

Department of Human Services  
Bureau of Human Service Licensing

July 1, 2021

[REDACTED], ADMINISTRATOR  
REMED RECOVERY CARE CENTERS LLC  
16 INDUSTRIAL BLVD, SUITE 203  
PAOLI, PA 19301

RE: REMED RECOVERY CARE CENTERS  
350 PAOLI PIKE  
MALVERN, PA, 19355  
LICENSE/COC#: 13158

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/26/2021 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 RECOVERY CARE CENTERS      **License #:** 13158      **License Expiration Date:** 03/15/2022  
**Address:** 350 PAOLI PIKE, MALVERN, PA 19355  
**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:** Other      **Date:** 02/28/2007      **Issued By:** Williamson 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:** 05/26/2021

**Inspection Dates and Department Representative**

05/26/2021 - On-Site: [REDACTED]

**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:** 3      **Are 60 Years of Age or Older:** 4  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 4      **Have Physical Disability:** 7

**Inspections / Reviews**

05/26/2021 Full

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 06/25/2021

Inspections / Reviews (*continued*)

6/28/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Document Submission*Follow-Up Date: *06/30/2021*

7/1/2021 Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 05/26/21, at 12 pm , it was observed the computer screen with full display were unlocked, unattended, and accessible to other staffs and residents.

Plan of Correction

Accept

Staff have been directed to use the "sunglass" feature on QuickMAR (our electronic MAR), to ensure that client information is not visible when not in use. Signs were also hung in the med room to serve as a reminder. See attached.

An in-service training was implemented to serve as a reminder of QuickMAR medication administration procedures. See attached in-service.

Completion Date: 06/10/2021

Document Submission

Implemented

A reminder email has been sent out to all staff regarding use of the "sunglass" feature. There have been no further instances of it being found unlocked. See attached.

65d - Initial Direct Care Training

1. Requirements

2600.

- 65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:
  - 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on [REDACTED], began providing unsupervised ADL services on [REDACTED]. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test until [REDACTED].

Plan of Correction

Accept

Due to COVID-19, new hires were no longer completing the DHS direct care training exam as a part of in person new hire training that was completed at our main office. This lead to the retrieval of some of the exam certificates to fall through the cracks. Staff person A was one of those people.

A new process has been implemented where new hires are being scheduled to complete the training course and competency exam during their first day on site in the home. This way, we are ensuring they have access to a printer and will be printing and giving a copy of the certificate to the administrator/staff training designee in the moment.

Completion Date: 05/27/2021

Document Submission

Implemented

New process remains in effect, with no further issues.

162e - Menu Changes

1. Requirements

2600.

- 162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Description of Violation

*On 05/26/21, "Mediterranean Wrap" was listed on the menu for the lunch meal. A Turkey and cheese sandwich was served instead. No notice was provided to the residents in advance of the meal.*

Plan of Correction

Accept

*Administrator will work collectively with the home's Food Manager to ensure that items on the menu are available. If there is a change needed to be made on the menu, residents will be notified.  
An alternative menu has also been posted. See attached.*

**Completion Date:** 06/10/2021

Document Submission

Implemented

*Attached is an updated alternative menu.*

183b - Meds and Syringes Locked

1. Requirements

2600.

- 183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

*On 05/26/21 at 12 pm, the medication cart was unlocked, unattended, and accessible to other staff and residents.*

Plan of Correction

Accept

*Signs that say "please lock when not in use" were hung above the medication cart, and in the med room. See attached.*

*As mentioned above, an in-service training will be implemented to serve as a reminder of medication administration procedures.*

**Completion Date:** 06/10/2021

Document Submission

Implemented

*A reminder email has been sent out to all staff regarding locking the medication cart. There have been no further instances of it being found unlocked. See attached.*

185a - Implement Storage Procedures

1. Requirements

2600.

- 185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

185a - Implement Storage Procedures (continued)

**Description of Violation**

Resident #1 is prescribed [REDACTED]. On [REDACTED] this medication was not available in the home.

Resident #2 is prescribed [REDACTED]. On [REDACTED] this medication was not available in the home.

**Plan of Correction**

**Accept**

Levofloxacin was available to both residents at the time of inspection, photos are attached.

During the inspection, on 5/26/21, [REDACTED] was not available for both residents 1 and 2. The orders were discontinued on [REDACTED], see attached DC orders.

Clinical Specialist will work with the Medication Manager to ensure that stock PRN meds that are available coincide with orders on the MAR. This will also be checked during routine med cart audits.

Completion Date: 05/28/2021

**Document Submission**

**Implemented**

Medication checks continue to be completed by the Medication Manager. Attached is an example of the weekly med check, which tracks when items are expired so that they can be ordered in a timely fashion.