

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

November 19, 2025

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

RE: REMED RECOVERY CARE CENTERS-  
BUILDING 1  
323 PAOLI PIKE  
MALVERN, PA, 19355  
LICENSE/COC#: 15160

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/17/2025 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: REMEDIATION RECOVERY CARE CENTERS-BUILDING 1 License #: 15160 License Expiration: 10/01/2025  
 Address: 323 PAOLI PIKE, MALVERN, PA 19355  
 County: CHESTER Region: SOUTHEAST

**Administrator**

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

**Legal Entity**

Name: REMEDIATION RECOVERY CARE CENTERS LLC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C 2 LP Date: 09/27/1995 Issued By: L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 7 Waking Staff: 5

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 09/17/2025

**Inspection Dates and Department Representative**

09/17/2025 On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 7 Residents Served: 5  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 0  
 Number of Residents Who:  
 Receive Supplemental Security Income: 5 Are 60 Years of Age or Older: 3  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 2 Have Physical Disability: 2

**Inspections / Reviews**

09/17/2025 - Full  
 Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 10/09/2025

Inspections / Reviews *(continued)*

10/09/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/05/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 10/14/2025

10/15/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/05/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/05/2025

11/19/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/05/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Per 34 Pa. Code Chapter 3, known as the Boilers and Unfired Pressure Vessels regulations (governed by Department of Labor and Industry), if a home has a boiler, it must have a valid "Certificate of Boiler or Pressure Vessel Operation" issued by the PA Department of Labor and Industry. Upon expiration of the certificate, boilers must be inspected, and if they pass inspection, they will be issued a new certificate. The home's boiler certificate provided on [REDACTED] expired [REDACTED].

Plan of Correction

Directed [REDACTED] - 10/15/2025)

The boiler was inspected on time, on 7/24/25 and the report was submitted by Traveler's Boiler & Machinery to the State as required, however as noted during inspection a certificate was not yet issued. The Corporate Operations Manager contacted Traveler's on 10/2/25, who then contacted the State. The State reported that they could not find Traveler's paperwork to issue the certification. Traveler's resubmitted their full inspection report to the State immediately (see attached). As of 10/9/25, we are still waiting for the State to issue the certification.

Operations Manager/Administrator will monitor the boiler to ensure an up to date certificate remains in place at all times, on a quarterly basis.

Updated:

The Corporate Operations Manager has contacted the State multiple times to inquire when we would receive the certificate, reiterating the need for it to close out this licensing issue. On 10/14/25, the State has finally responded. They are anticipating issuing the certificate by mid-November, see attached.

To monitor future compliance, the Operations Manager/Administrator and the Corporate Operations Manager will meet 2 months prior to the expiration of the boiler certificate (7/24/27) to ensure that Travelers has scheduled their inspection. See attached screenshot of meeting invite for 5/24/27. This is in addition to the above mentioned quarterly checks that will be performed once the current certificate has been acquired, to ensure that it remains in place.

Proposed Overall Completion Date: 11/15/2025

Directed Plan of Correction (10/15/25 [REDACTED] Only the overall completion date has been directed to 11/4/25.

Directed Completion Date: 11/04/2025

Implemented [REDACTED] - 11/19/2025)

25a - Written Contract and Review

2. Requirements

2600.

25a Written Contract and Review (continued)

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

Resident [REDACTED], admitted [REDACTED] did not have a resident home contract completed until [REDACTED].

Plan of Correction

Accept [REDACTED] - 10/15/2025)

Resident [REDACTED] was an internal transfer from another ReMed PCH.

For new admissions, the Director of Provider Relations or a designee is responsible for reviewing and completing the resident home contract with the new resident on the day of admission. See attached Admissions Checklist which highlights ensuring this is completed.

For internal transfers, the Case Manager Assistant is responsible for reviewing and completing the resident home checklist with the resident within 24 hours of admission/transfer. There is a Transfer Checklist (also attached) in place, which includes ensuring that this gets completed. This expectation and use of the checklist has been reviewed with the Case Manager Assistant.

The Case Manager will review completed resident home contracts to ensure that they are filled out in their entirety and signed within 24 hours of admission.

Updated:

The Case Manager Assistant is responsible for ensuring all required items on the Transfer Checklist, including completion of the resident home contract, are completed entirely and within designated timeframes where applicable. The checklist was reviewed with the Case Manager Assistant, and will be used as of 10/6/25 for all internal admissions/transfers going forward.

As of 10/6/25 and ongoing, once a resident home contract is completed for either an internal transfer or a new admission, the Case Manager will review to ensure that it is complete and signed, within 24 hours of admission.

Licensee's Proposed Overall Completion Date: 10/14/2025

Implemented ([REDACTED] - 11/19/2025)

64c - Annual Training

3. Requirements

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff person A, the home's administrator, completed only 22 hours of Department approved training in training year 2024.

Plan of Correction

Directed ([REDACTED] - 10/15/2025)

The home does not agree with this violation.

The home's administrator did complete 24hrs of training in 2024. At the time of inspection, the inspector did not accept 2hrs of trainings completed through the Relias LMS.

The Relias LMS has a filter to show PA PCHA approved trainings; and these trainings have always been accepted in

64c Annual Training (continued)

the past. Per the Regulation, a maximum of 12hrs are able to be completed online, and the administrator did not exceed those 12hrs.

Per Relias, the 2 trainings in question, Emergency Preparedness Requirements and Steps to Enhancing Management Skills, are PA PCHA approved for 1hr of training each. Please see attached screenshots which show that, along with a description of the trainings.

Updated:

Going forward, the Administrator will no longer utilize Relias trainings towards their 24 hours of annual administrator training hours, and will only utilize Department approved trainings as described in the Regulation.

On 10/14/25, the company Quality Management Specialist emailed all PA DHS Administrators, as well as the company Training Department, informing them that despite there being a PA PCHA filter in Relias, these cannot be used towards annual training hours. See attached email.

Proposed Overall Completion Date: 10/14/2025

**Directed Plan of Correction [REDACTED] -10/15/25):**

Within 15 days of the receipt of the accepted plan of correction, the administrator shall complete 2 hours of remedial education to satisfy the requirement of the 2024 training year.

Within 10 days of the acceptable plan of correction, the administrator shall develop a proposed training schedule for the 2025 training year, to include all trainings completed thus far this year, and submit the plan to the department. The training schedule shall include: course title, date, time, location, number of approved hours.

Directed Completion Date: 10/30/2025

Implemented [REDACTED] - 11/19/2025)

85a - Sanitary Conditions

4. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED] at 09:45 AM, there was no means of hand drying in the home's 1st floor common bathroom near resident [REDACTED] room.

Plan of Correction

Accept [REDACTED] - 10/15/2025)

Paper towels were placed into the bathroom at the time of inspection.

Life Skills Trainers will be assigned daily on the staffing grids to complete Bathroom Checks to ensure each resident's bathroom has paper towels. The Operations Manager/Administrator emailed all staff on 10/3/25 to review the violation along with this newly scheduled bathroom check expectation (see attached email). This scheduled assignment will correlate with a tracker posted in each bathroom for staff to initial daily that the task was completed (see attached template). This will start the week of 10/6/25.

85a - Sanitary Conditions (continued)

The Operations Manager/Administrator will review the checklist weekly to ensure it is being completed.

Updated:

The Operations Manager/Administrator will meet with all staff to review the information emailed regarding this violation. They will complete a training with the Administrator in person, and sign off on completion. These meetings are in progress, and will be completed by 10/27/25.

Licensee's Proposed Overall Completion Date: 10/27/2025

Implemented [redacted] 11/19/2025)

101j6 - Mirror

5. Requirements

2600.

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

6. A mirror.

Description of Violation

There is no mirror in the bedroom of resident [redacted]

Plan of Correction

Accept [redacted] - 10/15/2025)

Violation was corrected onsite at the time of inspection.

Beginning the week of 9/29/25 a DHS Bedroom Checklist has been implemented to be completed weekly, to ensure the presence of a mirror and all other items that are required to be present in resident bedrooms in accordance with the Regulations. The home's Lead Life Skills Trainer will be responsible for completing this checklist weekly. See attached checklist template.

Update:

The checklist will be in place for the duration of 1 year from the start date of 9/29/25.

Licensee's Proposed Overall Completion Date: 10/14/2025

Implemented [redacted] - 11/19/2025)

101j7 - Lighting/Operable Lamp

6. 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.

Description of Violation

Resident [redacted] does not have access to a source of light that can be turned on/off at bedside. The light source present was inoperable.

Plan of Correction

Accept [redacted] - 10/15/2025)

Violation was corrected onsite at the time of inspection.

Beginning the week of 9/29/25 a DHS Bedroom Checklist has been implemented to be completed weekly, to ensure the presence of a working bedside lamp and all other items that are required to be present in resident bedrooms in

101j7 - Lighting/Operable Lamp (continued)

accordance with the Regulations. The home's Lead Life Skills Trainer will be responsible for completing this checklist weekly. See previously attached checklist template.

Update:

The checklist will be in place for the duration of 1 year from the start date of 9/29/25.

Licensee's Proposed Overall Completion Date: 10/14/2025

Implemented ( ) - 11/19/2025)

107c - Food/Water 3 Day Supply

7. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On ( ) the home served 5 residents, requiring 15 gallons of emergency drinking water. However, the home had only 12 gallons. The home does not have a contract with a local bottled water supplier.

Plan of Correction

Accept ( ) - 10/15/2025)

Additional emergency water was purchased the day of inspection.

A DHS Emergency Food and Water Supply Checklist was put into place to monitor the amount of emergency food and water present to be in compliance with Regulations. Weekly, beginning the week of 9/29/25, the Health and Safety Representative will complete an inventory of emergency food and water supplies and will immediately order additional supplies if needed. See attached template.

Licensee's Proposed Overall Completion Date: 10/14/2025

Implemented ( ) - 11/19/2025)

183e - Storing Medications

8. 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 ( ), two blister packs of ( ) prescribed for resident ( ) with an expiration date of ( ) were still in the home.

Plan of Correction

Accept ( ) - 10/15/2025)

On the day of inspection the home's RN removed and properly disposed of the expired medications.

The Medication Manager will conduct weekly audits of the medication room and medications, using the attached checklist (#10). The checklist has been revised to ensure expired meds are handled properly and removed from the medication room immediately. The revised checklist will be used starting the week of 10/6/25.

Update:

183e - Storing Medications (continued)

The checklist will be in place for the duration of 1 year from the start date of 9/29/25.

Licensee's Proposed Overall Completion Date: 10/14/2025

Implemented [REDACTED] 11/19/2025)

187b - Date/Time of Medication Admin.

9. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] twice a day. Resident [REDACTED] September medication administration record does not include the initials of the staff person who injected this medication on [REDACTED] at 08:00 AM.

Plan of Correction

Accept [REDACTED] - 10/15/2025)

The home does not agree with this violation.

See attached MAR for Resident [REDACTED] injection. 9/15/25 at 8am is signed by the home's RN. Additionally, the electronic MAR system automatically creates a caregiver key denoting staff initials, for anyone who signs for a medication that month. This is noted at the end of the month's MAR. See attached.

Updated:

On 10/14/25 the Operations Manager/Administrator emailed all LPN/RNs reviewing the expectation that all administrations, including injections, must be signed for at the time of administration. They were instructed to review, and sign off acknowledging understanding by 10/27/25. See attached email.

Of note, this resident has discharged since admission, and currently the home does not serve any resident requiring injectable medications. If the home has a resident in the future that requires an injectable medication, this will again be reviewed with LPN/RNs.

There is a historic process in place already in which the Medication Manager runs a Variance Report through QuickMAR on a weekly basis to identify if there are any administrations that are not signed for. They will also address any issues that may arise from this report in the moment. This report is typically run every Wednesday morning. As the inspection occurred on Wednesday 9/17/25, the Variance Report for the prior week, including the 8am administration on 9/15/25, had not been run yet.

The Medication Manager will continue to run this report on a weekly basis ongoing, and will address any issues found immediately.

Licensee's Proposed Overall Completion Date: 10/27/2025

Implemented [REDACTED] - 11/19/2025)

190a - Completion Medication Course

10. Requirements

2600.

190a Completion Medication Course (continued)

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department’s performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff B, who completed the Department approved medication administration training on [REDACTED] and annual practicum on [REDACTED], has completed only two observations so far for 2025 annual practicum which was due in June 2025. Staff B has not completed two medication administration record reviews to be requalified to administer medications. Staff B administered medications to residents

- on [REDACTED] at 08:00 AM and 12:00 PM
- on [REDACTED] at 08:00 AM and 12:00 PM
- on [REDACTED] at 08:00 AM and 12:00 PM.

Plan of Correction

Directed [REDACTED] - 10/15/2025)

The home is completing medication observations based on the following understanding of requirements, and this process has been in place for many years and has never been cited before:

- Annual practicums should be done with a due date that is on or before the student certification date (i.e. the certification year is based on 12 months from the original training date, not the calendar year):
  - The Description of Violation above notes that Staff Member B's annual practicum was due in June 2025. This was completed on 6/2/25, and provided at the time of inspection. See attached completed practicum.
- Medication Record reviews should be done every 6 months:
  - In accordance with completing MAR reviews every 6 months, Staff Member B had MAR reviews completed during her certification year (June 2024 June 2025). These were completed in the latter half of 2024 and the first half of 2025, which is reflected on the attached June 2025 practicum; this was provided at the time of inspection.

Based on this information and our understanding of the Regulations, compliance for Staff Member B was met, and a violation did not occur.

Update:

The home emailed the Licensing Supervisor on 10/13/25 (attached), looking for clarity on what exactly is out of compliance, as based on our understanding of the requirements and long standing practice, this process has never been out of compliance before. If a plan of correction is required, the Training Department needs additional information to develop one.

Proposed Overall Completion Date: 10/15/2025

Directed Plan of Correction [REDACTED] -10/15/25):

Immediately, the administrator shall ensure that staff person B does not provide medication administration until such time remediation activities are completed and observed by a train the trainer or practicum observer.

Within 10 days of the receipt of the acceptable plan of correction, the administrator or designee shall audit all current employee records for the proper completion of medication administration practicum activities according to the requirements, and that all documentation is present, complete, and signed in the employee's record. Employees that do not meet the qualifications and/or require remediation will be removed from medication administration

**190a Completion Medication Course (continued)**

*duties until such time that remediation activities are completed/observed/signed off on by a train the trainer and/or practicum observer. Qualified substitute personnel shall be utilized to provide for the resident's medication needs in the event that scheduled qualified medication technicians are in remediation status.*

*Within 20 days of the date of the receipt of the acceptable plan of correction, the administrator or designee shall ensure that ongoing medication administration qualifications and annual practicums are following the current ODP guidelines. Train the trainers shall review these guidelines and reach out to ODP with issues or concerns regarding the medication administration qualification program.*

*Proposed Overall Completion Date: 11/04/2025*

**Directed Completion Date: 11/04/2025**

**Implemented [REDACTED] 11/19/2025)**