

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

November 9, 2023

[REDACTED]  
REMED RECOVERY CARE CENTERS  
[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 10/12/2023 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: *REMEDIATION RECOVERY CARE CENTERS* License #: *12847* License Expiration: *06/03/2024*  
 Address: *2 HARVEY LANE, MALVERN, PA 19335*  
 County: *CHESTER* Region: *SOUTHEAST*

**Administrator**

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

**Legal Entity**

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

**Certificate(s) of Occupancy**

Type: *R-4* Date: *06/26/2006* 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: *10/12/2023*

**Inspection Dates and Department Representative**

*10/12/2023 - 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: *2* Are 60 Years of Age or Older: *6*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *7*

**Inspections / Reviews**

**10/12/2023 - Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/02/2023*

**11/01/2023 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *11/09/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/06/2023*

Inspections / Reviews (*continued*)

## 11/09/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/09/2023

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document  
Submission*

## 11/09/2023 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/09/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

187d - Follow Prescriber's Orders

2. Requirements

2600.

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

Description of Violation

*Resident #1 is prescribed weekly weight check with the instruction of notifying the on-call of any weight gain or loss of 2 lbs or greater. However, the resident's weight was not checked during the month of October until 10/11/23. No weight check was documented as prescribed for 10/4/23.*

Plan of Correction

Accept (████ - 11/06/2023)

*Resident #1's weekly weight check was prescribed to occur weekly on Wednesdays at 12pm. On 10/04/23 the Exercise Trainer was occupying the exercise room where the wheelchair scale is housed, which caused resident #1's weight to be missed that day. Resident #1's (and any additional residents' if applicable) weekly weight has been changed to occur on Sunday's at 12pm as of 11/05/23 to avoid any possibly future conflicts with access to the wheelchair scale. All Medication Administration trained staff have been notified of the change. The Clinical Specialist met with the Medication Administrator who failed to properly document the missed weight on 10/04/23. Education on properly documenting a missed medication/order was reviewed on 10/17/23.*

Update:

*All weights that were scheduled to be taken on Wednesdays were moved to Sundays on 10/31/23.*

*All Medication Administration trained staff were notified about this change on 10/31/23 by the Clinical Specialist/Administrator.*

*The Clinical Specialist/Administrator met with the direct care staff who failed to properly document the missed weight on 10/17/23. Education and retraining on proper documentation and notifying the On-call was reviewed. As of 11/1/23, either the Clinical Specialist/Administrator or the Medication Manager will run a "Med Variance Report" out of QuickMAR, our electronic MAR on the last Friday of the month. The Med Variance Report identifies orders that were not signed for. If it is found that there were orders not signed for, the Clinical Specialist/Administrator will investigate and provide education to the responsible staff member.*

*Proposed Overall Completion Date: 11/06/2023*

**Licensee's Proposed Overall Completion Date: 11/06/2023**

Implemented (████ - 11/09/2023)

190c - Record of Training

3. 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 2023 medication administration annual practicum summary and certification form for staff person A does not include the name of the trainer and the one for staff person B does not include the name of the trainer and documentation that the course was successfully completed.*

Plan of Correction

Accept (████ - 11/09/2023)

*Staff person A's 2023 medication administration annual practicum summary and certification has since been signed by the trainer.*

190c - Record of Training (continued)

Once an annual practicum has been completed, the company's Staff Training Coordinator/Admin receives and reviews paperwork for completion, then gives completed paperwork to the trainer to sign if they have not already done so. This step was missed for staff person A's annual medication practicum, leading to trainer's missed signature. Company Quality Management Specialist reviewed violation with Staff Training Coordinator/Admin on 10/31/23; acknowledgment/understanding of this error and comprehension of process in place was received. Going forward, as an additional double check, when the Staff Training Coordinator/Admin files completed paperwork, they will again check for completion, including signatures.

The home does not agree with the violation regarding staff person B. Staff person B's 2023 annual practicum is still in progress, which is why it is not signed yet by the trainer or includes documentation that the course was successfully completed. Observation form has been completed, however their second MAR review is scheduled to be completed in Q4. Once the semi-annual MAR review is completed (and reviewed for completion and accuracy/signatures as noted above by the Staff Training Coordinator/Admin), this documentation will be bundled with the observation form and filed. Attached please find both the in progress 2023 documentation and the completed/signed 2022 documentation for staff person B (all in the same attachment).

Update:

Staff person A's annual practicum was signed by the trainer on 10/31/23. Staff Training Coordinator/Admin and Med Trainer will implement a quarterly audit of med training records to ensure completion and accuracy/signatures. They will share the responsibility of performing these audits and they will be implemented by 11/15/23.

Staff person B's 2nd MAR review was completed on 11/7/23. The Training Department will increase the frequency of individual MAR reviews to ensure that both MAR reviews are completed and signed as of the date of the Annual Observation. This process will begin as of 11/1/23. Attached is staff person B's completed paperwork.

Licensee's Proposed Overall Completion Date: 11/08/2023

Implemented [REDACTED] - 11/09/2023)