

Department of Human Services
Bureau of Human Service Licensing

November 9, 2021

[REDACTED], VICE PRESIDENT OF OPERATIONS
[REDACTED]
[REDACTED]

RE: REMED RECOVERY CARE CENTERS
103 AQUA DRIVE
PITTSBURGH, PA, 15238
LICENSE/COC#: 44026

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/08/2021 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

November 3, 2021

[REDACTED], VICE PRESIDENT OF OPERATIONS
[REDACTED]
[REDACTED]

RE: REMED RECOVERY CARE CENTERS
103 AQUA DRIVE
PITTSBURGH, PA, 15238
LICENSE/COC#: 44026

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 09/08/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations 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 RECOVERY CARE CENTERS* License #: *44026* License Expiration Date: *03/27/2022*
Address: *103 AQUA DRIVE, PITTSBURGH, PA 15238*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *R-4* Date: *06/01/2009* Issued By: *Twp of O'Hara*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *8* Waking Staff: *6*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/08/2021*

Inspection Dates and Department Representative

09/08/2021 - 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: *2* Are 60 Years of Age or Older: *3*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

09/08/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/01/2021*

Inspections / Reviews *(continued)*

11/3/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *11/05/2021*

11/9/2021 - 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

At 1:32 p.m., a binder containing resident names and prescribed medications and two large binders containing confidential information on multiple residents, including residents #1, #2, #3, were unlocked, unattended, and accessible on the medication cart in the medication room.

Plan of Correction

Accept

Several practices have been put into place to reinforce the home's door locking practice. On 09/14/21 a staff meeting was held (minutes and attendance attached) to reinforce medication room door locking, as well as to provide an overview input from the DHS inspection. In addition, signs were placed in the medication room and on the medication room door on 09/13/21 (see attached photo).

Daily assignments placed on the grids were adjusted on 09/09/21 and dictate that the door return to it's locked position at medication times, since it was after giving medications that the door was found closed but not completely latched (see attached grids). This reminder throughout the day will reinforce what is to be a house practice. The door is to be kept in the locked position. All staff members on duty possess a key to access the medication room.

Completion Date: 09/14/2021

Document Submission

Implemented

Signs remain posted in and outside the medication room door. Reminder on staff grids also remains in place. No further issues surrounding the medication room door being unlocked/open.

95 - Furniture and Equipment

1. Requirements

2600.

- 95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The lower left cabinet door was missing on the lazy Susan in the corner to the right of the kitchen stove

Plan of Correction

Accept

The hinges to fix the cabinet door were purchased on 09/15/21 and the cabinet was fixed and has been in working order since 09/16/21. See attached photos.

The home's Health & Safety representative will complete a weekly walkthrough to identify any potential repairs or concerns that need to be addressed.

Completion Date: 09/16/2021

Document Submission

Implemented

Kitchen cabinet remains in working order. H&S Rep continues to complete a weekly walkthrough to identify potential issues.

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103f - Refrigerator/Freezer Temps (continued)

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

At 2:23 p.m., the temperature in the downstairs resident refrigerator freezer measured 12 degrees Fahrenheit. At 5:27 p.m., the temperature measured 2 degrees Fahrenheit.

Plan of Correction

Accept

On the day of the inspection the non-working thermometer was replaced.

A temperature check log was created on 09/20/21 and is completed upon each overnight shift, for every freezer and refrigerator. Staff will report any temperatures above 40 degrees Fahrenheit in a refrigerator, and 0 degrees Fahrenheit in a freezer.

The home's Site Manager will review the temperature check log weekly. See attached temperature check log template.

Completion Date: 09/20/2021

Document Submission

Implemented

Temperature checks remain in place daily. No further issues with temperatures exceeding the required temp.

141a - Medical Evaluation

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.

Description of Violation

The medical evaluation, dated [redacted] for resident #1 is blank in the areas weight, pulse rate, blood pressure, health status and cognitive functioning.

Plan of Correction

Accept

The Rehab Case Manager (RCM) is the coordinator of the paperwork going into a medical appointment. The RCM follows the calendar of when a client is due for the annual H&P, discusses the appointment with the nurse who prepares all paperwork for the physician to complete and sign based upon the appointment. The RCM works with the physician to make sure that all values translate to the form so that a form with accurate values is recorded. The nurse will then review the form. The RCM Assist checks all paperwork weekly.

The RCM and Clinical Specialist follow a calendar (attached) to review all clients week by week to check that paperwork was not missed or a new appointment is not needed.

Completion Date: 11/01/2021

Document Submission

Implemented

The above process remains in place, with no further issues.

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The support plan dated [redacted] for resident #2 was not signed by staff person A, [redacted].

227g -Support Plan Signatures (continued)

Plan of Correction

Accept

██████ has been waiting to sign the support plan until the client reviews and signs it. In the event that the client does not sign the form, the assessor is to document why and proceed with signing rather than refraining from signing secondary to the client requesting more time. The RCM and Clinical Specialist discuss the support plans weekly and review clients, rotating up to every 8 weeks depending up census. RASP checks should occur several times with this practice. The RCM Assist will also complete an audit to check that signatures are in place by the due date. Refer to attached calendar.

Completion Date: 11/01/2021

Document Submission

Implemented

The above process remains in place, with no further issues.

227h - Support Plan Refuse Sign

1. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

The support plan for resident #2, dated ██████ was not signed by the resident, does not indicate if the resident participated in the development of the plan, was unable to participate, or if the resident refused to sign the plan.

Plan of Correction

Accept

██████ has been waiting to sign the support plan until the client reviews and signs it. In the event that the client does not sign the form, ██████ is to document why and proceed with signing rather than refraining from signing secondary to the client requesting more time. The RCM and Clinical Specialist discuss the support plans weekly and review clients, rotating up to every 8 weeks depending up census. RASP checks should occur several times with this practice. The RCM Assist will also complete an audit to check that signatures are in place by the due date. Refer to attached calendar.

██████ will ensure the resident signs the support plan or that he or she indicates on the plan that the resident refused to sign, was unable to participate or was unable to sign. --██████ 11/3/21

Completion Date: 11/01/2021

Document Submission

Implemented

The above process remains in place, with no further issues.