

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

April 7, 2025

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

RE: REMED RECOVERY CARE CENTERS
350 PAOLI PIKE
MALVERN, PA, 19355
LICENSE/COC#: 13158

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/11/2024 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 #: *13158* License Expiration: *03/15/2025*
 Address: *350 PAOLI PIKE, MALVERN, PA 19355*
 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: *07/28/2007* Issued By: *Willistown Township*

Staffing Hours

Resident Support Staff: Total Daily Staff: *10* Waking Staff: *8*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Monitoring* Exit Conference Date: *12/11/2024*

Inspection Dates and Department Representative

12/11/2024 - 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: *5*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *3* Have Physical Disability: *7*

Inspections / Reviews

12/11/2024 Partial
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *01/16/2025*

01/29/2025 - POC Submission
 Submitted By: [Redacted] Date Submitted: *02/11/2025*
 Reviewer: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *02/03/2025*

Inspections / Reviews (*continued*)

02/05/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/11/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/10/2025

04/07/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/11/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

81a - Accomodation

1. Requirements

2600.

81.a. The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home.

Description of Violation

Resident [REDACTED] has a bedside mobility device is used for transfers in and out of bed with minimal supervision. The home's bedside mobility device policy states that the resident will be evaluated by OT, PT, RN or NP by completing a bedside mobility form. On [REDACTED], the home did not have a bedside mobility assessment form completed for the resident assessing the risk for the device.

Plan of Correction

Accept ([REDACTED] 02/05/2025)

The home's Case Manager Assistant is responsible for ensuring that all documentation related to bedside mobility devices is completed timely and accurately. The Clinical Specialist notified the Case Manager Assistant of the violation on the day of inspection, [REDACTED] and reviewed expectations.

On [REDACTED], the Case Manager and Case Manager Assistant completed a Beside Mobility Device Assessment & Checklist form for Resident [REDACTED] (see attached).

A reference binder has been created for all beside mobility devices within the home, for tracking of when bedside mobility device assessments are due. The Case Manager Assistant will be responsible for upkeep of the binder, coordinating the assessments with either the OT, PT, RN or NP within the required timeframes, and for completion of all documentation related to bedside mobility devices.

Updated:

Beginning the week of 2/3/25 and ongoing, the Case Manager will review the bedside mobility reference binder on a monthly basis, to ensure the completion/timeliness of required documentation related to bedside mobility devices.

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented ([REDACTED] - 04/07/2025)

89b - Hot Water Temperature

2. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On [REDACTED], at 3pm the hot water temperature at 123 degrees Fahrenheit in resident [REDACTED] bathroom. At 3:44pm the hot water temperature measured 123 degrees Fahrenheit.

On [REDACTED], at 3:03pm the hot water temperature at 123 degrees Fahrenheit in the shared resident's bathroom

89b Hot Water Temperature (continued)

near the medication room. At 3:46pm, the hot water temperature measured 123 degrees Fahrenheit.

On [redacted] at 3:08pm the hot water temperature measured 123 degrees Fahrenheit in resident [redacted] and resident [redacted] shared bathroom.

Plan of Correction

Accept [redacted] - 01/29/2025)

On [redacted] the Clinical Specialist purchased a water proof instant read thermometer to use to check the water temperature going forward, which was delivered on [redacted].

On [redacted] the home's Maintenance Department rechecked the water temperatures, which measured 113 degrees Fahrenheit in all resident bathrooms that were noted to exceed 120 degrees at the time of inspection.

Beginning the week of [redacted] and ongoing, the home's Health & Safety Representative will check the water temperature of all faucets on a weekly basis to ensure that the water temperature does not exceed 120 degrees Fahrenheit. If a reading is found to exceed 120 degrees, the Clinical Specialist will be contacted immediately, who will contact the Maintenance Dept. This was added to the weekly checklist form currently being utilized (see attached template). Updated checklist will begin to be utilized the week of [redacted].

Licensee's Proposed Overall Completion Date: 01/26/2025

Implemented ([redacted] - 04/07/2025)

127a - Portable Space Heaters

3. Requirements

2600.
127.a. Portable space heaters are prohibited.

Description of Violation

On [redacted] at 2:55pm, a portable space heater was present and in use in the shared room of resident [redacted] and resident [redacted].

Plan of Correction

Accept [redacted] - 02/05/2025)

The portable space heater was removed from the premises on [redacted], at the time of inspection.

On [redacted], the Clinical Specialist emailed all staff regarding the violation, reiterating that in no circumstances is a space heater allowed in the home. This was also discussed with staff during a staff meeting on [redacted]. See attached email notice to staff, and a sign off sheet from the staff meeting.

Any residents who complete independent personal shopping were informed of the violation as well, and understand/agreed to refrain from purchasing a portable space heater.

Ensuring that there are no portable space heaters in the program was also added to the weekly site checklist previously attached, to begin the week of [redacted].

Updated: Any staff that did not attend the staff meeting, or already sign off as acknowledging understanding, will be trained (and sign off) by end of business [redacted].

Currently, all residents either can make purchases independently, or are assisted to make purchases with staff. As noted above, all residents were made aware of the regulation and agree to refrain from purchasing a space heater. If any future residents admit who have family/guardians who make purchases on their behalf, they will be made aware of the regulation.

127a - Portable Space Heaters (continued)

Licensee's Proposed Overall Completion Date: 02/08/2025

Implemented [REDACTED] - 04/07/2025)

183e - Storing Medications

4. 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

Resident [REDACTED] is prescribed [REDACTED] inhale one puff by mouth once daily with pharmacy instructions to discard 42 days after opening the medication. Manufacturer's instructions state "Discard [REDACTED] 6 weeks after opening the foil tray or when the counter reads '0' (after all blisters have been used), whichever comes first." On [REDACTED] this medication was not labeled with an open date.

Plan of Correction

Accept [REDACTED] - 02/05/2025)

On [REDACTED], at the time of inspection, the inhaler was removed from the medication cart. A new box was opened, with the date of opening documented on the inhaler itself in Sharpie, and was covered with a piece of clear tape.

The Clinical Specialist notified the Medication Manager of the violation on [REDACTED] via email (previously attached), as well as discussed in the [REDACTED] staff meeting (also previously attached). The Medication Manager stated that the inhaler in question's box was labeled with a date of opening during her most recent weekly medication inventory check.

Effective immediately, all start/open dates must be written on the medication unit itself, not just the box, in black Sharpie and covered with a piece of clear tape overtop.

The Medication Manager will continue to check that items are labeled with open dates as a part of their weekly medication inventory check. If any medication is found to be missing an open date, it will be disposed of and a new one will be ordered immediately.

Updated: The referenced medication inventory checklist has been in place since October 2024. This will be utilized ongoing. Weekly checks will continue to be completed by the Medication Manager on Wednesdays, and will now include as mentioned above, ensuring a an open date is written on any medication units themselves, not just the boxes/baggies they are stored/delivered in.

Licensee's Proposed Overall Completion Date: 02/08/2025

Implemented [REDACTED] - 04/07/2025)

227d - Support Plan Medical/Dental

5. Requirements

2600.

227d - Support Plan Medical/Dental *(continued)*

227.d. Each home shall document in the resident’s support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident’s physician, physician’s assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident [REDACTED] dated [REDACTED], indicates the resident has a need for bedside mobility device for transfers in and out of bed. The resident's support plan, dated [REDACTED], does not document how this need will be met and any risks associated with the device.

Plan of Correction

Accept [REDACTED] - 02/05/2025)

The home's Case Manager Assistant is responsible for ensuring that all documentation on the Assessment and Support Plan is accurate. The Clinical Specialist notified the Case Manager Assistant of the violation on the day of inspection, [REDACTED], and reviewed expectations.

On [REDACTED], the Case Manager Assistant completed a RASP Change Form detailing Resident [REDACTED] need for a halo/bedside mobility device, how the need will be met, and the risk associated of using the device. Please see attached.

Updated: The Case Manager Assistant reviewed all resident RASPs on [REDACTED] and updated each RASP with a change form if needed, to include the need for the bedside mobility device, how the need will be met and the risks associated. Moving forward, the Case Manager will complete this practice upon the resident's annual assessment date. The Clinical Specialist will review completed RASPs to ensure they are completed and accurate.

Licensee's Proposed Overall Completion Date: 02/04/2025

Implemented [REDACTED] 04/07/2025)