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

December 12, 2024

[redacted]
REMED RECOVERY CARE CENTERS
[redacted]

RE: REMED RECOVERY CARE CENTERS
2 HARVEY LANE
MALVERN, PA, 19335
LICENSE/COC#: 12847

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/31/2024 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 #**: *12847* **License Expiration**: *06/03/2025*

Address: *2 HARVEY LANE, MALVERN, PA 19335*

County: *CHESTER* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *REMED 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**: *15* **Waking Staff**: *11*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *10/31/2024*

Inspection Dates and Department Representative

10/31/2024 - 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**: *6*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *7* **Have Physical Disability**: *7*

Inspections / Reviews

10/31/2024 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *11/18/2024*

11/21/2024 - POC Submission

Submitted By: [redacted] **Date Submitted**: *12/11/2024*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *11/26/2024*

Inspections / Reviews *(continued)*

11/22/2024 POC Submission

Submitted By: [redacted] **Date Submitted:** *12/11/2024*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *12/09/2024*

12/12/2024 Document Submission

Submitted By: [redacted] **Date Submitted:** *12/11/2024*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

65f - Training Topics

1. 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 did not receive training in the following topics during the 2023 training year:

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

Plan of Correction ***Accept [redacted] - 11/21/2024)***

The 2023 Collage Annual Staff Training Plan did not include training on the personal care service needs of residents. This has been rectified by the company's Training Department and has been included on the 2024 Collage Annual Staff Training Plan as a part of the trainings titled "Collage Confidentiality & Compliance Overview" and "Assisting with Personal Care." See attached training plan.

Staff person A completed the Assisting with Personal Care training for the 2024 training year on 6/30/24 (see attached certificate of completion). They have been assigned to complete the Collage Confidentiality & Compliance Overview training module in Relias, with a due date of 12/31/24.
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 trainings (see above referenced Training Plan). 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. If necessary, staff will be given indirect time to complete the trainings that consist of annual required training topics on time.

A staff meeting is scheduled for all staff for 11/20/24 to discuss and give instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan. This meeting/training will occur annually for all staff, and as needed for RASP updates/changes. See attached email sent to all staff regarding attending this meeting by the Clinical Specialist on 11/15/24. The meeting will be run by the Clinical Specialist and Case Manager. Meeting agenda/training content records will be kept. Staff attendance record will be kept and added to staff Relias transcripts for record keeping of completion. The Clinical Specialist will be responsible for scheduling this annual training.

Licensee's Proposed Overall Completion Date: *11/22/2024*

65f Training Topics *(continued)*

Implemented (- 12/12/2024)

82b Poisonous Material Storage

2. Requirements

2600.
82.b. Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

Description of Violation

On , multiple poisonous materials, including four bottles of Dawn dish soap, four bottles of antibacterial hand soap, and a bottle of Cascade dishwasher detergent all labeled with the warning "If swallowed, get medical help or contact a Poison Control Center right away," were stored alongside emergency food and water supplies in the storage room.

Plan of Correction ***Accept (- 11/21/2024)***

The Clinical Specialist removed all cleaning products from the pantry and placed them on storage shelves in the basement on the day of inspection, .

The Clinical Specialist emailed all staff on both 11/1/24 and 11/14/24 reviewing violations found during inspection, and processes implemented; including poisonous material storage. See attached email.
The attached notice has been posted on the pantry shelves, and on the basement shelves, by the Clinical Specialist, reminding staff that all cleaning products must be stored in the basement, away from food.

Beginning the week of 11/4/24, the home's Health & Safety Representative began to utilize the attached Health and Safety Weekly Checklist; which includes ensuring that "all non-food items are stored in the basement away from all food products, preparation surfaces and dining surfaces." This will be utilized weekly ongoing.

Licensee's Proposed Overall Completion Date: *11/19/2024*

Implemented - 12/12/2024)

85d Trash Receptacles

3. Requirements

2600.
85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On at 10:01 am, a shared bathroom near Room had a half-full, uncovered, and unattended trash can.

Plan of Correction ***Accept - 11/21/2024)***

At the time of inspection on the Clinical Specialist placed the missing lid on the trash can of the shared bathroom near room

The Clinical Specialist emailed all staff on both 11/1/24 and 11/14/24 reviewing violations found during inspection, and processes implemented; including ensuring trash cans have lids. See previously attached email.

Beginning the week of 11/4/24, the home's Health & Safety Representative began to utilize the previously attached Health and Safety Weekly Checklist; which includes ensuring that "all trash cans have lids attached." This will be

85d - Trash Receptacles (continued)

utilized weekly ongoing.

Licensee's Proposed Overall Completion Date: *11/19/2024*

Implemented [redacted] 12/12/2024)

103d - Storing Food Off Floor

4. Requirements

2600.
103.d. Food shall be stored off the floor.

Description of Violation

On [redacted] at 10:13am, eight boxes of zero-sugar Coca-Cola were observed stored on the floor in the storage room.

Plan of Correction ***Accept [redacted] - 11/21/2024)***

At the time of inspection on [redacted] the Clinical Specialist removed the cases of soda from the floor and placed them on the shelving unit. The previously attached noticed regarding proper storage of cleaning products and food items was placed on these shelves as well.

The Clinical Specialist emailed all staff on both 11/1/24 and 11/14/24 reviewing violations found during inspection, and processes implemented; including storing food off of the floor. See previously attached email.

Beginning the week of 11/4/24, the home's Health & Safety Representative began to utilize the previously attached Health and Safety Weekly Checklist; which includes ensuring that "all food and food products are stored on the shelves and not the floor" and "the emergency food supply is not expired and stored off of the floor." This will be utilized weekly ongoing.

Licensee's Proposed Overall Completion Date: *11/19/2024*

Implemented [redacted] - 12/12/2024)

121a - Unobstructed Egress

5. Requirements

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [redacted] at 10:03am, the courtyard fire exit leads to a deck area that is surrounded by a railing and a gate at the stairs that leads down to the actual courtyard. The gate locked with a Master combination lock, blocking the egress. Additionally there are two umbrella stands and a black canvas bag, on the deck directly in front of the gate, further blocking egress.

Plan of Correction ***Accept [redacted] - 11/22/2024)***

Updated:
As per the feedback provided, the use of a master lock, combination lock, or any other locking device on a gate used as an emergency exit is not permitted under any circumstances unless a variance or approval is obtained from the local building authority. We understand the requirement that the gate must be immediately accessible to any person residing in the home.
In response, on 11/21/24 the Clinical Specialist removed the lock and placed a clearly visible sign on the gate that

121a - Unobstructed Egress (continued)

states "FOR EMERGENCY USE ONLY, PLEASE KEEP AREA UNOBSTRUCTED." Please see attached photos of the egress free from obstruction, the removal of the lock from the gate, and the sign affixed to the gate.

Licensee's Proposed Overall Completion Date: *11/21/2024*

Implemented [redacted] - 12/12/2024)

132f - Alternate Exit Routes

6. Requirements

2600.
132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The front door exit was the only exit route used during the fire drills conducted from 11/18/23 to 7/10/24.

Plan of Correction ***Accept [redacted] - 11/21/2024)***

The Clinical Specialist emailed all staff on both 11/1/24 and 11/14/24 reviewing violations found during inspection, and processes implemented; including using alternate exit routes during fire drills. See previously attached email. The Clinical Specialist also sent an email to all staff on 11/15/24 (attached), reviewing the expectation and benefit of using alternate exit routes during fire drills. As noted in the attached email, this topic will also be discussed during a staff meeting on 11/20/24 run by the Clinical Specialist. During this meeting, staff will be re-trained to use all available exits for every drill, depending on the location of the 'fire' that month. Staff will sign off acknowledging understanding of these expectations.

The Program Director or Clinical Specialist will review the completed drill forms monthly, and will check to see if the same exit route was used as the month prior. If so, they will review expectations with staff who completed the drill and have them sign off acknowledging understanding. If the same exit route was used as the month prior, the Program Director or Clinical Specialist will also direct the location of the next month's 'fire' to ensure that an alternate exit route is used. This process will begin upon completion of the November fire drill.

Beginning the week of 11/4/24, the home's Health & Safety Representative began to utilize the previously attached Health and Safety Weekly Checklist; which includes ensuring that "the home is up to date with required fire and emergency drills and that alternate fire exits must be used during fire drills." This will be utilized weekly ongoing.

Licensee's Proposed Overall Completion Date: *11/30/2024*

Implemented [redacted] - 12/12/2024)

185a - Implement Storage Procedures

7. 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

Resident [redacted] is prescribed [redacted] spray once to the throat every 2 hours as needed (wait 15 minutes and spit as needed). However, on [redacted] this medication was not available in the home.

185a - Implement Storage Procedures *(continued)*

Plan of Correction ***Accept (- 11/21/2024)***

Clinical Specialist reordered the medication at the time of inspection, on

Beginning the week of 11/4/24, the home's Medication Manager began to utilize the attached Weekly Medication Inspection Checklist; which includes ensuring that "any PRN med listed in MAR must be available in client's med cabinet." This will be utilized weekly ongoing. All medications will be checked against the MARs weekly, when checklist is utilized. If any medication is found to be unavailable or running low, the Medication Manager will order it immediately to avoid interruption of resident medications.

Licensee's Proposed Overall Completion Date: *11/19/2024*

Implemented - 12/12/2024)

187a - Medication Record

8. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident prescriptions for , take 20 ml by mouth every 6 hours as needed, and , apply to clean, dry skin four times daily as needed, were discontinued on However, these medications are still listed as current prescriptions on the October 2024 medication administration record.

Plan of Correction ***Accept - 11/21/2024)***

Orders had been written prior to the time of inspection for these medications to be discontinued, by the home's CRNP. Upon receiving the order from CRNP, the medications were removed from the home, however the orders were not discontinued in the electronic MAR.
The Clinical Specialist discontinued the order in the electronic MAR at the time of inspection, on .

Beginning the week of 11/4/24, the home's Medication Manager began to utilize the previously attached Weekly Medication Inspection Checklist; which includes ensuring that "any D/C med should be removed from the client's cabinet & program promptly." This will be utilized weekly ongoing. All medications will be checked against the

187a - Medication Record (continued)

MARs weekly, when checklist is utilized. If any medication is found in the inventory that is not listed on the MAR, it will be removed from the med cart immediately.

Licensee's Proposed Overall Completion Date: *11/19/2024*

Implemented [redacted] - 12/12/2024)

225c - Additional Assessment

9. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [redacted] current assessment was completed on [redacted] However, the resident's previous assessment was completed on [redacted].

Plan of Correction ***Accept ([redacted] - 11/21/2024)***

A RASP tracker has been created outlining due dates for all residents (see attached). The Case Manager and Case Manager Assistant will share responsibility to ensure this tracker remains accurate and update as needed. They will also share responsibility to ensure that Assessments will be completed annually, as per the Regulations, and as needed.

The Clinical Specialist will review expectations of completing the Assessment within the required timeframe, with the Case Manager and Case Manager Assistant, by 11/30/24.

Licensee's Proposed Overall Completion Date: *11/30/2024*

Implemented [redacted] - 12/12/2024)