

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

November 7, 2023

[REDACTED], VICE PRESIDENT OF OPERATIONS
REMED RECOVERY CARE CENTERS LLC
[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 09/27/2023 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 #: *44997* License Expiration: *06/14/2024*
 Address: *100 BRISTOL LANE, IRWIN, PA 15642*
 County: *WESTMORELAND* Region: *WESTERN*

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: *I-1* Date: *04/04/2019* Issued By: *Hempfield Township*

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: *09/27/2023*

Inspection Dates and Department Representative

09/27/2023 - 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: *8* Are 60 Years of Age or Older: *1*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *3* Have Physical Disability: *0*

Inspections / Reviews

09/27/2023 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/19/2023*

10/19/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *11/02/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/25/2023*

Inspections / Reviews *(continued)*

10/30/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/02/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/03/2023

11/07/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/02/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

25c8 - Smoking

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

8. The home's rules related to home services, including whether the home permits smoking.

Description of Violation

The resident-home contract for resident #1, dated [REDACTED], indicates "see attached" for additional home rules; however, no attachment for additional home rules is present.

The resident-home contract for resident #2, dated [REDACTED], indicates "see attached" for additional home rules; however, no attachment for additional home rules is present.

The resident-home contract for resident #3, dated [REDACTED], indicates "see attached" for additional home rules; however, no attachment for additional home rules is present.

Plan of Correction**Directed** [REDACTED] - 10/30/2023)

Clinical Site Manager attached the additional home rules page to the resident-home contracts for residents #1-#3 on 9/28/23. The home's Case Manager is responsible for ensuring completion of the required resident-home contract paperwork and will review all other client charts to ensure completion of current paperwork.

Going forward, once a resident-home contract is completed and reviewed by the Case Manager, the home's House Manager/Administrator will review them for accuracy and completion within 2 weeks.

Update: Residents #1-3 signed the additional home rules page to the resident-home contract on [REDACTED]. All other resident-home contracts were reviewed on [REDACTED] and were missing the home rules page. All residents signed on [REDACTED] and this was attached to their resident-home contracts.

Of note, this home had to emergently evacuate all residents in December 2022 due to a pipe leak. Residents all transferred to one of our empty personal care homes, where a new contract was created. Residents then transferred back to this home in March 2023, when again a new contract was created. Per inspectors during this inspection, those contracts were not necessary and only the original annual would have been needed. The multiple contracts led to the home rules attachment being missed.

All current residents are long standing residents of the home, and were not considered "new" contracts. If a new resident were to admit, there is an orientation packet checklist already in place, which specifically includes checking off and dating when the home rules are reviewed with the resident. New admission contracts will be reviewed within 48 hours of admission to ensure accuracy and completion. (DIRECTED: Beginning on 11/1/23: The administrator shall review all new resident-home contracts within 48 hours of admission to ensure resident-home contracts are complete and include all attachments, including home rules. [REDACTED] 10/30/23). Annual contracts will continue to be reviewed within 2 weeks of completion to ensure accuracy and completion.

Proposed Overall Completion Date: 10/24/2023

Directed Completion Date: 11/01/2023

Implemented [REDACTED] - 11/07/2023)

25c12 - Bed Hold

2. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

12. Charges to the resident for holding a bed during hospitalization or other extended absence from the home.

Description of Violation

The resident-home contract for resident #1, dated [REDACTED], indicates that the daily charge for holding a bed during a hospitalization or other extended absence is [REDACTED] per day; however, resident #1's resident-home contract indicates the resident's monthly charge for room and board is [REDACTED] per month.

The resident-home contract for resident #3, dated [REDACTED], does not include the charge for holding a bed during a hospitalization or other extended absence. This section of the resident-home contract is blank.

Plan of Correction**Directed [REDACTED] - 10/30/2023)**

Resident #1's bed hold fee charge was corrected from [REDACTED] to \$0 by the House Manager/Administrator during inspection on 9/27/23.

Resident #2's bed hold fee charge of \$0 was added to the resident's paperwork by the House Manager/Administrator during inspection on 9/27/23. The home's Case Manager is responsible for ensuring completion of the required resident-home contract paperwork and will review all other client charts to ensure completion of current paperwork. Going forward, once a resident-home contract is completed and reviewed by the Case Manager, the home's House Manager/Administrator will review them for accuracy and completion within 2 weeks.

Update: Residents #1 and 3 signed the addendum to the resident-home contract on [REDACTED]. All other resident-home contracts were reviewed on [REDACTED] and necessary addendums were made to bed hold fees. All residents signed on [REDACTED] and this was attached to their resident-home contracts.

Of note, this home had to emergently evacuate all residents in December 2022 due to a pipe leak. Residents all transferred to one of our empty personal care homes, where a new contract was created. Residents then transferred back to this home in March 2023, when again a new contract was created. Per inspectors during this inspection, those contracts were not necessary and only the original annual would have been needed.

All current residents are long standing residents of the home, and were not considered "new" contracts. If a new resident were to admit, new admission contracts will be reviewed within 48 hours of admission to ensure accuracy and completion. (DIRECTED: Beginning on 11/1/23: The administrator shall review all new resident-home contracts within 48 hours of admission to ensure resident-home contracts are complete and include the charges for a bed hold. [REDACTED] 10/30/23). Annual contracts will continue to be reviewed within 2 weeks of completion to ensure accuracy and completion.

Proposed Overall Completion Date: 10/24/2023

Directed Completion Date: 11/01/2023

25c12 Bed Hold (continued)

Implemented [REDACTED] - 11/07/2023)

125b Combustible Restrictions

3. Requirements

- 2600.
- 125.b. Combustible materials shall be inaccessible to residents.

Description of Violation

At 10:18am, 2 propane tanks, which were both full of propane and attached to grills, were unlocked, unattended and accessible in the lawn next to the designated smoking area.

Plan of Correction

Accept [REDACTED] - 10/30/2023)

The propane tanks were unattached from the grill and put into a locked container that is stored away from the designated smoking area on 10/3/23 (see attached photo). House Manager/Administrator emailed all staff on 10/14/23 regarding the necessity of proper storage of the propane tanks when the grill is not in use. This will be monitored by both the House Manager/Administrator and the Health & Safety Representative during their regular walk throughs of the program.

Update: A tracker was created for documentation of weekly walkthroughs ensuring that the propane tanks are properly stored. A blank copy is attached, and this documentation will begin the week of 10/30/23.

Licensee's Proposed Overall Completion Date: 10/30/2023

Implemented [REDACTED] - 11/07/2023)

126a Furnace Inspection

4. Requirements

- 2600.
- 126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The home's furnaces were last inspected on 6/5/22.

Plan of Correction

Accept [REDACTED] - 10/30/2023)

Furnaces were inspected by Culler Refrigeration, LLC on 9/28/23. A copy of the invoice has been obtained by the House Manager/Administrator. Going forward, the House Manager/Administrator will be responsible for arranging annual inspection within the required timeframe, and obtaining an invoice documenting completion at the time of service.

Update: The House Manager/Administrator will add a reminder on their Google calendar for early August 2024, to reach out to Culler Refrigeration, LLC to set up annual furnace inspection prior to 9/28/24.

Also see attached invoice from 9/28/23 inspection.

Licensee's Proposed Overall Completion Date: 10/24/2023

Implemented [REDACTED] - 11/07/2023)

141b1 - Annual Medical Evaluation

5. Requirements

2600.

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

Description of Violation

Resident #3's most recent medical evaluation, dated [REDACTED], indicates "see physician orders attached" under the medication addendum; however, nothing is attached.

Plan of Correction

Directed ([REDACTED] - 10/30/2023)

The physician orders for Resident #3 have been attached to their annual medical evaluation from [REDACTED]. The home's Case Manager is responsible for ensuring completion of the required annual medical evaluation paperwork and will review all other client charts to ensure completion of current paperwork.

Going forward, once a medical evaluation is completed and reviewed by the Case Manager, the home's House Manager/Administrator will review them for accuracy and completion within 2 weeks.

Resident #3's physician orders were attached to the DME on [REDACTED]. All other resident's DME's were reviewed on [REDACTED] and no other physician orders were missing.

Going forward, once a medical evaluation is completed and reviewed by the Case Manager, the home's House Manager/Administrator will review them for accuracy and completion within 72 hours. (DIRECTED: Beginning on 11/1/23: The house manager/administrator shall review the medical evaluations within 72 hours of completion to ensure each resident has a complete and timely medical evaluation completed at least annually. [REDACTED] 10/30/23).

Proposed Overall Completion Date: 10/24/2023

Directed Completion Date: 11/01/2023

Implemented ([REDACTED] - 11/07/2023)

162c - Menus Posted

6. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The only menu posted in a public and conspicuous place in the home ended on 9/30/23.

Plan of Correction

Directed ([REDACTED] - 10/30/2023)

The menu for October 2023 was posted on 9/27/23 during inspection by the House Manager/Administrator. Going forward, the House Manager/Administrator will be responsible for posting of menus and will ensure that the next month's menu is posted by the 3rd week of every month, so that the menu for at least 1 week in advance is always available.

162c Menus Posted (continued)

Update: The home's Clinical Site Manager will check weekly to ensure that at least 1 week of the menu is posted in advance. (DIRECTED: The weekly checks shall begin on 11/1/23. [REDACTED] 10/30/23). The company's Quality Management Specialist reviewed the menu posting requirements with the House Manager/Administrator on 10/17/23.

Proposed Overall Completion Date: 10/24/2023

Directed Completion Date: 11/01/2023

Implemented ([REDACTED] - 11/07/2023)

185a - Implement Storage Procedures

7. 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 #4's glucometer was not set to the current date.

Resident #4's blood sugar reading on the morning of [REDACTED] was [REDACTED] however, the blood sugar reading was documented as [REDACTED] on resident #4's [REDACTED] medication administration record (MAR).

Plan of Correction

Directed ([REDACTED] - 10/30/2023)

Resident #4's glucometer was replaced and recalibrated with the correct time and date.

A plan of correction for the staff member responsible for the blood sugar documentation error noted above, was reviewed with said staff member on 10/5/23.

All staff will receive additional training surrounding blood sugar checks/readings/documentation.

Going forward, the House Manager/Administrator will perform monthly checks of the glucometer to ensure calibration and accurate documentation of readings.

Update: Resident #4's new glucometer was delivered to the residence on [REDACTED]. It was calibrated on [REDACTED]. No other residents have a glucometer at this time. Audits will begin on 10/23/23, and will be weekly for 4 weeks and then monthly thereafter. (DIRECTED: The weekly audits shall include a review of all resident glucometers to ensure they are set to the current date/time, as well as a review of blood sugar reading documentation to ensure accuracy and completeness in accordance with prescribers' orders. [REDACTED] 10/30/23). Target date for completion of all staff retraining surrounding blood sugar checks/readings/documentation is 10/27/23. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 10/30/23).

Proposed Overall Completion Date: 10/27/2023

Directed Completion Date: 10/30/2023

Implemented ([REDACTED] - 11/07/2023)

187d - Follow Prescriber's Orders

8. Requirements

2600.

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

Description of Violation

Resident #4 is prescribed blood sugar checks once daily. According to resident #4's glucometer, resident #4's blood sugar was not checked on the morning of [REDACTED]; however, a blood sugar reading of [REDACTED] was documented on resident #4's [REDACTED] MAR.

Plan of Correction

Directed [REDACTED] - 10/30/2023)

The above noted error was reviewed with responsible staff, and a plan of correction for said staff member was reviewed on 10/5/23.

All staff will receive additional training surrounding blood sugar checks/readings/documentation.

Going forward, the House Manager/Administrator will perform monthly checks of the glucometer to ensure calibration and accurate documentation of readings.

Update: Audits will begin on 10/23/23, and will be weekly for 4 weeks and then monthly thereafter. (DIRECTED: The weekly audits shall include a review of all resident glucometers to ensure they are set to the current date/time, as well as a review of blood sugar reading documentation to ensure accuracy and completeness in accordance with prescribers' orders. [REDACTED] 10/30/23). Target date for completion of all staff retraining surrounding blood sugar checks/readings/documentation is 10/27/23.

Proposed Overall Completion Date: 10/27/2023

Directed Completion Date: 10/30/2023

[REDACTED] - 11/07/2023)

225c - Additional Assessment

9. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

Description of Violation

According to staff persons, resident #3 requires direct 1-to-1 staff supervision at all times; however, resident #3's most recent assessment, dated [REDACTED] does not indicate resident #3 requires total 24-hour direct supervision.

Plan of Correction

Directed [REDACTED] - 10/30/2023)

Resident #3's RASP was updated by the Clinical Site Manager during inspection on 9/27/23. The home's Case Manager is responsible for ensuring completion of the required RASP paperwork and will review all other client charts to ensure completion of current paperwork.

Going forward, once a RASP is completed and reviewed by the Case Manager, the home's House Manager/Administrator will review them for accuracy and completion within 2 weeks.

Update: Clinical Site Manager reviewed RASP requirements for timely completion and annual review with the Case Manager on 10/11/23. Review of all current RASP's for completion and accuracy was completed on 10/12/23. Two

225c Additional Assessment (continued)

were found to be in need of updating/completion, which were corrected on 10/12/23. Going forward, all new/annual/updated RASP will be completed by the Case Manager and reviewed by the House Manager/Administrator within 72 hours to ensure accuracy and completion. (DIRECTED: The house manager/administrator reviews shall begin on 11/1/23. [REDACTED] 10/30/23).

Proposed Overall Completion Date: 10/24/2023

Directed Completion Date: 11/01/2023

Implemented [REDACTED] - 11/07/2023)

227d - Support Plan Medical/Dental

10. Requirements

2600.

227.d. Each home shall document in the resident’s support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident’s physician, physician’s assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

According to staff persons, resident #2 requires direct, 1 to 1 staff supervision daily from 8:30am 12:30am; however, this is not indicated on resident #2's most recent support plan, dated [REDACTED]

According to staff persons, resident #3 requires direct, 1 to 1 staff supervision at all times; however, this is not indicated on resident #3's most recent support plan, dated [REDACTED]

Plan of Correction

Directed [REDACTED] 10/30/2023)

Resident #2 receives 1:1 staff supervision for 16hrs per day. Resident #3 receives 1:1 staff supervision 24hrs per day. Both resident's RASPs were corrected on [REDACTED] during inspection. The home's Case Manager is responsible for ensuring completion of the required RASP paperwork and will review all other client charts to ensure completion of current paperwork.

Update: Clinical Site Manager reviewed RASP requirements for timely completion and annual review with the Case Manager on 10/11/23. Review of all current RASP's for completion and accuracy was completed on 10/12/23. Two were found to be in need of updating/completion, which were corrected on 10/12/23. Going forward, all new/annual/updated RASP will be completed by the Case Manager and reviewed by the House Manager/Administrator within 72 hours to ensure accuracy and completion. (DIRECTED: The house manager/administrator reviews shall begin on 11/1/23. [REDACTED] 10/30/23).

~~Going forward, once a RASP is completed and reviewed by the Case Manager, the home's House Manager/Administrator will review them for accuracy and completion within 2 weeks.~~

227d Support Plan Medical/Dental (continued)

(UNACCEPTABLE PORTION OF PLAN OF CORRECTION. LM 10/30/23)

Proposed Overall Completion Date: 10/24/2023

Directed Completion Date: 11/01/2023

Implemented [REDACTED] - 11/07/2023)