

Department of Human Services
Bureau of Human Service Licensing

June 17, 2021

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

RE: REMED
139 SPRUCE LANE
PAOLI, PA, 19301
LICENSE/COC#: 13436

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/13/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Claire Mendez

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *REMED* License #: *13436* License Expiration Date: *06/14/2021*
 Address : *139 SPRUCE LANE, PAOLI, PA 19301*
 County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *4845959300* Email: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

Type: *R-4* Date: *12/29/2008* Issued By: *willistown twp*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *5* Working Staff: *4*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *05/13/2021*

Inspection Dates and Department Representative

05/13/2021 - On-Site: [REDACTED]

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: *1* Are 60 Years of Age or Older: *3*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

05/13/2021 Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/11/2021*

Inspections / Reviews *(continued)*

6/11/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Document Submission*

Follow-Up Date: *06/15/2021*

6/17/2021 Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED that is accredited by the U.S. Department of Education

Plan of Correction

Accept

Staff person A completed [redacted] schooling outside of the United States.

We applied for a waiver for staff person A on 5/26/21. Attached is the waiver application, as well as the notice provided to the residents.

Quality Management Specialist reviewed these regulations with the HR Department and developed a workflow so that in the future, if someone is hired who completed schooling outside of the United States, they are clear on what documentation is necessary.

On 5/27/21 staff person A was informed that they need to request a professional credential evaluation. On 6/4/21 staff person A confirmed that [redacted] sent in all documents needed to complete the evaluation. As of 6/10/21, [redacted] has not received this back yet. Once received, this will be sent to the State to complete the waiver application process.

Completion Date: 06/10/2021

Document Submission

Implemented

HR received an update from staff person A on 6/15/21:

Upon checking [redacted] status after submitting documents, [redacted] was asked to reach out to the institution. Diplomas and record keeping for [redacted] school are administered through a 3rd party institution based in the UK. [redacted] is working through [redacted], and was advised to contact one of their agents for direction on how best to proceed. We have not received an estimated timeline for this.

The State has also been updated with this information as a part of the waiver application process.

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Repeat Violation

On 5/13/21 at 2:18 PM, the hot water temperature in the bathroom#2 handwashing sink measured 123.6 degrees Fahrenheit.

Plan of Correction

Accept

Hot water heater has been adjusted. See attached photo, where temperature is 118.7 degrees F.

Water temperature will be checked weekly by the home's Health & Safety Representative.

Completion Date: 06/11/2021

Document Submission

Implemented

Water temperature continues to be checked weekly with no further issues. See attached water temp log.

103f - Refrigerator/Freezer Temps

1. Requirements

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

On 5/13/21 at 1:58pm, there was no thermometer in the freezer located in the kitchen. The thermometer in kitchen's refrigerator was not working.

Plan of Correction

Accept

Thermometers were replaced (see attached photos). H&S Representative will monitor that all refrigerators and freezers have working thermometers during regularly scheduled walkthroughs. They will replace any thermometers if necessary immediately.

Completion Date: 05/14/2021

Document Submission

Implemented

Thermometer checks continue to be completed weekly with no further issues. See attached thermometer check log.

107d - Procedure Emergency Management Agency Submission

1. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures to be submitted annually to local emergency management agency was submitted over the 12 months allowable period.

Plan of Correction

Accept

The home's emergency procedures submission was delayed due to COVID. As this was submitted on 3/23/21, the staff who is responsible for sending has added a reminder to their calendar in January 2022, to ensure it is submitted within 12 months.

Completion Date: 06/08/2021

Document Submission

Implemented

The violation has been reviewed with the staff person who is responsible for submitting the home's emergency procedures. They are clear on the expectations of the timeline for submission, and continue to have a reminder on their calendar to complete this within 12 months of the 2021 submission.

123b - Emergency Procedures Posted

1. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home.

123b - Emergency Procedures Posted (*continued*)**Plan of Correction****Accept**

The home's emergency procedures have been posted in the living room (see attached photos). The H&S Representative and/or Administrator will ensure this remains posted during regularly scheduled walkthroughs.

Completion Date *05/14/2021*

Document Submission**Implemented**

Emergency procedures remain posted in the living room. Ensuring this will remain a part of regularly scheduled walkthroughs.