

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

June 17, 2024

[REDACTED], VICE PRESIDENT OF OPERATIONS
REMED RECOVERY CARE CENTERS LLC
[REDACTED]
[REDACTED]

RE: REMED RECOVERY CARE CENTERS
709 FAIRVIEW ROAD
FOX CHAPEL, PA, 15238
LICENSE/COC#: 44645

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/28/2024 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: REMEDIATION RECOVERY CARE CENTERS License #: 44645 License Expiration: 01/26/2025
Address: 709 FAIRVIEW ROAD, FOX CHAPEL, PA 15238
County: ALLEGHENY Region: WESTERN

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: R-4 Date: 10/20/2014 Issued By: Borough of Fox Chapel

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 9 Waking Staff: 7

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 05/28/2024

Inspection Dates and Department Representative

05/28/2024 - 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:	0	Are 60 Years of Age or Older:	3
Diagnosed with Mental Illness:	0	Diagnosed with Intellectual Disability:	0
Have Mobility Need:	1	Have Physical Disability:	0

Inspections / Reviews

05/28/2024 - Full
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/10/2024

Inspections / Reviews *(continued)*

06/06/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/14/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/14/2024

06/17/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/14/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

In accordance with the Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/2016, "An approved carbon monoxide alarm at a care facility shall be installed in close proximity of, but not less than 15 feet from, any fossil fuel-burning device or appliance." However, on 5/28/24 at approximately 10:37 a.m., the carbon monoxide detector in the home's furnace and food storage room was mounted to the wall opposite the door and located approximately four-feet-and-two-inches to the right of the second of two Amana heating and air conditioning natural gas furnaces, and approximately eight-feet-and-seven-inches from the first Amana gas furnace on the opposite wall to the left of the door.

Plan of Correction

Accept () - 06/06/2024)

The facilities maintenance person and/or Operations Manager will identify which carbon monoxide detectors are closer than 15 feet to any fossil fuel burning device or appliance by 6/7/24.

The Operations Manager alerted Barrier Protection Systems to deactivate the identified hard wired carbon monoxide detectors closer than 15 feet to any fossil fuel burning device or appliance. This will occur by 6/7/24. While at the home to deactivate these detectors, Barrier Protection Systems will confirm that additional carbon monoxide detectors that are already in place are over 15 feet from any fossil fuel burning devices and are appropriately at a 'close proximity.' They will move any detectors to meet these guidelines if needed.

The facilities maintenance person and/or Operations Manager will check during annual building inspections to ensure that an approved carbon monoxide detector is installed in close proximity of, but not less than 15 feet from, any fossil fuel burning device or appliance starting 6/7/24.

Licensee's Proposed Overall Completion Date: 06/07/2024

Implemented () - 06/17/2024)

101j6 - Mirror

2. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

6. A mirror.

Description of Violation

At approximately 11:43 a.m. there was no mirror in resident room #8 belonging to resident ().

Plan of Correction

Accept () - 06/06/2024)

A new mirror was purchased and installed on the inside of the closet door belonging to resident () by the Director of Clinical Operations, on 5/28/24, at the time of the inspection. See attached photo.

On 6/4/24 the Administrator checked all other resident bedrooms and ensured that a mirror was in place.

Starting on 6/4/24, all rooms will be checked annually to ensure that a mirror is in place, by the Administrator or a designee.

Licensee's Proposed Overall Completion Date: 06/07/2024

Implemented () - 06/17/2024)

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

At approximately 11:19 a.m. there was no thermometer in the freezer portion of the home's General Electric combination refrigerator and freezer located in the upper floor kitchen.

Plan of Correction

Accept (█ - 06/06/2024)

A new thermometer was purchased and installed in the upstairs freezer by the Director of Clinical Operations, on 5/28/24, at the time of the inspection. See attached photo.

On 6/4/24 the Administrator checked all refrigerators and freezers to ensure that working thermometers were in place.

Starting 6/4/24, the Food Manager will check all refrigerators and freezers weekly to ensure that a working thermometer is present. If one is missing and/or broken, they will replace it immediately.

Licensee's Proposed Overall Completion Date: 06/07/2024

Implemented (█ - 06/17/2024)

132g - Fire Drills Days/Times

4. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home's most recent sleeping hours fire drills were held as follows:

- *10/14/22 at 5:45 a.m.*
- *4/20/23 at 6:05 a.m.*
- *10/20/23 at 6:15 a.m.*
- *4/30/24 at 5:30 a.m.*

Plan of Correction

Accept (█ - 06/06/2024)

The Administrator will provide re-education to the home's Health & Safety Representative regarding the importance of having variety in the day and time of fire drills, and will provide a procedure to ensure all drills are staggered by 6/14/24.

Starting with June 2024, the Administrator will review completed fire drills monthly to ensure that they do not have a repeatable pattern.

Licensee's Proposed Overall Completion Date: 06/21/2024

Implemented (█ - 06/17/2024)