

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

August 8, 2025

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

RE: REMED RECOVERY CARE CENTERS  
1152 NORTH NEW STREET  
WEST CHESTER, PA, 19380  
LICENSE/COC#: 10623

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/23/2025 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 #: 10623 License Expiration: 05/26/2026  
Address: 1152 NORTH NEW STREET, WEST CHESTER, PA 19380  
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: 08/22/1999 Issued By: *L & I*

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 14 Waking Staff: 11

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: 06/23/2025

**Inspection Dates and Department Representative**

06/23/2025 - 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: 0 Are 60 Years of Age or Older: 3  
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 7 Have Physical Disability: 7

**Inspections / Reviews**

06/23/2025 - Full  
Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 07/18/2025

07/18/2025 - POC Submission  
Submitted By: [REDACTED] Date Submitted: 08/07/2025  
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 07/23/2025

Inspections / Reviews *(continued)*

07/25/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/07/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/06/2025

08/08/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/07/2025

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 persons A and B did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during training year 2024.

Plan of Correction

Directed (████) - 07/25/2025)

The company's Training Department has reviewed and revised it's annual training plan to include the required annual training topics including instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation, and support plan. This revision to the annual training plan went into effect on 4/3/25. The Director of Learning & Development reviewed the revised training plan and expectations with the home's management team on 4/3/25. See attached annual training plan, point VI.

Documentation of annual training related to these annual required training topics will be kept in the Relias LMS/each staff person's training transcript.

The home's Site Manager/Administrator will be responsible for ensuring all staff complete the required annual training topics by 12/31/25, and annually going forward.

Updated: The Site Manager/Administrator will be responsible for ensuring that all staff complete the required training no later than 9/29/25.

Proposed Overall Completion Date: 09/29/2025

Directed step of POC:

**Within 10 days of receipt of the plan of correction:** Staff persons A and B shall receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan. Documentation of training shall be kept in accordance with 2600. 65i.

Directed Completion Date: 08/04/2025

Implemented (████) - 08/08/2025)

85e - Trash Outside Home

2. Requirements

2600.

85e - Trash Outside Home (continued)

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

Description of Violation

On 6/23/2025 at 9:31 AM, the home's dumpsters were overflowing, obstructing the ability to securely close the lids.

Plan of Correction

Directed (█) - 07/25/2025)

The Corporate Operations Manager contacted Republic Trash to increase trash pickup to 2 days a week, on Tuesdays and Fridays, to prevent future trash overflow, beginning on 7/1/25.

Updated: The Site Manager/Administrator created a Trash Checklist, that will be completed on scheduled trash pick up days by the Health & Safety Representative. See attached template, which includes ensuring trash was picked up, the area surrounding the dumpsters remain free of loose trash, and that the lids are secured. This checklist will go into effect the week of 7/28/25.

Proposed Overall Completion Date: 08/02/2025

Directed step of POC:

Immediately: A designated staff person shall check the home daily on each shift to ensure that sanitary conditions are maintained, including that trash outside the home is kept in covered receptacles. Documentation of checks shall be kept. If the garbage dumpster is full and required to be emptied prior to the scheduled trash removal, the administrator shall make arrangements for earlier trash removal.

Directed Completion Date: 08/02/2025

Implemented (█) - 08/08/2025)

88a - Surfaces

3. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 6/23/2025 there was a 5" by 2" hole in the hallway floor near bathroom 1.

Plan of Correction

Accept (█) - 07/18/2025)

The damaged section of the hallway floor was repaired by the Maintenance Department on 7/9/25. See attached picture documenting the completed repair.

The Site Manager/Administrator created a Flooring Inspection Checklist, that the home's Health & Safety Representative will utilize during their routine inspections. See attached template of checklist. This will be implemented the week of 7/21/25.

Licensee's Proposed Overall Completion Date: 07/26/2025

Implemented (█) - 08/08/2025)

100a - Exterior - Free of Hazards

4. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On 6/23/2025 the outside deck ramp had 2 raised slats.

Plan of Correction

Accept ( [redacted] ) - 07/18/2025)

The ramp was repaired by the Maintenance Department on 6/26/25. The photo of the repaired ramp will not upload here, but can be emailed as needed.

The Site Manager/Administrator created a Flooring Inspection Checklist, that the home's Health & Safety Representative will utilize during their routine inspections. See previously attached template of checklist. This will be implemented the week of 7/21/25.

Licensee's Proposed Overall Completion Date: 07/26/2025

Implemented ( [redacted] ) - 08/08/2025)

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 6/23/2025, [redacted] prescribed to Resident 1 was open, however, there was not an open date indicated. According to the manufacturer's instructions, any unused portion of this medication should be discarded 6 weeks after opening.

Plan of Correction

Accept ( [redacted] ) - 07/18/2025)

The Clinical Specialist edited the Medication Manager's weekly Med Closet Audit form to including auditing that all treatments/medications are labeled with an opening date and that they are not expired per manufacturer's instructions. See attached template of audit form.

The Medication Manager will begin using this edited audit form beginning the week of 7/21/25. Upon completion of the audit, the Medication Manager will submit the completed form to the Clinical Specialist to review.

Licensee's Proposed Overall Completion Date: 07/26/2025

Implemented ( [redacted] ) - 08/08/2025)

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 6/23/2025, an open bottle of [redacted], and an open bottle of [redacted] were in the home's medication cabinet. Both of these bottles were labeled as "House Stock" and were not labeled with any resident's name.

184b - Labeling OTC/CAM (continued)

**Plan of Correction**

Accept (█) - 07/18/2025

The liquid medications referenced were disposed of on the day of inspection.

On 7/17/25 the Clinical Specialist emailed all staff in regards to clear steps to take regarding the usage of liquid PRN stock medication. See attached email. Clinical Specialist additionally hung the email/memo on the stock medication cabinet on 7/17/25.

All on-call staff were present on the day of inspection and made aware that once a liquid stock PRN medication is requested, that the steps in the email/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 7/21/25 and ongoing, the Medication Manager will begin checking liquid stock PRN medication supplies during their weekly inventory checks to ensure that no open bottles are stored with stock medications/are unassigned to a resident.

Licensee's Proposed Overall Completion Date: 07/26/2025

Implemented (█) - 08/08/2025

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 1 is prescribed █ as directed and as needed for █ (max as needed). On 6/23/2025, at 2:36 PM, this medication was not available in the home.

**Plan of Correction**

Accept (█) - 07/18/2025

The Medication Manager ordered the medication found to be unavailable on the day of inspection.

The Clinical Specialist edited the Medication Manager's weekly Med Closet Audit form to including auditing that all PRN medications listed on a resident's MAR are available. See previously attached template of audit form.

The Medication Manager will begin using this edited audit form beginning the week of 7/21/25. Upon completion of the audit, the Medication Manager will submit the completed form to the Clinical Specialist to review.

Licensee's Proposed Overall Completion Date: 07/26/2025

Implemented (█) - 08/08/2025