

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

February 7, 2023

[REDACTED]
REMED RECOVERY CARE CENTERS
[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 12/20/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *REMED RECOVERY CARE CENTERS* License #: *44026* License Expiration: *03/27/2023*
 Address: *103 AQUA DRIVE, PITTSBURGH, PA 15238*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *REMED RECOVERY CARE CENTERS*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *11* Waking Staff: *8*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *12/20/2022*

Inspection Dates and Department Representative

12/20/2022 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: *1* Are 60 Years of Age or Older: *5*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *3* Have Physical Disability: *1*

Inspections / Reviews

12/20/2022 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/07/2023*

01/09/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *02/06/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/13/2023*

Inspections / Reviews (*continued*)

01/17/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/06/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/06/2023

02/07/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/06/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

26b - Quality Management Plan Content

1. Requirements

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

1. The reportable incident and condition reporting procedures.
2. Complaint procedures.
3. Staff person training.
4. Licensing violations and plans of correction, if applicable.

Description of Violation

The home's most recent quality management review was completed on 11/16/21.

Plan of Correction

Accept (█ - 01/17/2023)

Through 2021 the company released quality management data on a semi-annual basis. The semi-annual data for 2021 was reviewed as mentioned above on 11/16/21. The annual data review for 2021 was not completed. This will be completed on 1/17/23 during a scheduled staff meeting. The annual data for the home is attached. Documentation of review will be kept.

Update: The home's Administrator will add a reminder alert to their Google calendar.

As of 2022, the company updated it's policy stating that quality management data will now be released on an annual basis (attached). The home's Site Manager/Administrator is responsible for scheduling the annual quality management review. This will be completed within 2 months of receipt of the annual data.

Licensee's Proposed Overall Completion Date: 01/13/2023

Implemented (█ - 02/07/2023)

132d - Evacuation

2. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

According to documentation from the fire safety expert, dated 9/27/21, the maximum evacuation time to a public thoroughfare is 5 minutes; however, the evacuation time for the fire drill conducted on 9/16/22 at 9:05 PM was completed in 5 minutes, 20 seconds.

Plan of Correction

Accept (█ - 01/17/2023)

The evacuation time which exceeded the allotted time was an isolated occurrence due to a resident being in the restroom during the unannounced fire drill.

The home's Site Manager/Administrator will meet with the home's Health & Safety Representative on by 1/11/23, and will review the external inspection conducted by a fire safety expert which denotes the maximum allotted evacuation time of 5 minutes. He will also review that if that time is exceeded, that an additional drill needs to be run within 48 hours to ensure safe and timely evacuation of all residents.

The Site Manager will review all of the above mentioned fire safety/evacuation procedures at a staff meeting scheduled for 1/17/23, documentation of review will be kept.

132d - Evacuation (continued)

The Site Manager will review the importance of mandatory participation in all fire drills with all residents as well. The Site Manager will review all completed fire drill forms for accuracy and completion by the 5th of the following month.

Update: Site Manager will begin reviewing monthly drills on 2/6/23. As mentioned above, staff education/training on evacuation procedures will be reviewed during staff meeting on 1/17/23 and documentation/sign of sheet will be kept.

Licensee's Proposed Overall Completion Date: 01/17/2023

Implemented (█ - 02/07/2023)

141b1 - Annual Medical Evaluation

3. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation, dated █/22, does not include resident #1's ability to self-administer medication, health status, cognitive functioning or a mobility assessment. These sections of the form are blank.

Plan of Correction

Accept (█ - 01/17/2023)

The home's Rehabilitation Case Manager will review Resident #1's medical evaluation and have the Medical Director update this form for completion on 1/11/23.

The Case Manager will also review all other residents current medical evaluations and have them updated for completion by the Medical Director if needed by 1/18/23.

The home's Clinical Specialist will review all medical evaluations within 72 hours of completion to ensure completion and accuracy.

Update: The 72 hour review will begin in January 2023, as applicable, when annual evaluations are completed.

Licensee's Proposed Overall Completion Date: 01/18/2023

Implemented (█ - 02/07/2023)