

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

April 4, 2024

[REDACTED], ADMINISTRATOR
REMED RECOVERY CARE CENTERS LLC
[REDACTED]

RE: REMED RECOVERY CARE CENTERS
934 NORTH CHESTER ROAD
WEST CHESTER, PA, 19380
LICENSE/COC#: 14116

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/01/2024 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 #: *14116* License Expiration: *10/31/2024*
 Address: *934 NORTH CHESTER ROAD, 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: *R-4* Date: *08/11/2014* Issued By: *Township of East Goshen*

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: *02/01/2024*

Inspection Dates and Department Representative

02/01/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *8* Residents Served: *7*
 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: *2*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *1* Have Physical Disability: *1*

Inspections / Reviews

02/01/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/23/2024*

02/21/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *03/22/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/23/2024*

Inspections / Reviews *(continued)*

04/04/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/22/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 2/1/24 the home's current license, dated 10/31/23, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept [redacted] - 02/21/2024)

The home's current license was posted at the time of inspection.

Starting 2/1/24, the Administrator/Site Manager will conduct quarterly audits to ensure the current license remains posted in compliance with the regulation.

Licensee's Proposed Overall Completion Date: 02/21/2024

Implemented ([redacted] - 04/04/2024)

65f - Training Topics

2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A and B did not receive the following training during the training year 2023:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Personal care service needs of the resident.

Plan of Correction

Accept [redacted] - 02/21/2024)

Staff persons A and B did not complete the required annual training assignments that would cover these requirements by the designated due date of 12/31/23. They were completed on 1/1/24 and 1/4/24 respectively. During the 2024 training year, annual training requirements will be assigned a due date of 12/31/24 in Relias for all staff. Email reminders for required completion will be provided by the Training Department upon enrollment. Additionally, reminders that are automatically generated by Relias will be sent at 1 month and 1 week before the due date to all enrollees who have not yet completed the training(s). On the first of every month, Relias will automatically send an email to managers alerting them of staff with both trainings with upcoming due dates, and those that are past due. Additionally, the home's Administrator/Site Manager will run an audit through the Relias system at the end of the 3rd quarter of the training year, and will

65f - Training Topics (continued)

remind those staff who have not yet completed the required trainings of the due date. If necessary throughout the 4th quarter, staff will be given indirect time to complete the required trainings.

Licensee's Proposed Overall Completion Date: 02/20/2024

Implemented (████) 04/04/2024)

103f - Refrigerator/Freezer Temps

3. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 2/1/24 at 1:45pm, there was no thermometer in the left-hand side fridge and freezer in the main kitchen.

Plan of Correction

Accept (████) - 02/21/2024)

The thermometer in the left-hand side fridge and freezer was not reading the correct temperature. A new thermometer was placed in the designated fridge at the time of inspection.

As of 2/1/24, the home's Health and Safety Representative will conduct monthly audits to ensure thermometers are present and in working order.

Additionally, the Program Director sent an email to all staff on 2/20/24 reviewing the violation and regulation; and were directed to contact the on-call if a thermometer is ever found to be missing from a fridge or freezer. See attached email.

Licensee's Proposed Overall Completion Date: 02/20/2024

Implemented (████) - 04/04/2024)

105g - Lint Removal and Duct Cleaning

4. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 2/1/24 at 10:06am, there was an approximate 1-inch accumulation of lint in the lint trap in each of the two clothes dryers. There were no clothes in the dryers at the time.

Plan of Correction

Accept (████) - 02/21/2024)

The lint was immediately removed from the dryers at the time of inspection.

Staff will be directed to clean out lint traps at times of "laundry checks" scheduled multiple times per day.

Additionally, the Program Director sent an email to all staff on 2/20/24 reviewing the violation and regulation; and were directed to clean out the lint traps at each time of use, and to contact the on-call if there is a maintenance related issue preventing this compliance. See previously attached email.

Licensee's Proposed Overall Completion Date: 02/20/2024

105g Lint Removal and Duct Cleaning (continued)

Implemented () - 04/04/2024)

124 Notice to Fire Department

5. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency since 6/13/16, however information pertaining to the residents served in the home has changed since.

Plan of Correction

Accept () - 02/21/2024)

An updated letter was sent to the local fire department by the company's Quality Management Specialist on 2/21/24.

Going forward, the home's Program Director or Administrator/Site Manager will alert the Quality Management Specialist if an admission occurs, or if a status change in a current resident occurs that would warrant needed assistance to evacuate in an emergency. If/when either of those occur, the Quality Management Specialist will notify the local fire department of the change.

Licensee's Proposed Overall Completion Date: 02/21/2024

Implemented () - 04/04/2024)

131f Fire Extinguisher Inspection

6. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher by the dining room exit has not been inspected by a fire safety expert since November 2022.

Plan of Correction

Accept () - 02/21/2024)

This particular extinguisher was missed by Keystone Fire Protection during their annual inspection in November 2023. They were contacted by the Corporate Operations Manager and an inspection of the fire extinguisher is expected to occur by 3/15/24 (pending their confirmation of a date for inspection).

As of 2/1/24, the home's Health and Safety Representative will conduct monthly audits to ensure fire extinguishers remain in compliance.

Licensee's Proposed Overall Completion Date: 03/15/2024

Implemented () - 04/04/2024)

132e Fire Drill Sleeping Hours

7. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 10/19/23 at 6:00am. There was no sleeping hours fire drill conducted from 1/26/23 to 6/27/23.

Plan of Correction

Accept ([redacted] - 02/21/2024)

Overnight fire drills are scheduled for April and October. The April 2023 drill was conducted at 10pm after all of the residents were asleep.

However, going forward all overnight drills will be conducted between the hours of 11pm and 5am. Upon completion of a drill, the home's Administrator/Site Manager will review the drill form to ensure that the scheduled overnight drills occurred during that time frame. If they did not, a repeat drill will be conducted between 11pm and 5am, and the procedure will be reviewed with staff who completed the drill outside of the required time frame.

Additionally, the overnight staff team will be retrained on the necessary steps to conduct a fire drill by the Program Director or Administrator/Site Manager. This training will take place the week of 3/18/24.

Licensee's Proposed Overall Completion Date: 03/23/2024

Implemented ([redacted] - 04/04/2024)

185a - Implement Storage Procedures

8. 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

On [redacted] at [redacted], Resident 1's blood glucose reading was [redacted]. However, it was documented as [redacted] on the Medication Administration Record.

On [redacted] [redacted], Resident 1's blood glucose reading was [redacted]. However, it was documented as [redacted] on the Medication Administration Record.

Plan of Correction

Accept ([redacted] - 02/21/2024)

Starting 2/27/24 the Medication Manager will conduct weekly audits to ensure that procedures are being followed to ensure the correct storage, access, distribution and security of medications by trained staff.

Additionally, the Program Director sent an email to all staff on 2/20/24 reviewing the violation and regulation; and were reminded of the importance of ensuring that the glucometer readings match the readings noted on the MAR. See previously attached email.

Licensee's Proposed Overall Completion Date: 02/27/2024

Implemented ([redacted] - 04/04/2024)

187d - Follow Prescriber's Orders

9. Requirements

2600.

187d - Follow Prescriber's Orders (continued)

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

Description of Violation

Resident 1 is prescribed to have a glucose check done twice daily, at [redacted] and [redacted]. On [redacted] at [redacted], Resident 1's glucometer did not register a reading. However, a blood glucose level of [redacted] was documented on the Medication Administration Record.

Plan of Correction

Accept ([redacted] - 02/21/2024)

Starting 2/27/24 the Medication Manager, RN, or Administrator/Site Manager will conduct weekly audits to ensure that directions of the prescriber are being followed.

Additionally, the Program Director sent an email to all staff on 2/20/24 reviewing the violation and regulation; and were reminded of the importance of ensuring that the frequency of glucometer readings match the readings prescribed on the MAR. See previously attached email.

Licensee's Proposed Overall Completion Date: 02/27/2024

Implemented ([redacted] - 04/04/2024)