

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

July 24, 2025

[REDACTED], VICE PRESIDENT OF OPERATIONS
REMED RECOVERY CARE CENTERS LLC
[REDACTED]
[REDACTED]

RE: REMED RECOVERY CARE CENTERS
100 BRISTOL LANE
IRWIN, PA, 15642
LICENSE/COC#: 44997

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/15/2025 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: *REMED RECOVERY CARE CENTERS* License #: *44997* License Expiration: *06/14/2025*
 Address: *100 BRISTOL LANE, IRWIN, PA 15642*
 County: *WESTMORELAND* Region: *WESTERN*

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: *I-1* Date: *04/04/2019* Issued By: *Hempfield TWP.*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *10* Waking Staff: *8*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *05/15/2025*

Inspection Dates and Department Representative

05/15/2025 - 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: *4*
 Number of Residents Who:
 Receive Supplemental Security Income: *6* Are 60 Years of Age or Older: *1*
 Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *4* Have Physical Disability: *0*

Inspections / Reviews

05/15/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/19/2025*

06/23/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *07/02/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/07/2025*

Inspections / Reviews *(continued)*

07/24/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/02/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

At 10:00 a.m., there were no paper towels, mechanical hand dryer or other sanitary means of hand drying in the bathroom at the end of the hall near resident #1 and Resident #2 bedrooms.

Plan of Correction

Accept ([REDACTED]) - 06/23/2025)

The House Supervisor/Administrator replenished the paper towel supply in the bathroom upon discovery, at the time of inspection.

On 6/10/25, the Clinical Site Manager emailed all staff to notify them of this violation, and that a bathroom cleaning checklist will be implemented as of the overnight shift on 6/15/25 for all resident bathrooms and will include checking the supply of available paper towels, and refilling if needed. See attached email and checklist template. This checklist will be completed once per shift, and staff will be assigned on the daily staffing grids to complete this. The Clinical Site Manager will have all staff sign off acknowledging and understanding this email and expectation by 6/30/25.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented ([REDACTED]) - 07/23/2025)

85d - Trash Receptacles

2. 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

At 10:15 am, the trash can in the main kitchen was 1/4 filled with trash, however the trash can did not have a lid.

Plan of Correction

Accept ([REDACTED]) - 06/23/2025)

The trash can lid was immediately placed onto the trash can at the time of inspection by the House Supervisor/Administrator.

On 6/10/25, the Clinical Site Manager emailed all staff to notify them of this violation, and expectations regarding indoor and outdoor trash cans. See attached email.

The Clinical Site Manager will have all staff sign off acknowledging and understanding this email and expectation by 6/30/25.

House Supervisor/Administrator will continue staff education in ongoing monthly staff meetings. Meeting agenda/minutes will be kept.

Beginning the week of 6/16/25, either the House Supervisor/Administrator or Health & Safety Representative will conduct a weekly walk through of the home, checking that each trash can in a kitchen or bathroom have lids in place. After 4 consecutive weeks without any missing trash can lids, these walk throughs will move to being completed monthly.

85d - Trash Receptacles (continued)

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented () - 07/24/2025

85e - Trash Outside Home

3. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

At 9:00 am there was a bag filled with trash outside of the rear exit of the home next to multiple covered trash cans.

Plan of Correction

Accept () - 06/23/2025

The bag of trash on the ground was immediately placed into the trash receptacle at the time of inspection by the House Supervisor/Administrator.

On 6/10/25, the Clinical Site Manager emailed all staff to notify them of this violation, and expectations regarding indoor and outdoor trash cans. See previously attached email.

The Clinical Site Manager will have all staff sign off acknowledging and understanding this email and expectation by 6/30/25.

House Supervisor/Administrator will continue staff education in ongoing monthly staff meetings. Meeting agenda/minutes will be kept.

Beginning the week of 6/16/25, either the House Supervisor/Administrator or Health & Safety Representative will conduct a weekly walk through around the outside of the home, checking to ensure that all trash outside is in the proper receptacle. After 4 consecutive weeks without any missing trash can lids, these walk throughs will move to being completed monthly.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented () - 07/24/2025

141b1 - Annual Medical Evaluation

4. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed ()

Resident #3's most recent medical evaluation was completed ()

Plan of Correction

Accept () - 06/23/2025

The 2025 Medical Evaluations for both Residents #1 and #3 were completed on () within the annual grace period, however they were not yet signed by the physician at the time of inspection, and were not in the resident's

141b1 - Annual Medical Evaluation (continued)

charts. See attached screenshot from our electronic medical record, denoting that these appointments with the Medical Director occurred.

Medical Evaluations for both residents were immediately re-sent to the provider to obtain their signature. Both have since been signed. See attached completed forms.

The Clinical Site Manager is responsible for ensuring that Medical Evaluation forms are completed timely and in their entirety, including obtaining physician signature at the time of the evaluation. The Director of Clinical Operations reviewed these expectations with the Clinical Site Manager on 6/11/25, see attached email summarizing verbal conversation.

Either the Clinical Site Manager or the House Supervisor/Administrator will complete an audit of the remaining resident Medical Evaluations to ensure they are completed entirely and within the required timeframe, and are signed, by 6/13/25.

Going forward, the House Supervisor/Administrator will complete semi-annual audits of all DHS required paperwork for all residents. A complete audit will be completed by 6/30/25. See attached audit template.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented (█ - 07/24/2025)