

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

May 27, 2025

[REDACTED], QUALITY MANAGEMENT SPECIALIST  
REMED RECOVERY CARE CENTERS  
[REDACTED]  
[REDACTED]

RE: REMED-GIBSONIA  
3043 EAST BARDONNER ROAD  
GIBSONIA, PA, 15044  
LICENSE/COC#: 45633

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/09/2025 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: *REMEDI-GIBSONIA* License #: *45633* License Expiration: *03/25/2026*  
 Address: *3043 EAST BARDONNER ROAD, GIBSONIA, PA 15044*  
 County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *REMEDI RECOVERY CARE CENTERS*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-3 SP* Date: *09/12/2002* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *12* Waking Staff: *9*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal, New, Monitoring* Exit Conference Date: *04/09/2025*

**Inspection Dates and Department Representative**

*04/09/2025 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *8* Residents Served: *6*

**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: *4*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *6* Have Physical Disability: *1*

**Inspections / Reviews**

**04/09/2025 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/30/2025*

**04/29/2025 - POC Submission**

Submitted By: [REDACTED] Date Submitted: *05/22/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/05/2025*

Inspections / Reviews (*continued*)

## 05/05/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/22/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/23/2025

## 05/27/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/22/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

25a - Written Contract and Review

1. Requirements

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

No resident-home contract was completed for resident #1, who was admitted to the home on [REDACTED]

Plan of Correction

Directed ([REDACTED] - 05/05/2025)

The new resident-home contract for Resident #1, who transferred from [REDACTED] had been sent to their guardian for signature by the Case Manager. It was returned to the home, signed by Resident #1's guardian, on 4/17/25. See attached signed contract.

The Director of Clinical Operations provided verbal feedback to the home's Case Manager on 4/15/25, regarding the need to maintain possession of the original resident-home contract on site at all times, and procedures for sending a copy to the guardian for signature and then combining all documentation once returned to complete the record.

As of 4/25/25, if a resident's guardian will not be present upon admission or within 24 hours of admission, the Case Manager will make a copy of the contract to send to the guardian for signature; the original will remain in the home with a note stating the date that the contract was sent to the guardian for signature. If the guardian will be present upon admission or within 24 hours of admission, the Case Manager will ensure that the guardian signs the contract at that time. The home's Clinical Specialist will review the contract the day of admission to ensure that this process is followed. This applies to both new admissions, and internal transfers from other ReMed PCHs.

On 4/25/25, the Director of Clinical Operations reviewed this process with the Case Manager. Written documentation of this process/meeting occurred, with the Case Manager signing, acknowledging understanding. See attached.

Updated:

For newly admitted residents without a guardian, the Case Manager will obtain contract signatures prior to or on the day of admission. As noted above, the home's Administrator will then review contracts on the day of admission to ensure that this process is being followed.

DIRECTED: Beginning on 5/10/25: The administrator/designee shall review the records for the next 5 resident admissions within 24 hours of admission to ensure a resident-home contract is present for each resident. [REDACTED] 5/5/25

The Administrator completed an audit of all other resident's contracts to ensure they were completed and signed on 4/28/25; all were found to be in compliance.

The Administrator will conduct the home's next quality management review by 5/15/25. Documentation of the quality management review will be kept.

Proposed Overall Completion Date: 05/15/2025

Directed Completion Date: 05/15/2025

Implemented ([REDACTED] - 05/27/2025)

## 65i - Training Record

**2. Requirements**

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

**Description of Violation**

On or around 3/31/25, staff persons A, B, C and D were transferred to the home from [REDACTED] however, there is no documentation present indicating staff persons A, B, C and D received orientation on the following topics specified in 2600.65a prior to or during their first work day:

- Evacuation procedures
- Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable
- The designated meeting place outside the building or within the fire-safe area in the event of an actual fire
- Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable
- The location and use of fire extinguishers
- Smoke detectors and fire alarms
- Telephone use and notification of emergency services

**Plan of Correction****Directed ( [REDACTED] - 05/05/2025)**

As of 4/25/25, a New Site Training Checklist was created to ensure that training topics that are required to be reviewed the first day on site are completed and documented for employees who are transferring internally from another ReMed PCH. See attached template of the checklist, which includes the noted required training topics of: evacuation procedures; staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable; the designated meeting place outside the building or within the fire-safe area in the event of an actual fire; smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable; the location and use of fire extinguishers; smoke detectors and fire alarms; and telephone use and notification of emergency services. The Clinical Specialist/Administrator or Director of Clinical Operations will be responsible for ensuring this is completed for any future employees who transfer between ReMed homes.

Either the Clinical Specialist/Administrator or the Director of Clinical Operations will meet with, review the checklist and required training topics, and obtain signatures from Staff Persons A, B, C and D by 5/2/25. Documentation will be retained for staff training records

Updated:

The Administrator or Director of Clinical Operations is responsible for meeting with staff to review the required first day on site training topics. This procedure has been in place for all newly hired staff persons, and is documented on the Collage New Hire Training Checklist. The new checklist/process noted above will remain in place for any future employee who transfers between ReMed homes.

The Administrator will randomly audit staff training records quarterly to verify that all staff have completed the first day on site required training topics. The first audit will be completed by 5/9/25. The audits will continue until all staff's training records have been reviewed. Audits will be documented. (DIRECTED: Each quarterly audit shall include a review of training records for at least 3 staff persons to ensure documentation of trainings is present in

65i - Training Record (continued)

accordance with 2600.65i. [REDACTED] 5/5/25).

The Administrator will conduct the home's next quality management review by 5/15/25. Documentation of the quality management review will be kept.

Proposed Overall Completion Date: 05/15/2025

Directed Completion Date: 05/15/2025

Implemented ([REDACTED] - 05/27/2025)

89b - Hot Water Temperature

3. Requirements

2600.

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

Description of Violation

At 10:07am, the water temperature at the sink in bathroom #2 was 125.3 degrees Fahrenheit.

Plan of Correction

Accept ([REDACTED] - 05/05/2025)

The temperature setting of the hot water heater was adjusted by the Maintenance Technician on the day of inspection. The temperature was rechecked and maintained a maximum temperature of 120 degrees Fahrenheit prior to the end of the inspection.

Starting on 4/28/25 the temperature of the water of the sink in bathroom #2 will be checked daily by the Clinical Specialist/Administrator or a Designee, until 5 days of consistent temperatures below 120 degrees Fahrenheit are obtained. It will then be checked weekly until 2 consecutive months pass without a reading above 120 degrees Fahrenheit. See attached templates (daily and weekly) to record the water temperature checks.

Updated:

At the conclusion of the 2 months of weekly water temperature checks, 2 randomly selected sinks will be checked monthly on an on going basis. These checks will continue to be documented.

At each occurrence of a the temperature check for the sink in bathroom #2, an additional randomly selected water source will also be checked. The water temperature tracker will be updated to include these additional water source checks.

The Administrator will conduct the home's next quality management review by 5/15/25. Documentation of the quality management review will be kept.

Proposed Overall Completion Date: 05/15/2025

Licensee's Proposed Overall Completion Date: 05/15/2025

Implemented ([REDACTED] - 05/27/2025)

187d - Follow Prescriber's Orders

4. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

On 4/7/25, resident #1 was prescribed [REDACTED]; however, as of approximately 12:15pm on 4/9/25, no doses of this medication have been administered to resident #1.

Plan of Correction

Directed ( [REDACTED] - 05/05/2025)

Upon this discovery, at the time of inspection, the Director of Clinical operations confirmed the medication had been delivered, and reviewed the order in the electronic MAR, to start as of 4pm on 4/9/25. Resident #1 completed the [REDACTED] course of medication.

On 4/28/25 the Clinical Specialist/Administrator sent an email (attached) to all staff reiterating the procedures and expectations related to pharmacy deliveries.

A review of expectations/procedures when medications are delivered to the home (to include proper documentation of delivery and contacting the on-call so they can ensure new orders in the electronic MAR are activated) will be reviewed by the Clinical Specialist/Administrator at the next staff meeting, to be scheduled no later than 5/15/25. All staff in attendance will sign off acknowledging expectations and understanding of the procedures. The meeting will be recorded, and if any staff are not able to attend at the meeting's scheduled time, they will be expected to watch the recording and sign off acknowledging expectations and understanding of the procedures by 5/23/25. The Clinical Specialist/Administrator will ensure that all staff have signed off on understanding (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 5/5/25).

Updated:

Starting 5/5/25, either the Administrator, RN, LPN, or Medication Manager will randomly audit one medication for each client and their MAR monthly to ensure compliance. See attached audit template.

The Administrator will conduct the home's next quality management review by 5/15/25. Documentation of the quality management review will be kept.

Proposed Overall Completion Date: 05/15/2025

Directed Completion Date: 05/23/2025

Implemented ( [REDACTED] - 05/27/2025)