

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

September 3, 2025

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

RE: REMED RECOVERY CARE CENTERS
709 FAIRVIEW ROAD
FOX CHAPEL, PA, 15238
LICENSE/COC#: 44645

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/04/2025 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 #: *44645* License Expiration: *01/26/2026*
Address: *709 FAIRVIEW ROAD, FOX CHAPEL, PA 15238*
County: *ALLEGHENY* 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: *R-4* Date: *10/20/2014* Issued By: *Borough of Fox Chapel*

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: *08/04/2025*

Inspection Dates and Department Representative

08/04/2025 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:	<i>8</i>	Residents Served:	<i>8</i>
Secured Dementia Care Unit			
In Home:	<i>No</i>	Area:	
Capacity:		Residents Served:	
Hospice			
Current Residents:	<i>0</i>		
Number of Residents Who:			
Receive Supplemental Security Income:	<i>0</i>	Are 60 Years of Age or Older:	<i>3</i>
Diagnosed with Mental Illness:	<i>0</i>	Diagnosed with Intellectual Disability:	<i>0</i>
Have Mobility Need:	<i>2</i>	Have Physical Disability:	<i>0</i>

Inspections / Reviews

08/04/2025 - Full

Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *08/15/2025*

Inspections / Reviews *(continued)*

08/15/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/15/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/04/2025

09/03/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/03/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

60a - Staff/Support Plan

1. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident’s assessment and support plan.

Description of Violation

There was no staff person present in the home who was qualified to administer medications during the 11:00pm to 7:00am shift on 8/1/25 and 8/2/25; however, there are numerous residents present in the home who are unable to self-administer medications and are prescribed pro re nata (PRN) medications, to include the following:

- Resident #1, who is currently prescribed [REDACTED]
- Resident #2, who is currently prescribed [REDACTED]

Plan of Correction

Accept ([REDACTED] - 08/15/2025)

On 8/5/25 the Department's Human Services Licensing Supervisor, [REDACTED], confirmed with the Administrator/Clinical Specialist that since there are numerous residents in the home that are unable to self-administer medications per their RASPs and are prescribed PRN medications, that the expectation would be that a staff person qualified to administer medication is in the home at all times, including during the overnight.

On 8/5/25, the Administrator passed this information on to the Operations Manager who immediately began to rearrange staffing as needed, to ensure that a staff member capable of administering medications was scheduled for all overnight shifts. The practice of having at least one staff member capable of administering medications had been in place for day and evening shifts.

Beginning 8/6/25 the Administrator or a designee will review staff schedules weekly to ensure that at least one staff person who is capable of administering medications is scheduled for each shift. A list of all medication administration trained staff was obtained via the Relias LMS and will be used as a reference during this review, and will be updated as needed through Relias.

On 8/15/25 the Director of Clinical Operations emailed all on-call staff, notifying them that in case of a call out, at least one staff person who is able to administer medications must be on shift at all times, including the overnight. See attached email.

The Administrator will conduct a quality review by 9/4/25, and documentation of the review will be kept.

Licensee's Proposed Overall Completion Date: 09/04/2025

Implemented ([REDACTED] - 09/03/2025)

101j7 - Lighting/Operable Lamp

2. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

101j7 - Lighting/Operable Lamp (continued)

Description of Violation

At approximately 3:00pm, resident #2's bedside lamp was plugged into an electrical outlet that is controlled by a light switch located by resident #2's bedroom door and is unable to be turned off/on at bedside when the light switch is off.

Plan of Correction

Accept (█ - 08/15/2025)

Upon discovery, at the time of inspection, the Administrator moved resident 2's bedside lamp plug to an outlet that was confirmed to be powered on at all times. All switches were turned off, the lamp was plugged into this new outlet and confirmed that it was able to be turned on from bedside.

On 8/11/25 the Administrator obtained verbal consent from all residents to check the outlets in their bedrooms. The Administrator turned off all switches and tested all outlets with an electrical tester. Any outlet that was found to be controlled by a switch were changed to a unique faceplate and labeled "Switch Controlled No Bedside Lamps."

Starting 8/11/25 the Administrator or a designee will visually inspect each resident bedroom to ensure that bedside lamps are not plugged into any of these labeled outlets, on a monthly basis.

The Administrator will conduct a quality review by 9/4/25, and documentation of the review will be kept.

Licensee's Proposed Overall Completion Date: 09/04/2025

Implemented (█ - 09/03/2025)

141b1 - Annual Medical Evaluation

3. 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, dated █, does not include the medical professional's license number for the medical professional who completed resident #1's medical evaluation. This section of the form is blank.

Plan of Correction

Accept (█ - 08/15/2025)

Upon discovery, at the time of inspection, the Administrator added the missing medical professional's license number to the medical evaluation, and denoted that this was added by the Administrator on 8/4/25 as the physician is contracted by the legal entity.

On 8/5/25 the Administrator reviewed all other resident's medical evaluations for completion and found no other additional missing medical professional license numbers.

Beginning 8/6/25, the Administrator or a designee will review all medical evaluations prior to filing to ensure that a medical professional's license number is included on the form.

The Administrator will conduct a quality review by 9/4/25, and documentation of the review will be kept.

Licensee's Proposed Overall Completion Date: 09/04/2025

Implemented (█ - 09/03/2025)