizing equipment after each use is understood. All medication certified staff will sign off that they understand the appropriate procedures. Specific instructions have been added to the electronic MAR to clean glucometers after each use for each applicable client, to support follow through with cleaning and sanitizing procedures. Condition of equipment, including glucometers, will be included on medication cart audits to monitor for any issues, starting with the April 2021 audit.

Completion Date: 04/09/2021

Document Submission

Implemented

See attached "DHS signature sheet & updated note to staff" where the glucose monitor cleaning process was reviewed, and staff signed off.

100a Exterior Free of Hazards

1. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

A large crack in the front porch concrete floor, extending approximately 7' from the edge of the porch in front of the walkway to the right corner of the porch, caused the concrete surface to be uneven and raised 3/4" - 1" high, posing a trip/fall hazard.

Plan of Correction

Accept

The large crack has been repaired by the home's maintenance assistant on 3/24/21. Please see attached photos. The administrator will complete a physical assessment of the grounds on a weekly basis starting the week of 4/5/21. If issues are found, the administrator will report them to the maintenance assistant and a plan for repair will be turned into the Program Director for approval. The weekly log of completion will be kept and filed. The Program Director will be the backup in the event the administrator is unable to complete the weekly walk through.

Completion Date 03/24/2021

Document Submission

Implemented

See attached Weekly Walkthroughs completed by the administrator

103e - Left Overs

1. Requirements

103e - Left Overs (*continued*)

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There were two unlabeled and undated plastic cereal containers, one full and the second approximately 1/8 full of cereal, in the kitchen cabinet by the refrigerator.

Plan of Correction

Accept

All staff receive food service training during their introductory period (training checklist example available upon request). Beginning the week of 4/5/21, the home's food manager will re-review the policies and procedures of proper food storing protocols with all staff and have them sign off in acknowledgement that this has been completed and understood. This will also be reviewed with the residents in the month of April 2021, as some purchase their own personal snacks and favorite foods outside of what the home provides. The administrator will add to the overnight checklist to complete a thorough check of the cabinets and refrigerators each night to ensure proper labeling is occurring. If something is found unlabeled/dated, staff is to immediately throw it out and report the item to the administrator for follow-up. The overnight job responsibility forms are reviewed by the administrator each week to ensure completion of tasks listed. Weekly, when the food manager is creating the shopping list based on the menus, they will check the cabinets and refrigerators to ensure proper procedures are being followed.

Completion Date: 04/05/2021

Document Submission

Implemented

See attached "DHS signature sheet & updated note to staff" where the proper food storage process was reviewed, and staff signed off. Also attached are updated overnight staff scheduling grids.

171b5 - First Aid Kit

1. Requirements

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

There were no eye coverings in the first aid kit in the Chrysler Pacifica van used to transport residents.

171b5 - First Aid Kit (continued)

Plan of Correction

Accept

The home's health and safety representative completes a vehicle check for all program vehicles on a monthly basis (see attached form). First aid kit items are checked and if any issues, items are replaced. After follow up with the representative to discuss the procedure and review the items, all items had been marked off as completed and items were in the van according to the paperwork. After the inspection, the "missing" goggles were found in the van, they were just not in the first aid kit. To note, we did immediately replace the goggles from house stock of health and safety supplies.

To prevent further instances, administration has decided to include the direct care staff in the process so that all staff have the opportunity to be involved in the necessary policies and procedures. Starting the week of 4/12/21, we are going to assign a different staff per week to review the first aid kits in the house and vehicles to ensure necessary items are included. This will be assigned on staff's schedules, where they read and review their daily responsibilities. Like any duty assigned that was not completed during the shift, the on call will be notified and the task will be reassigned. Schedule assignment completion is reviewed at the end of each week by either the administrator or Clinical Specialist.

Completion Date 04/12/2021

Document Submission

Implemented

See attached "DHS signature sheet & updated note to staff" where the new first aid kit check process was reviewed, and staff signed off. Also attached is a list of items that are to be in the first aid kit that has been put inside all first aid kits.

183e - Storing Medications

1. Requirements

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

There was an expired 1 ounce tube of Equate First Aid antibiotic in the home's first aid kit. The expiration date on the tube was 3/2018.

Plan of Correction

Accept

The health and safety representative has been checking the first aid kits (which are easily accessible to all) on a monthly basis, as a part of their assigned addendum responsibilities. We recognize that when accessible to all, any person can take/add to them in between the monthly checks. To have all staff involved, we are assigning one staff per week to check the first aid kits. This is assigned on the schedule where staff receive their shift responsibilities. This will assist with continued staff education for new and seasoned staff. This will begin the week of 4/12/21. On 3/10/21, the Program Director sent out an email to all staff with the items that are to be included in each first aid kit, and with instruction to report anything unnecessary to the administrator (email attached). We have also printed out a list and taped it to each kit as a quick reference for the only items that should be included in each kit. Medication cart audits are completed on a monthly basis where all prescribed and OTC medications are stored. At the time of the audit, any expired item is removed, and if about to expire it is reordered through the pharmacy.

Completion Date: 04/12/2021

183e - Storing Medications (continued)

Document Submission**Implemented**

See attached "DHS signature sheet & updated note to staff" where the new first aid kit check process was reviewed, and staff signed off. Also attached is a list of items that are to be in the first aid kit that has been put inside all first aid kits.

190b - Insulin Injections

1. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Due to COVID-19, Governor Wolf signed an Emergency Disaster Declaration on 3/6/20. As a result, regulation §2600.190(b) has a limited suspension. The suspension shall end when Governor Wolf ends the Disaster Proclamation, unless OLTL has stated a different time or unless OLTL later sets another time. The limited suspension states "Staff who have been previously trained may continue to administer insulin injections for up to 90 days beyond the staff's training renewal date."

On 3/4/21 at 5:00 pm, direct care staff A performed [REDACTED] on resident #2. However, [REDACTED] most recent Department-approved diabetes patient education program was completed 5/1/19.

On 3/5/21 at 5:00 pm, direct care staff B performed [REDACTED] on resident #2. However, [REDACTED] most recent Department-approved diabetes patient education program was completed 5/1/19.

On 3/8/21 at 8:00 AM, direct care staff C, who has not completed a Department-approved diabetes patient education program, performed [REDACTED] on resident #2.

190b - Insulin Injections (*continued*)**Plan of Correction****Accept**

n 2020, 2 of the 3 staff were assigned for recertification (we can provide proof upon request). The classes assigned were cancelled due to the pandemic. When the classes were available again via telehealth, we had to order our own supplies to meet the telehealth requirements. This was a new procedure for us on how to order the supplies and receive them in a timely manner. With COVID positive staff, it was a challenge to ensure all staff were recertified within the extended timeframe based on scheduling needs and demands. Our training department asked that we focus on newer staff before recertifying the existing staff trained. We have since provided the department with the education on the violation that we received to change the way they are thinking with training for other DHS regulated homes.

Since the inspection, staff member C has completed the training (certification attached). The other 2 staff mentioned are assigned for the next available training on 4/9/21 (proof of registration available upon request).

To prevent further occurrences of non or expired staff to administer insulin, the clinical operations coordinator who creates schedules has been given a list of the staff that are up to date. When ■■■ assigns the medication monitor for each shift, ■■■ will check the list to ensure that those only up to date can be assigned as the medication monitor for residents who receive insulin injections. Each staff is also aware if they are up to date or certified. If they are expired and see that they are assigned for insulin administration, they will immediately call the clinical on-call to report the issue and rectify the issue.

Completion Date: 04/09/2021

Document Submission**Implemented**

Please see attached list of diabetes trained staff, that is to be used when creating staff schedules.