

Department of Human Services
Bureau of Human Service Licensing

September 1, 2021

[REDACTED] VICE PRESIDENT OF OPERATIONS
REMED RECOVERY CARE CENTERS LLC
16 INDUSTRIAL BLVD, SUITE 203
PAOLI, PA 19301

RE: REMED RECOVERY CARE CENTERS
934 NORTH CHESTER ROAD
WEST CHESTER, PA, 19380
LICENSE/COC#: 14116

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/12/2021, 07/15/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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: *REMEDI RECOVERY CARE CENTERS* License #: *14116* License Expiration Date: *10/31/2021*
Address: *934 NORTH CHESTER ROAD, WEST CHESTER, PA 19380*
County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *4845959300* 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-4* Date: *08/11/2014* Issued By: *Twp of East Goshen*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *9* Waking Staff: *7*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *07/15/2021*

Inspection Dates and Department Representative

07/12/2021 - On-Site: [REDACTED]
07/15/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8* 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: *0* Are 60 Years of Age or Older: *3*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *4* Have Physical Disability: *0*

Inspections / Reviews

07/12/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/20/2021*

8/26/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/31/2021*

9/1/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 7/12/21 the home's Licensing Inspection Summary, dated 9/4/2019, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept

It is believed that the Licensing Inspection Summary keeps getting knocked down accidentally, and not reposted. Therefore, it has been moved to another location, near the front door (see attached photos). Administrator will check to ensure this remains posted during their regular walkthroughs.

Completion Date: 08/13/2021

Document Submission

Implemented

As noted above, the Licensing Inspection Summary has been moved and has remained posted without issue. Administrator will continue to ensure it remains posted during regular walkthroughs.

65a - FS Orientation 1st Day

1. Requirements

2600.

- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
 - 1. Evacuation procedures.
 - 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
 - 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
 - 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
 - 5. The location and use of fire extinguishers.
 - 6. Smoke detectors and fire alarms.
 - 7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [REDACTED], did not receive orientation on the following topics:

- 1. Evacuation procedures.
- 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- 5. The location and use of fire extinguishers.
- 6. Smoke detectors and fire alarms.
- 7. Telephone use and notification of emergency services.

65a - FS Orientation 1st Day (continued)

Plan of Correction

Accept

Staff person A's orientation portion of the checklist was completed, however it was not recorded in the required timeframe per DHS. As this staff member is an overnight, the process was reviewed with the Overnight Supervisor. In addition, the home's administrator has created a spreadsheet for new hires and their trainings, to ensure items are completed in the correct timeframes.

Completion Date: 08/13/2021

Document Submission

Implemented

Review of regulatory timeframes related to trainings with Overnight Supervisor completed. Administrator continues to utilize a spreadsheet for new hires/trainings to ensure items are completed in the correct timeframes. No further issues have been noted.

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

- 65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
 - 1. Resident rights.
 - 2. Emergency medical plan.
 - 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
 - 4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A did not have documentation of completing the following training topics within their 40th scheduled work hour:

- 1. Resident rights.
- 2. Emergency medical plan.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 4. Reporting of reportable incidents and conditions.

Plan of Correction

Accept

Staff person A's within 40 hours portion of the checklist was completed, however it was not recorded in the required timeframe per DHS. As this staff member is an overnight, the process was reviewed with the Overnight Supervisor. In addition, the home's administrator has created a spreadsheet for new hires and their trainings, to ensure items are completed in the correct timeframes.

Completion Date: 08/13/2021

Document Submission

Implemented

Review of regulatory timeframes related to trainings with Overnight Supervisor completed. Administrator continues to utilize a spreadsheet for new hires/trainings to ensure items are completed in the correct timeframes. No further issues have been noted.

65c - Ancillary Staff Orientation

1. Requirements

2600.

65c - Ancillary Staff Orientation (continued)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Violation Withdrawn

By: [REDACTED] Date: 8/26/21 [REDACTED]

105g - Lint Removal and Duct Cleaning

1. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 7/12/21, an accumulation of 1/2 inch of lint was present in the Maytag dryer. There were no clothes in the dryer at this time.

Plan of Correction

Accept

Lint was removed from the dryer at the time it was noted during inspection. Dryers will be checked upon each shift to ensure they are not full of lint. The home's H&S Representative will also monitor during their regular walkthroughs. See attached photos of empty lint trap.

Completion Date: 08/13/2021

Document Submission

Implemented

Lint traps continue to be checked upon each shift. The H&S Representative also continues to monitor during their regular walkthroughs. No further issues have been noted.

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 were not submitted timely to the local emergency management agency, due no later than 1/27/21. The home submitted their written emergency procedures on 3/23/21.

107d - Procedure Emergency Management Agency Submission (continued)

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: 08/13/2021

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.

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
 - 1. A general physical examination by a physician, physician's assistant or nurse practitioner.
 - 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 - 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 - 4. Special health or dietary needs of the resident.
 - 5. Allergies.
 - 6. Immunization history.
 - 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 - 8. Body positioning and movement stimulation for residents, if appropriate.
 - 9. Health status.
 - 10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident 1's initial medical evaluation did not include the resident's medication regimen and special health or dietary needs

Plan of Correction

Accept

Resident 1 has discharged as of [REDACTED].
 It is the responsibility of the RCM (Rehab Case Manager) Assistant to ensure that all required DHS documents are completed correctly and in their entirety. Since this inspection, a new RCM Assist has been identified and trained in these procedures.

Completion Date: 08/13/2021

Document Submission

Implemented

New RCM Assist has been trained on reviewing, completing when applicable, and ensuring that all required DHS documents are completed correctly and in their entirety. No further issues have been noted.

224a - Preadmission Screen Form

1. Requirements

2600.

- 224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

224a - Preadmission Screen Form (continued)

Description of Violation

Resident 1 was admitted to the home on [REDACTED]. However, the preadmission screening form was not dated with the date the form was completed.

Plan of Correction

Accept

Resident 1 has discharged as of [REDACTED].

The Admissions team is the first reviewer of this document, who then gives it to the program's RCM Assist. It is then the responsibility of the RCM (Rehab Case Manager) Assistant to ensure that all required DHS documents are completed correctly and in their entirety. Since this inspection, a new RCM Assist has been identified and trained in these procedures, and if upon receipt of a preadmission screening form they identify areas of incompleteness, they will reach out to Admissions to revise.

Completion Date: 08/13/2021

Document Submission

Implemented

New RCM Assist has been trained on reviewing, completing when applicable, and ensuring that all required DHS documents are completed correctly and in their entirety. No further issues have been noted.

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

An assessment was not completed for resident 2, who was admitted to the home on [REDACTED].

Plan of Correction

Accept

Resident 1 has discharged as of [REDACTED].

It is the responsibility of the RCM (Rehab Case Manager) Assistant to ensure that all required DHS documents are completed correctly and in their entirety. Prior to this inspection, the role of RCM Assist was in transition to a new person. Since this inspection, a new RCM Assist has been identified and trained in these procedures.

Completion Date: 08/13/2021

Document Submission

Implemented

New RCM Assist has been trained on reviewing, completing when applicable, and ensuring that all required DHS documents are completed correctly and in their entirety. No further issues have been noted.

227a - Support Plan 30 Days

1. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident 2 was admitted on [REDACTED]; however, the resident's initial support plan was not completed.

227a - Support Plan 30 Days (continued)

Plan of Correction**Accept**

Resident 1 has discharged as of [REDACTED].

It is the responsibility of the RCM (Rehab Case Manager) Assistant to ensure that all required DHS documents are completed correctly and in their entirety. Prior to this inspection, the role of RCM Assist was in transition to a new person. Since this inspection, a new RCM Assist has been identified and trained in these procedures.

Completion Date: 08/13/2021

Document Submission**Implemented**

New RCM Assist has been trained on reviewing, completing when applicable, and ensuring that all required DHS documents are completed correctly and in their entirety. No further issues have been noted.