

Department of Human Services
Bureau of Human Service Licensing

May 23, 2022

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

RE: REMED RECOVERY CARE CENTERS
100 BRISTOL LANE
IRWIN, PA, 15642
LICENSE/COC#: 44997

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/21/2022 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: *REMEDI RECOVERY CARE CENTERS* License #: *44997* License Expiration: *06/14/2023*
Address: *100 BRISTOL LANE, IRWIN, PA 15642*
County: *WESTMORELAND* Region: *WESTERN*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *R-3* Date: *04/04/2019* Issued By: *Hempfield Twp.*

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *04/21/2022*

Inspection Dates and Department Representative

04/21/2022 - 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: *7* Are 60 Years of Age or Older: *1*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *2* Have Physical Disability: *7*

Inspections / Reviews

04/21/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/19/2022*

05/17/2022 - POC Submission

Inspections / Reviews *(continued)*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *05/23/2022*

05/23/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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:

- 4. Reporting of reportable incidents and conditions.

Description of Violation

Direct care staff person A, hired on [REDACTED], did not receive training on incident reporting until 4/22/21.

Plan of Correction

Accept

For this particular training checklist, the date documented was clearly a clerical error. If you review the required training under the first 40 hours, you will notice that the training was completed within the required timeframe. Staff person A's hire date was 10/9/19 and having this one particular training completed in 2021 would not make sense (please see attached checklist). Reviewing all of our required training checklists on top of the required DHS training, his checklists were completed within 120 days (our quality management goal), which would have been early 2020. Again, we would not have a reason to repeat this training in 2021 (unless he was a rehire or moved to another one of our personal care homes, which did not occur).

We have our training checklists set up to follow in the appropriate timeframes to ensure we meet these regulations. The Training Specialist follows up with the administrator during all new employees' first week to ensure that the staff complete the requirements associated with regulation 2600.65.b. If the Training Specialist is off that week, the Clinical Site Manager is responsible for completing that task. If the Administrator is off the first week of a new hire's start date, the Training Specialist will complete the training with the new staff member.

When the training department receives the completed training checklists, they input the data into the Relias training platform system (please see attached training audit pulled from Relias; highlighted on page 2 is staff person A's completed training checklist on 2/2/20). Moving forward, to prevent any future violations due to documentation/clerical errors, and as another check that the training was indeed completed within a timely manner, the Training Specialist will review the fist 40 hours section before sending it in for data entry into Relias.

After the inspection on 4/21/22, the Administrator and Program Director completed a staff file audit on all current staff files to ensure that the dates were accurate on the training checklists. All training for all staff were completed within the required timeframe and no clinical errors were found.

Completion Date: 05/16/2022

Document Submission

Implemented

From the time of the audit after the 4/21 inspection, until now, there have been no new employees hired. All above mentioned parties are aware of their role in the process, to avoid any future documentation/clerical errors. At this time, all training checklists remain compete with correct dates.