

Department of Human Services
Bureau of Human Service Licensing

September 30, 2021

[REDACTED], QM SPECIALIST
REMEDIATION RECOVERY CARE CENTERS
16 INDUSTRIAL BLVD, SUITE 203
PAOLI, PA 19301

RE: REMED
137 SPRUCE LANE
PAOLI, PA, 19301
LICENSE/COC#: 13833

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/23/2021 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 - PUBLIC**

Facility Information

Name: *REMED* License #: *13833* License Expiration Date: *09/19/2021*
 Address: *137 SPRUCE LANE, PAOLI, PA 19301*
 County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *6109932827* Email: [REDACTED]

Legal Entity

Name: *REMED RECOVERY CARE CENTERS*
 Address: *16 INDUSTRIAL BLVD, SUITE 203, PAOLI, PA, 19301*
 Phone: *6109932827* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *R-3* Date: *05/29/2011* Issued By: *Willistown Township*

Staffing Hours

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

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *07/23/2021*

Inspection Dates and Department Representative

07/23/2021 - 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: *3* 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

07/23/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/09/2021*

Inspections / Reviews (*continued*)

9/8/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/11/2021*

9/13/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *09/16/2021*

9/30/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

20b3 - Written Receipts

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Description of Violation

The home keeps a record of financial transactions for resident #1. However, the home does not obtain the resident's signature when disbursing funds to the resident.

Plan of Correction

Accept

The Therapeutic Recreation Specialist (TR) will have the client sign the form weekly when they meet and take out money. The Administrator will check the form weekly to make sure there are no discrepancies, it is signed, and will confirm with the TR that everything is correct.

Completion Date: 09/09/2021

Document Submission

Implemented

TR continues to meet with the client weekly, to review and sign her financial record. See attached record of August financials.

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 7/23/21, several items in resident #1's bedroom, including mouthwash and toothpaste, have a manufacture's label indicating "contact a poison control center" in case of accidental ingestions or if more than used for brushing is accidently swallowed. These items are unlocked, unattended, and accessible to resident #1 who has been assessed by staff and a CRNP as not being able to safely use and avoid poisonous materials.

On 7/23/21, a bottle of bleach with manufacturer's label indicating "Hazards to humans and domestic animals", was stored in the unlocked laundry room.

Plan of Correction

Accept

The RCM Assistant will compare the RASP and DME whenever a change is made to assure that everything matches. Once completed, the Administrator will review and assure that all items are correct on both forms, and that the information matches on both. This will be done minimum of annually when the forms are redone, and will also occur any time a change is made.

Completion Date: 09/09/2021

Document Submission

Implemented

The above new procedure remains in place to ensure required documentation is completed in it's entirety and is accurate.

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101j7 - Lighting/Operable Lamp (continued)

- 101.j. Each resident shall have the following in the bedroom:
 - 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #1 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept

A tap light has been mounted near Resident #1's bedside, see attached photos. The resident has been educated on this regulation. The administrator will ensure the light remains in place during weekly walkthrough of the home.

Completion Date: 08/31/2021

Document Submission

Implemented

A light remains mounted near Resident #1's bedroom. All bedrooms will continue to be checked during the administrator's weekly walkthrough.

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #1's assessment, dated [REDACTED], does not include the CRNP's assessment that the resident cannot safely use or avoid poisonous materials. Resident #1's PreScreen assesses the resident as unable to safely use and avoid poisonous materials.

Resident #1's DME and RASP assess the resident with moderate mobility needs. This would give the home a mobility need for the home and cause the home to follow additional regulations in accordance with a resident with a mobility need. However, the home feels this does not adequately reflect the resident's needs and currently list their home with zero (0) mobility needs.

Plan of Correction

Accept

The Clinical Specialist will review the assessment after it has been completed by the medical professional to ensure that what has been assessed matches the care the home is providing. Should there be any questions or inaccuracies, she will go back to the medical professional for clarification. This will occur yearly with the annual evaluation or as needed due to a change in status.

Also, the RCM Assistant will compare the RASP and DME whenever an assessment or change is made to ensure that everything matches. Once completed, the Administrator will review and assure that all items are correct on both forms, and that the information matches on both. This will be done minimum of annually when the forms are redone, and will also occur any time a change is made.

Completion Date: 09/09/2021

Document Submission

Implemented

The above new procedure remains in place to ensure required documentation is completed in it's entirety and is accurate.