

Department of Human Services
Bureau of Human Service Licensing

October 4, 2022

[REDACTED] QUALITY MANAGEMENT DIRECTOR
[REDACTED]
[REDACTED]

RE: REMED RECOVERY CARE CENTERS
2 HARVEY LANE
MALVERN, PA, 19335
LICENSE/COC#: 12847

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/23/2022 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 #: *12847* License Expiration: *06/03/2023*
Address: *2 HARVEY LANE, MALVERN, PA 19335*
County: *CHESTER* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *REMEDI RECOVERY CARE CENTERS*
[REDACTED]

Certificate(s) of Occupancy

Type: *R-4* Date: *04/02/2008* Issued By: *Willistown Township*
Type: *Other* Date: *01/16/2008* Issued By: *Willistown Township*

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *08/23/2022*

Inspection Dates and Department Representative

08/23/2022 - 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: *2* Are 60 Years of Age or Older: *5*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

08/23/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/12/2022*

Inspections / Reviews (*continued*)

09/21/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/26/2022*

09/30/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *10/03/2022*

10/04/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

26c - QM Improvement

1. Requirements

2600.

26.c. The quality management plan shall include the development and implementation of measures to address the areas needing improvement that are identified during the periodic review and evaluation.

Description of Violation

The home's quality management plan reviews corporate goals as a whole but does not include the development and implementation of measures to address the needs and concerns of the residents at [REDACTED] on an annual basis.

Plan of Correction

Accept

The inspector evaluated the corporate goals, without evaluating the program specific goals and scores/data. Attached is the Annual 2021 program specific quality management data chart for [REDACTED], as well as an overview of findings presented to staff on 09/08/22, with a sign in sheet.

Addition: The corporate quality management plan was presented to the inspector, as we were unable to locate the site specific [REDACTED] data chart at the time of inspection. The site specific plan was located the next day at [REDACTED] sister residence which is overseen by the same PCH Administrator. Moving forward, a separate copy of each home's quality management review and plan will be house and available in each home. Current PCH Administrator, [REDACTED] has instituted the correction.

Completion Date: 09/22/2022

Document Submission

Implemented

All pertinent documentation has been submitted. Plan of correction remains in place with no further issues.

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: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Plan of Correction

Accept

Staff Person A's hire date was [REDACTED] on which [REDACTED] attended new hire orientation virtually. Staff Person A's first day on site however, was [REDACTED]. Staff Person A was hired as an overnight brain injury specialist, and the overnight supervisors are responsible for the completion of the "first day on site" portion of the new employee

65a - FS Orientation 1st Day (continued)

training checklist. This was completed timely, and is attached.

Addition: Staff Person A was hired as a part time Overnight Brain Injury Specialist, and [redacted] training checklist is overseen by the Overnight Clinical Specialists who performed and directed the majority of [redacted] training. At the time of inspection, a copy of [redacted] checklist was at the program, but the original (and completed version) was available on-line in the Overnight Clinical Specialist training folder.

Since the inspection, the home has instituted a better method for overseeing a timely completion of new hire training checklists, annual training, and recertification of existing staff, as well as oversight of staff competency checklists and completion. Senior staff member [redacted] took on the responsibilities as of 9/15/22. [redacted] is now enrolled as a "supervisor" in Relias and is working with ReMed's Training Department to ensure timely and thorough completion of new hires and existing staff checklists and annual training.

Completion Date: 09/22/2022

Document Submission

Implemented

All pertinent documentation has been submitted. Plan of correction remains in place with no further issues.

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 completed [redacted] 40th scheduled work hour by [redacted]. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Plan of Correction

Accept

During inspection, the inspector viewed a copy of Staff Person A's training checklist that was on file at the home. Staff Person A's original checklist was in possession of the overnight supervisor, who was meeting with Staff Person A on a regular basis during [redacted] first 40 hours. Staff Person A is a part-time employee, and these checklist items were completed in a timely fashion. See checklist attached in previous violation.

Addition: Staff Person A was hired as a part time Overnight Brain Injury Specialist, and [redacted] training checklist is overseen by the Overnight Clinical Specialists who performed and directed the majority of [redacted] training. At the time of inspection, a copy of [redacted] checklist was at the program, but the original (and completed version) was available on-line in the Overnight Clinical Specialist training folder.

Since the inspection, the home has instituted a better method for overseeing a timely completion of new hire training checklists, annual training, and recertification of existing staff, as well as oversight of staff competency checklists and completion. Senior staff member [redacted] took on the responsibilities as of 9/15/22. [redacted] is now enrolled as a "supervisor" in Relias and is working with ReMed's Training Department to ensure timely and thorough completion of new hires and existing staff checklists and annual training.

Completion Date: 09/22/2022

65b - Rights/Abuse 40 Hours (continued)

Document Submission

Implemented

All pertinent documentation has been submitted. Plan of correction remains in place with no further issues.

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

On 08/23/2022, there were two chairs and one table in disrepair on the back deck.

Plan of Correction

Accept

Furniture items that were in disrepair, were due to a recent behavioral episode by a resident. The items were removed for resident's safety and stored outside on the deck for maintenance to dispose of. Maintenance was contacted the morning following the inspection and items were removed and disposed of by 10am that day. Photos attached.

Completion Date: 09/09/2022

Document Submission

Implemented

Furniture items remain in good repair. No further issues.

132a - Monthly Fire Drill

1. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the month of January 2022.

Plan of Correction

Accept

During the month of January 2022, the home was in a COVID outbreak for three and a half weeks out of the month. Four out of the eight residents tested positive and were in isolation between 01/01/22 and 01/30/22. The monthly fire drill was held per earlier announced COVID emergency declarations., and was noted on the home's internal fire drill tracker (attached).

At the time, the home was not aware that the Regional Director was to be notified in the event of needing to hold a fire drill due to a COVID outbreak. The email sent from the Department on 12/06/21 related to an update to the suspended regulations did not have the level of detail directing notification to the Regional Director. This information was not received by the home until March 2022. The home is now aware of the process, and if a future outbreak were to occur that would limit the ability to run a fire drill for a particular month, the Regional Director will be notified immediately.

Addition: The information regarding the home's COVID outbreak during January 2022 was explained to the inspector at the time of inspection, and it was acknowledged that written documentation explaining the absence of a fire drill that month was not provided to the Department at that time. As mentioned above, the home is now aware that in the event of any future COVID outbreak that would prohibit a fire drill being safely completed during the month, the company's Quality Management Specialist, [REDACTED], will be alerted of the outbreak and email the Regional Director immediately for approval and any other direction, if applicable.

Completion Date: 09/22/2022

132a - Monthly Fire Drill (continued)

Document Submission

Implemented

Plan of correction remains in place, with no further issues.

132g - Fire Drills Days/Times

1. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home's fire drills in May, June and July 2022 were all held on a Saturday.

Plan of Correction

Accept

The home's Administrator/Program Director met with the home's Health & Safety Representative on 09/07/22 to discuss this violation. [redacted] was reminded that all staff are trained in how to run a fire drill and in evacuation procedures, and that [redacted] should be assigning others to run them as well. Additionally, the fire drill schedule was reviewed, which designates when weekend fire drills should occur (May was scheduled to be a weekend drill, however June and July were not. See attached schedule in previous violation). Going forward, the Health & Safety Representative will designate random and differing staff members to perform the fire drills on different days of the week each month, in accordance with the schedule.

Completion Date: 09/12/2022

Document Submission

Implemented

The home's August fire drill was held on 8/26/22, a Friday. The home's September fire drill was held on 9/1/22, a Thursday. Ensuring that drills are performed on varying days of the week will continue to be monitored. Please see attached drills.

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 08/23/22, "Garden Salad with Grilled Chicken" was listed on the menu for the lunch meal. Residents were asked to select an item from the "alternate menu" because the salad was not available. No notice was provided to the residents in advance of the meal.

Repeat Violation: 12/17/21

Plan of Correction

Accept

The home's Administrator/Program Director met with the home's Food Service Manager, who was also present at the time of the inspection and spoke with the inspector, about the need to post any menu substitutions. A "notice of change in menu" posting was created and will be readily accessible to use if a menu substitution needs to occur in the future, and when applicable will be posted next to the monthly menu to serve as notice to the residents. See attached notice.

Completion Date: 09/12/2022

162e - Menu Changes (continued)

Document Submission

Implemented

All pertinent documentation has been submitted. Plan of correction remains in place with no further issues.

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.

Description of Violation

Resident #1 is prescribed [REDACTED] needed. On 08/23/22 this medication was not available in the home.

Plan of Correction

Accept

The home's Medication Manager and Clinical Specialist will work collectively to ensure implementation of this regulation by carrying out the following: conducting weekly inventory of stock and client medications, and reordering medications immediately as they need to be refilled.

Addition: The medication was reordered on 8/23/22 via verbal telephone order given to the RN/Clinical Specialist. Weekly inventory of stock and client medications began on 8/24/22, and will continue weekly on Wednesdays.

Completion Date: 09/22/2022

Document Submission

Implemented

Plan of correction remains in place, with no further issues.

190a - Completion Medication Course

1. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person B has not maintained compliance with the annual practicums requirement of the Department-approved medications administration course. Staff person B administered medications to residents to include the following:

On 07/17/22 at 7:17 PM, to resident #2,

On 07/08/22 at 11:22 PM, to resident #2.

Staff person C has not maintained compliance with the annual practicums requirement of the Department-approved medications administration course. Staff person C administered medications to residents to include the following:

On 08/19/22 at 10:21 PM, to resident #2,

On 07/15/22 at 10:22 PM, to resident #2.

Plan of Correction

Accept

At the time of inspection, when the medication training documents were scanned and emailed to staff, it appears that they were not sent double sided. This, combined with the fact that the staff persons' names were not noted on side B of the document, lead to confusion on document completion. All annual practicums for Staff Person's B and C were completed in accordance with the regulations. Please see attached documentation. Going forward, the training team will ensure that the space for the staff's name is filled out on all sides of the document to avoid confusion in

190a - Completion Medication Course (continued)

the future.

Completion Date: 09/12/2022

Document Submission

Implemented

All pertinent documentation has been submitted. Plan of correction remains in place with no further issues.

190c - Record of Training

1. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record for staff person B does not include the initial training documentation and the annual practicums prior to 07/14/22.

The home's medication administration training record for staff person B does not include the the student's name on the initial training document dated 05/25/19 or annual practicums prior to 05/17/22.

Plan of Correction

Accept

At the time of inspection, when the medication training documents were scanned and emailed to staff, it appears that they were not sent double sided. This, combined with the fact that the staff persons' name was not noted on side B of the document, lead to confusion on document completion. All initial training and annual practicums for Staff Person B was completed in accordance with the regulations. Please see attached documentation. Going forward, the training team will ensure that the space for the staff's name is filled out on all sides of the document to avoid confusion in the future.

Completion Date: 09/12/2022

Document Submission

Implemented

All pertinent documentation has been submitted. Plan of correction remains in place with no further issues.