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

October 19, 2023

[redacted]
REMED RECOVERY CARE CENTERS LLC
[redacted]

RE: REMED RECOVERY CARE CENTERS
1152 NORTH NEW STREET
WEST CHESTER, PA, 19380
LICENSE/COC#: 10623

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/18/2023 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 #:** *10623* **License Expiration:** *05/26/2023*

Address: *1152 NORTH NEW STREET, WEST CHESTER, PA 19380*

County: *CHESTER* **Region:** *SOUTHEAST*

Administrator

Name: [redacted] **Phone:** [redacted] **Email:** [redacted]

Legal Entity

Name: *REMED RECOVERY CARE CENTERS LLC*

Address: [redacted]

Phone: [redacted] **Email:** [redacted]

Certificate(s) of Occupancy

Type: *Other* **Date:** *08/02/1999* **Issued By:** *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *15* **Waking Staff:** *11*

Inspection Information

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**

Reason: *Renewal* **Exit Conference Date:** *04/18/2023*

Inspection Dates and Department Representative

04/18/2023 - 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: *4* **Are 60 Years of Age or Older:** *3*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability:** *0*

Have Mobility Need: *7* **Have Physical Disability:** *7*

Inspections / Reviews

04/18/2023 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *05/14/2023*

05/16/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *10/17/2023*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *05/21/2023*

Inspections / Reviews *(continued)*

05/19/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *10/17/2023*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *05/31/2023*

10/13/2023 - Document Submission

Submitted By: [redacted] **Date Submitted:** *10/17/2023*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *10/17/2023*

10/19/2023 - Document Submission

Submitted By: [redacted] **Date Submitted:** *10/17/2023*

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

65f - Training Topics

1. Requirements

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:
3. Care for residents with dementia and cognitive impairments.

Description of Violation

Direct care staff person A and B did not receive training in (3) Care for residents with Dementia and Cognitive Impairment during training year 2022.

Plan of Correction ***Accept ([redacted] 05/19/2023)***

Since the entire population that we serve has a brain injury, all of our trainings have components related to cognitive impairments. However, to ensure that compliance of this regulation is more easily defined, our Training Department will create a training that will be specific to dementia and cognitive impairments. This training will then be required to be completed annually by all staff.

Updated: As noted above in the "Licensee's Proposed Overall Completion Date", the Training Department will be revising the training by 6/16/23.

Licensee's Proposed Overall Completion Date: *06/16/2023*

Implemented ([redacted] - 10/19/2023)

65g - Annual Training Content

2. Requirements

2600.
65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

Description of Violation

Staff person A and B did not receive training in (3) Resident rights and (4) The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102) during training year 2022.

Plan of Correction ***Accept [redacted] - 05/19/2023)***

These required training topics are covered in the annual Medical & Emergency Procedures Training. Attached is the 2022 Annual Staff Training Plan, which notes this under Agenda point II: Review of Clients Rights/Protection from Abuse, Neglect, Exploitation, Fraud & Financial Abuse: Older Adults Protective Services Act/Adult Protective Svcs. Act.
Also attached are the slides from this training which touches on these required training topics. Both staff person A and B attended an annual Medical & Emergency Procedures Review in 2022, meeting the required training for training year 2022. Both of their transcripts are attached.

Updated: The Training Department has altered the course name in Relias so that it matches the Annual Staff Training Plan, to Emergency Procedures, Client Rights & Confidentiality Review. The breakdown of required topics will also remain detailed on the Annual Staff Training Plan, to show the required topics that are covered, so that compliance is easily identified.
This was completed by the Training Department on 5/16/23.

65g - Annual Training Content *(continued)*

Licensee's Proposed Overall Completion Date: *05/16/2023*

Implemented [redacted] - 10/19/2023)

132b - Safety Inspection/Fire Drill

3. Requirements

2600.
132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire drill observed by a fire safety expert was conducted on 02/07/2023. The previous one was on 12/09/2021.

Plan of Correction ***Accept [redacted] - 05/19/2023)***

The annual fire safety inspection and drill were scheduled to occur in December 2022. However, at the time of the inspection all of the residents of the home were out of the building at a Christmas event, so the fire drill could not be run by the fire safety expert. The fire safety expert arrived around 2 hours after the time he was scheduled for, when the residents would have been in the home. After many attempts to get him to return to complete the drill as soon as possible, he was unable to return until 2/7/23.
The company's VP of Compliance and Quality Outcomes and Quality Management Specialist coordinate the annual fire safety inspections and have reviewed with our contracted fire safety expert that we were out of compliance due to [redacted] delay in returning. This was acknowledge, and the 2023 inspections will be scheduled with [redacted] earlier in the year to ensure compliance going forward.

Updated: As mentioned above, the VP of Compliance and Quality Outcomes and the Quality Management Specialist coordinate annual fire safety inspections.
As the inspection usually occurs in December, the fire safety expert will be contacted via email by one or both of the above mentioned staff in early October to set up annual inspection with a year from the previous inspection.

Licensee's Proposed Overall Completion Date: *05/16/2023*

Implemented [redacted] - 10/19/2023)

185a - Implement Storage Procedures

4. 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 accuchek once a week. There is no number on the resident's glucometer on 04/12/2023 but the resident's medication administration record (MAR) read 106.

Resident #2 is prescribed Clonazepam 0.5 mg once daily at 12:00 PM. On 04/08/2023 at 09:00 PM, a discrepancy in the count was identified (30 on the controlled substance distribution record vs. 29 actual pills). Internal investigation was conducted and it was determined that the staff who had popped the pill by mistake put the pill back to the blister pack, which subsequently went missing and was never found.

185a - Implement Storage Procedures *(continued)*

Plan of Correction ***Accept (CM - 05/19/2023)***

Resident #1: A weekly glucometer tracker was instituted. Glucometer to be checked for calibration and checked to ensure that the glucometer time and data matches what is documented in QuickMar, our electronic MAR. Weekly calibration will occur on Thursdays, completed by the home's Medication Manager, and began on 4/13/23. See attached tracker.

Resident #2: A protocol concerning any medication that is removed from packaging by mistake has been put in place and communicated with the team. This was reviewed at the residence's weekly rounds, with minutes sent out to all staff. Rounds minutes that reviewed this are attached. The On-Call is to be contacted at the time of the error and provide photographic evidence that the medication has been returned to its correct packaging. The staff person who committed the medication related violations has been removed from medication administration privileges. Additional training and competency will need to be shown before this staff's medication administration privilege is reinstituted.

Updated: Resident #1: As indicated above, the glucometer tracker (to include calibration, audit of weekly data, etc.) was instituted on 4/13/23 as indicated by the first date entered on the completed tracker that was previously attached, and was initiated by the home's Clinical Specialist. Additionally as noted above, the tracker will be completed weekly by the Medication Manager.

Resident #2: The Clinical Specialist initiated the Medication Protocol on 5/10/23. This protocol will remain in place until further notice, as there would be no reason to remove it from the home's regular practice. If a date is needed, we will reassess in one year, by 5/10/24. Weekly rounds are completed every Wednesday and are run by the home's Case Managers. The protocol was communicated to the team on 5/10/23 and will remain as a highlighted topic for a minimum of 6 months, as it is a new protocol.

Licensee's Proposed Overall Completion Date: *05/16/2023*

Implemented (PA - 10/13/2023)

5. 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 #2 is prescribed Ibuprofen 200 mg as needed. On 04/18/2023, this medication was not available in the home.

Plan of Correction ***Accept (CM - 05/16/2023)***

This PRN medication is one of the home's stock PRN meds. A weekly medication count sheet for all stock meds has been created. This will be completed on Thursdays, by the Medication Manager, and began on 4/20/23. See attached tracker.

Licensee's Proposed Overall Completion Date: *05/11/2023*

Implemented (PA - 10/13/2023)

187b - Date/Time of Medication Admin.

6. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 is prescribed fasting blood sugar check once a week. On 04/12/2023 at 08:00 AM, the resident's blood sugar check was not done. However, there is staff initials present.

Plan of Correction ***Accept (CM - 05/19/2023)***

A weekly glucometer tracker was instituted. Glucometer to be checked for calibration and checked to ensure that the glucometer time and data matches what is documented in Quickmar, our electronic MAR. Weekly calibration will occur on Thursdays, by the home's Medication Manager, and began on 4/13/23. See previously attached tracker.
The staff person who committed the medication related violations has been removed from medication administration privileges. Additional training and competency will need to be shown before this staff's medication administration privilege is reinstituted.

Updated: As indicated above, the glucometer tracker (to include calibration, audit of weekly data, etc.) was instituted on 4/13/23 as indicated by the first date entered on the completed tracker that was previously attached, and was initiated by the home's Clinical Specialist. Additionally as noted above, the tracker will be completed weekly by the Medication Manager.

Licensee's Proposed Overall Completion Date: *05/16/2023*

Implemented (SW - 10/19/2023)

187d - Follow Prescriber's Orders

7. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed fasting blood sugar check once a week at 08:00 AM. On 04/12/2023 at 08:00 AM, the resident's blood sugar check was not done. The same resident is prescribed weekly weight measurement on Wednesday at noon, which was not done on 04/12/2023.

Plan of Correction ***Accept (CM - 05/19/2023)***

A weekly glucometer tracker was instituted. Glucometer to be checked for calibration and checked to ensure that the glucometer time and data matches what is documented in QuickMar, our electronic MAR. Weekly calibration will occur on Thursdays, completed by the home's Medication Manager, and began on 4/13/23. See previously attached tracker.
The staff person who committed the medication related violations has been removed from medication administration privileges. Additional training and competency will need to be shown before this staff's medication administration privilege is reinstituted.

Updated: All staff who administer meds are required to complete an Annual Medication Review which covers the resident's right to refuse medications and how to document a refusal. Training slides are attached.
The refusal in question is documented as a vital sign, not a prescribed medication. The home's Nurse Practitioner monitors residents' vital signs, including weight, and is made aware of refusals by the Clinical Specialist.

Licensee's Proposed Overall Completion Date: *05/16/2023*

187d - Follow Prescriber's Orders *(continued)*

Implemented (SW - 10/19/2023)