

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

November 8, 2024

[REDACTED], QUALITY MANAGEMENT AND PHYSICIAN SUPPORT SPECIALIST
REMED RECOVERY CARE CENTERS, LLC
[REDACTED]

RE: REMED
139 SPRUCE LANE
PAOLI, PA, 19301
LICENSE/COC#: 13436

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/26/2024 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* License #: *13436* License Expiration: *06/14/2025*
 Address: *139 SPRUCE LANE, PAOLI, PA 19301*
 County: *CHESTER* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *REMED RECOVERY CARE CENTERS, LLC*
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *03/20/2002* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *7* Waking Staff: *5*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *09/26/2024*

Inspection Dates and Department Representative

09/26/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *5* Residents Served: *5*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *0*
 Number of Residents Who:
 Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *2*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *2* Have Physical Disability: *2*

Inspections / Reviews

09/26/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/19/2024*

10/21/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *11/06/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/08/2024*

Inspections / Reviews *(continued)*

11/08/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/06/2024

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 9/26/2024 the home's current license inspection summary, dated 7/10/2023, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (█) - 10/21/2024)

The home's Site Manager posted the current license inspection summary at the time of inspection when the deficiency was noted. See attached photo.

The Site Manager will be responsible for ensuring that the current license inspection summary remains posted during her monthly walkthrough of the home, to occur the first week of the month, with the next scheduled walkthrough for 11/1/24. If the current license inspection summary is found to be missing, the Site Manager will repost it immediately.

Licensee's Proposed Overall Completion Date: 10/17/2024

Implemented (█) - 11/08/2024)

65e - 12 Hours Annual Training

2. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff person A received only 10 1/2 hours of annual training in training year 2023.

Plan of Correction

Accept (█) - 10/21/2024)

The Site Manager will meet with, and acquire written documentation from staff person A acknowledging understanding of training hours expectations by 11/1/24. The Site Manager will ensure that staff person A completes 1.5 hours of training to make up for the 2023 training year by 11/1/24.

The Site Manager will run an audit of 2023 training hours by 10/24/24 to ensure all other staff are in compliance with the required annual training hours. If someone is found to be out of compliance, they will also be met with and have their hours made up by 11/1/24.

Annually, the company's Training Dept. emails all direct care persons reminding them that they are required to complete a minimum of 12 annual training hours related to their job duties by December 31st. The home's Site Manager will run monthly audits during the first week of every month from Relias to track direct care staff's current training hours and will email them directly if they are not on track to complete the required 12 hours by December 31st. If any staff have not met their required training hours by December 31st, they will not be scheduled for any shifts until their 12 hours of training requirement has been met.

Licensee's Proposed Overall Completion Date: 11/01/2024

Implemented (█) - 11/08/2024)

65f - Training Topics

3. Requirements

65f - Training Topics (continued)

2600.

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

- 3. Care for residents with dementia and cognitive impairments.

Description of Violation

Direct care staff person A did not receive training in care for residents with dementia and cognitive impairments during training year 2023.

Plan of Correction

Accept (█ - 10/21/2024)

The Site Manager will meet with, and acquire written documentation from staff person A acknowledging understanding of completing required annual trainings by 11/1/24. The Site Manager will ensure that staff person A completes the assigned training, The Intersection of Brain Injury, Cognition & Dementia, to cover Care for residents with dementia and cognitive impairments for the 2023 training year by 11/1/24.

The Site Manager will run an audit of 2023 required trainings by 10/24/24 to ensure all other staff are in compliance with the required annual training topics. If someone is found to be out of compliance, they will also be met with and have their hours made up by 11/1/24.

During the 2024 training year, annual training requirements have been assigned a due date of 12/31/24 in Relias for all staff. The required training topics are covered within these assigned annual trainings (see attached Collage Annual Staff Training Plan - 2024). Email reminders for required completion will be provided by the Training Dept. upon enrollment. Additionally, reminders that are automatically generated by Relias will be sent 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. The Site Manager runs monthly audits through Relias, and reminds 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 trainings that consist of annual required training topics on time.

Licensee's Proposed Overall Completion Date: 11/01/2024

Implemented (█ 11/08/2024)

103e - Left Overs

4. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 9/26/2024:

- *There were unlabeled, undated plastic sandwich bags containing carrots and celery in the main kitchen refrigerator.*
- *There was an opened, undated container of cornbread in the back room refrigerator.*

Plan of Correction

Accept (█ - 10/21/2024)

The Site Manager will send out an email to all staff regarding expectations surrounding dating/labeling food and properly storing food. The Site Manager will also print and post this email in the staff office, for all staff to sign off acknowledging that they have read and understand the expectation. This will be completed by 10/24/24.

The Site Manager will also meet with the home's Food Manager regarding expectations related to checking weekly

103e - Left Overs (continued)

that all food is properly labeled, dated and stored and to discard what is not. Food Manager will sign off acknowledging understanding of these expectations by 10/24/24.

Licensee's Proposed Overall Completion Date: 10/24/2024

Implemented ([redacted] - 11/08/2024)

183e - Storing Medications

5. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [redacted], the following medications prescribed to Resident 1 were found in the medication cart with the following concerns:

- [redacted], spot 28 was taped on the back of the bubble pack
- [redacted] was punctured and the pill was still in place
- [redacted], spots 1,3 and 13 were punctured and the pills were still in place

Plan of Correction

Accept ([redacted] - 10/21/2024)

The identified pills were removed from their blister packs and discarded by the Clinical Specialist at time of the inspection. Verbal education was provided to day of to staff who were on shift at the time of inspection. An initial email reviewing violations and procedures going forward was sent to all staff on the day of inspection by the Clinical Specialist (see attached email).

Memos were also sent out to all staff on 10/16/24 regarding clear steps to take if the integrity of the blister packs is at risk/the back of a blister pack is punctured by the Clinical Specialist. See attached email and memo. Memo was printed and hung next to the medication cart. Staff will sign off acknowledging that they have read and understand these expectations by 11/1/24. See attached email sent on 10/17/24 by the Site Manager giving staff these instructions.

Beginning the week of 10/7/24, and ongoing, the Medication Manager began checking the integrity of the blister packs during their weekly inventory checks.

Licensee's Proposed Overall Completion Date: 11/01/2024

Implemented ([redacted] - 11/08/2024)

184b - Labeling OTC/CAM

6. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 9/26/24, there was an open bottle of [redacted]

184b Labeling OTC/CAM (continued)

██████████, each labeled "Remed Stock", in the medication cart. These medications were not labeled with any resident's name.

Plan of Correction

Accept ██████ - 10/21/2024)

The identified open bottles were discarded by the Clinical Specialist at time of the inspection. Verbal education was provided to day of to staff who were on shift at the time of inspection. An initial email reviewing violations and procedures going forward was sent to all staff on the day of inspection by the Clinical Specialist (see previously attached email).

Memos were also sent out to all staff on 10/16/24 regarding clear steps to take regarding usage of liquid PRN stock medication, by the Clinical Specialist. See previously attached email and attached memo. Memo was printed and hung next to the medication cart. Staff will sign off acknowledging that they have read and understand these expectations by 11/1/24. See previously attached email sent on 10/17/24 by the Site Manager giving staff these instructions.

All on call staff were present the day of inspection and made aware that once a liquid stock PRN medication is requested, that the steps in the memo must be taken and that a new stock supply will need to be ordered. Additionally, going forward the home will keep two bottles of each liquid PRN stock medication on hand at all times, in case two residents may request the same medication on the same day.

Beginning the week of 10/7/24, and ongoing, the Medication Manager began checking liquid stock PRN medication supplies to ensure no open bottles are stored with stock medications and are unassigned to a resident.

Licensee's Proposed Overall Completion Date: 11/01/2024

Implemented ██████ - 11/08/2024)