

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

August 20, 2024

[REDACTED], ADMINISTRATOR
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 07/17/2024 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 #: *10623* License Expiration: *05/26/2025*
 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: *08/22/1999* 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: *07/17/2024*

Inspection Dates and Department Representative

07/17/2024 - 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: *2* Are 60 Years of Age or Older: *4*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *7* Have Physical Disability: *3*

Inspections / Reviews

07/17/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/17/2024*

08/20/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *08/20/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

08/20/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/20/2024

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 7/17/2024, the home's copy of the current licensing inspection summary issued by the Department and a copy of this chapter were not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (█ - 08/20/2024)

On 8/7/24, the home's Site Manager/Administrator posted the missing inspection from April 2023, in a conspicuous and public place. Please see attached photo.

Going forward, the Site Manager will be responsible for posting the current LIS the day that it is fully implemented/accepted by the Department, and received by the home.

On a monthly basis, beginning in September 2024, the Site Manager will check monthly to ensure the current LIS remains posted.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented (█ - 08/20/2024)

66b - Training Plan Content

2. Requirements

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

- 1. The name, position and duties of each direct care staff person.
- 3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The home's staff training plan does not include the name, position, and duties of each direct care staff person, as well as the times and locations of the scheduled training for each staff person for the upcoming year.

Plan of Correction

Accept (█ - 08/20/2024)

The annual staff training plan is for all staff, and all staff are required to complete the trainings listed on the plan as assigned. All staff get enrolled in the training in Relias (whether it is a virtual training, in person training, or a training module). Upon enrollment, all staff are automatically emailed by Relias notifying them of enrollment. This email also includes the date & time of the training, as well as the location (if in person or online). The Training Dept. also emails staff directly upon enrollment to provide the same information, and sends all staff a copy of the training plan.

This training plan has always sufficed in meeting the requirement for all of our locations, however, please see attached/updated training plan which includes information on who is to complete these, as well as information on when/where the trainings take place.

Additionally, all staff are provided a copy of the attached semi-annual training calendar (and will be resent out if there are any changes). A link to the training calendar(s) is also available to all staff via the internal intranet.

66b - Training Plan Content (continued)

The creation/monitoring of the training plan will remain a duty of the Training Dept. and they will continue to include details on when/where trainings are, in addition to regularly scheduled automatic reminders from Relias.

Licensee's Proposed Overall Completion Date: 08/15/2024

Implemented (█) - 08/20/2024

101j7 - Lighting/Operable Lamp

3. Requirements

2600.

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

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Residents in Rooms 1 and 2 do not have access to a source of light that can be turned on or off at bedside.

Plan of Correction

Accept (█) - 08/20/2024

The home's Health & Safety Representative installed tap lights within reach of bedside in rooms 1 & 2 on 8/12/24 (see attached photos).

Beginning the week of 8/19/24, the Health & Safety Representative will complete a weekly checklist, which includes "Ensuring all bedside lights are working, that the clients can turn them on and off, and that the push buttons are not lost." See attached checklist template. If any issues/deficiencies are found during weekly check, it will be addressed immediately and documented, and will be communicated to the Site Manager.

Licensee's Proposed Overall Completion Date: 08/23/2024

Implemented (█) - 08/20/2024

103d - Storing Food Off Floor

4. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

On 7/17/2024 at 3:06 p.m., the emergency food storage for a 30-day supply was stored on the floor in the basement.

Plan of Correction

Accept (█) - 08/20/2024

The emergency food supply was moved off of the floor at the time of inspection (see attached photo).

Beginning the week of 8/19/24, the Health & Safety Representative will complete a weekly checklist, which includes "Check that the emergency food supply is not expired and stored off of the floor." See previously attached checklist template. If any issues/deficiencies are found during weekly check, it will be addressed immediately and documented, and will be communicated to the Site Manager.

Licensee's Proposed Overall Completion Date: 08/23/2024

Implemented (█) - 08/20/2024

107b - Emergency Procedures

5. Requirements

107b - Emergency Procedures (continued)

2600.

107.b. The home shall have written emergency procedures that include the following:

- 1. Contact information for each resident's designated person.
- 3. Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
- 4. Means of transportation in the event that relocation is required.
- 5. Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.

Description of Violation

The home's written emergency procedures do not include the following: contact information for each resident's designated person; contact telephone numbers of local and state emergency management agencies, and local resources for housing and emergency care of residents; means of transportation in the event that relocation is required; and duties and responsibilities of staff persons during evacuation, transportation, and at the emergency location.

Plan of Correction

Accept (█) - 08/20/2024)

Please see the attached cover sheet for the home's emergency operations plan, which includes: contact telephone numbers of local and state emergency management agencies, information noting who is identified with supporting transportation in the event that relocation is required, and where the residents would be initially evacuating to, as well as where to find contact information for each residents designated person. This is posted in the program, along with ReMed's entire Emergency Operations Plan (attached).

Additionally, the home has a site specific Emergency Evacuation Plan, which includes extended evacuation relocation sites as well as what duties are assigned to which team member in case of an emergency/evacuation (attached). This is also available to all staff, located in the Medical & Emergency Procedure Manual which is available as both a physical binder in the home, a well as via a link on the internal intranet.

These, as well as ReMed's overall Emergency Operations Plan have historically been in place, and are reviewed and updated annual/as needed.

Additionally, the home's Site Manager/Administrator has created an "Emergency Procedures" Folder. Located inside this will be emergency contacts for all of the clients (see attached), as well as additional emergency phone numbers/resources (also attached). This folder will be stored in the locked staff office. The Site Manager and Health & Safety Representative will be responsible for maintaining accuracy of this folder.

Licensee's Proposed Overall Completion Date: 08/16/2024

Implemented (█) - 08/20/2024)

107c - Food/Water 3 Day Supply

6. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 7/17/2024, the home served 8 residents, requiring 24 gallons of emergency drinking water. However, the home had 0 gallons. The home does not have a contract with a local bottled water supplier.

Plan of Correction

Accept (█) - 08/20/2024)

Site Manager purchased 24 gallons of emergency drinking water on 7/23/24 (see previously attached photo of food/water storage).

107c - Food/Water 3 Day Supply (continued)

Beginning the week of 8/19/24, the Health & Safety Representative will complete a weekly checklist, which includes "Check that the appropriate amount of emergency water is available (24 gallons), not expired and stored off of the floor." See previously attached checklist template. If any issues/deficiencies are found during weekly check, it will be addressed immediately and documented, and will be communicated to the Site Manager.

Licensee's Proposed Overall Completion Date: 08/23/2024

Implemented (█ - 08/20/2024)

124 - Notice to Fire Department

7. 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, the location of the bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction

Accept (█ - 08/20/2024)

The home has documentation to the local fire department, from 2012 (see attached). However, construction was completed to the home which changed the floor plan of some bedrooms.

Education was provided regarding the need to alert the local fire department of any floor plan changes, along with a change in a resident's required level of assistance. An updated letter/floor plan was sent to the local fire department by the company Quality Management Specialist on 8/16/24 (see attached), and have been provided to the home's Site Manager and Health & Safety Representative. Site Manager will be responsible for alerting the Quality Management Specialist if any future changes occur that warrant an updated notice to the local fire department.

Licensee's Proposed Overall Completion Date: 08/16/2024

Implemented (█ - 08/20/2024)

162c - Menus Posted

8. 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 home's menu for the week of 7/13/2024 to 7/19/2024 was posted. However, the menu stating the specific food being served at each meal 1 week in advance was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (█ - 08/20/2024)

The menu for the week of 7/20/24 was posted by the Site Manager on 7/18/24.

162c - Menus Posted (continued)

Beginning the week of 8/19/24, the Food Manager will complete a weekly checklist, which includes ensuring that at least the current and next weeks menus are posted. See attached checklist template. If any issues/deficiencies are found during weekly check, it will be addressed immediately and documented, and will be communicated to the Site Manager.

Licensee's Proposed Overall Completion Date: 08/23/2024

Implemented (█ - 08/20/2024)