

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

August 21, 2025

[REDACTED], QUALITY MANAGEMENT AND PHYSICIAN SUPPORT SPECIALIST
REMED RECOVERY CARE CENTERS, LLC
[REDACTED]
[REDACTED]

RE: REMED
139 SPRUCE LANE
PAOLI, PA, 19301
LICENSE/COC#: 13436

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/10/2025 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* License #: *13436* License Expiration: *06/14/2026*
 Address: *139 SPRUCE LANE, PAOLI, PA 19301*
 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: *03/20/2002* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *4* Waking Staff: *3*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *07/10/2025*

Inspection Dates and Department Representative

07/10/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *5* Residents Served: *4*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *3*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

07/10/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/01/2025*

07/31/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *08/18/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/18/2025*

Inspections / Reviews *(continued)*

08/21/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/18/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

86a - Ventilation

1. Requirements

2600.

86.a. All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.

Description of Violation

The front bathroom, has no operable window, fan, air conditioner or other mechanical ventilation to ensure airflow.

Plan of Correction

Accept (█ - 07/31/2025)

The Maintenance Department came to the home the day of inspection to inspect the malfunctioning bathroom vent/fan. They will ensure that the vent/fan is replaced by 8/11/25.

Upon replacement, beginning the week of 8/11/25, the Health & Safety Representative will include ensuring that all bathroom ventilation/fans are working properly, as a part of their weekly walk throughs. Any issues will be reported to the Site Manager/Administrator immediately.

Licensee's Proposed Overall Completion Date: 08/16/2025

Implemented (█ - 08/21/2025)

185a - Implement Storage Procedures

2. 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 █
On 7/10/2025 this medication(s) was not available in the home.

Residents 1,2,3 and 4 are prescribed █
On 7/10/2025 this medication was not available in the home.

Plan of Correction

Accept (█ - 07/31/2025)

On the day of inspection, 7/10/25, the Clinical Specialist requested a refill of both medications from the pharmacy. Resident 1's █ was delivered on 7/10/25. See attached pharmacy delivery receipt. The PRN █, which is a stock medication, was delivered on 7/16/25. As █ stock medications would belong to the individual resident upon opening, multiple were ordered so that it is available for all 4 residents as needed. See attached pharmacy delivery receipt.

The Clinical Specialist had a verbal conversation with the Medication Manager, regarding these violations and expectations. Beginning the week of 7/28/25, the Medication Manager will complete a weekly inventory of all medications to ensure all medications, including PRN medications, are in stock in the home.

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

Implemented (█ - 08/21/2025)