

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

February 3, 2026

[REDACTED]  
REMED RECOVERY CARE CENTERS LLC  
[REDACTED]

RE: REMED RECOVERY CARE CENTERS  
934 NORTH CHESTER ROAD  
WEST CHESTER, PA, 19380  
LICENSE/COC#: 14116

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/08/2025 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 #: 14116 License Expiration: 10/31/2026  
Address: 934 NORTH CHESTER ROAD, 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: R-4 Date: 08/11/2014 Issued By: Township of East Goshen

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 3 Waking Staff: 2

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal Exit Conference Date: 12/08/2025

**Inspection Dates and Department Representative**

12/08/2025 - On-Site: [Redacted]

**Resident Demographic Data as of Inspection Dates**

<b>General Information</b>			
License Capacity: 8	Residents Served: 2		
<b>Secured Dementia Care Unit</b>			
In Home: No	Area:	Capacity:	Residents Served:
<b>Hospice</b>			
Current Residents: 0			
<b>Number of Residents Who:</b>			
Receive Supplemental Security Income: 2	Are 60 Years of Age or Older: 1		
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 1	Have Physical Disability: 1		

**Inspections / Reviews**

<b>12/08/2025 Full</b>		
Lead Inspector: [Redacted]	Follow-Up Type: POC Submission	Follow-Up Date: 12/28/2025
<b>01/09/2026 - POC Submission</b>		
Submitted By: [Redacted]	Date Submitted: 02/02/2026	
Reviewer: [Redacted]	Follow-Up Type: Document Submission	Follow-Up Date: 01/31/2026

Inspections / Reviews *(continued)*

02/03/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/02/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

3c Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On [REDACTED], at approximately 9:00 am, the homes Licensing Inspection Summary from [REDACTED] was not posted in a conspicuous and public place in the home. However, Licensing Inspection Summary from [REDACTED] was posted.

Plan of Correction

Accept [REDACTED] - 01/08/2026)

The Administrator has posted the current LIS a common area of the home, upon receipt (see attached photo). Upon finalization of this completed LIS, the Administrator will post that version to replace current version.

Beginning the week of 1/5/26, the Administrator will complete a monthly walk through to ensure that the current license and LIS remain posted.

Licensee's Proposed Overall Completion Date: 01/09/2026

Implemented [REDACTED] - 02/03/2026)

26b Quality Management Plan Content

2. Requirements

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

- 1. The reportable incident and condition reporting procedures.
- 2. Complaint procedures.
- 3. Staff person training.
- 4. Licensing violations and plans of correction, if applicable.
- 5. Resident or family councils, or both, if applicable.

Description of Violation

The home does not have documentation of the resident council meeting minutes for 2024.

Plan of Correction

Accept [REDACTED] - 01/08/2026)

A house meeting was conducted on 12/14/25 (see attached minutes).

Beginning the week of 1/5/26, Program Scheduler will be responsible for scheduling a house meeting at least once monthly. Upon completion of the house meeting, a copy of the minutes will be scanned to the Operations Manager and Clinical Specialist, and will be kept in the House Meeting Binder.

Administrator will review all house meeting minutes additionally, on a quarterly basis.

Licensee's Proposed Overall Completion Date: 01/31/2026

Implemented [REDACTED] - 02/03/2026)

65g Annual Training Content

3. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

65g - Annual Training Content (continued)

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

**Description of Violation**

*Staff person A did not receive training in Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert during training year 2024.*

**Plan of Correction**

Accept [redacted] - 01/08/2026)

*Staff Person A completed Fire Safety training in 2025 on 1/9/2025 (see attached transcript).*

*All staff are assigned to attend a Fire Safety Training annually in the Relias LMS, based on the date they attended the year prior. The Relias LMS automatically will send staff reminders at varying intervals (more often closer to the assigned date). The corporate Staff Training Support Specialist also emails staff, and their manager alerting them of their scheduled training, and again weekly in the 2 weeks leading up to the training, in order to assist in ensuring staff complete their schedule training to meet the designated timeframe requirements.*

*Moving forward, the home's Site Manager will complete a yearly audit of Fire Safety trainings in November, to ensure that any missed trainings are completed by the end of the calendar year. See attached calendar reminder to complete annual audit.*

**Licensee's Proposed Overall Completion Date:** 12/22/2025

Implemented [redacted] - 02/03/2026)

95 - Furniture and Equipment

**4. Requirements**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

**Description of Violation**

*There was no toilet paper holder in the common bathroom near bedroom number 3 and the bathroom near the laundry room.*

**Plan of Correction**

Accept [redacted] 01/08/2026)

*On 12/19/25 the Operations Manager emailed all staff to review this violation, along with newly scheduled bathroom check expectations (see attached email). Staff will be assigned daily on the staffing grids to complete Bathroom Checks to ensure that each bathroom has a working toilet paper holder and available toilet paper. The Operations Manager will meet with all staff to review this information, complete a training in person, and sign off on completion and understanding. These meetings will be completed by 1/9/26. Additionally, beginning the week of 12/22/25, a tracker will be posted in each bathroom for assigned staff to initial once their daily bathroom check was completed (see attached template). The Operations Manager or Administrator*

95 - Furniture and Equipment (continued)

will review the checklist weekly to ensure it is being completed.

Licensee's Proposed Overall Completion Date: 01/09/2026

Implemented [redacted] - 02/03/2026)

101j5 - Bedside Table/Shelf

5. Requirements

2600.

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

5. A bedside table or a shelf.

Description of Violation

There is no bedside table or shelf beside resident # [redacted]'s bed in bedroom [redacted]

Plan of Correction

Accept [redacted] - 01/08/2026)

Beginning the week of 12/22/25, a DHS Bedroom Checklist has been implemented to be completed weekly, to ensure the presence of a bedside table and all other items that are required to be present in a resident's bedroom. The home's Lead Life Skills Trainer or a designee will be responsible for completing the weekly checklist (see attached). This checklist will remain in place for the duration of one year from the start date.

Licensee's Proposed Overall Completion Date: 12/28/2025

Implemented [redacted] - 02/03/2026)

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.

Plan of Correction

Accept [redacted] - 01/08/2026)

Beginning the week of 12/22/25, a DHS Bedroom Checklist has been implemented to be completed weekly, to ensure the presence of an operable source of lighting that can be turned on/off at bedside and all other items that are required to be present in a resident's bedroom. The home's Lead Life Skills Trainer or a designee will be responsible for completing the weekly checklist (see previously attached). This checklist will remain in place for the duration of one year from the start date.

Licensee's Proposed Overall Completion Date: 12/28/2025

Implemented [redacted] 02/03/2026)

102h - Toilet Paper

7. Requirements

2600.

102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On [redacted], at 9:11 am, there was no toilet paper for the toilet in the bathroom near bedroom number [redacted]

102h - Toilet Paper (continued)

On [REDACTED], at 9:14 am, there was no toilet paper for the toilet in the bathroom near the laundry room.

Plan of Correction

Accept [REDACTED] - 01/09/2026)

On 12/19/25 the Operations Manager emailed all staff to review this violation, along with newly scheduled bathroom check expectations (see previously attached email). Staff will be assigned daily on the staffing grids to complete Bathroom Checks to ensure that each bathroom has a working toilet paper holder and available toilet paper.

The Operations Manager will meet with all staff to review this information, complete a training in person, and sign off on completion and understanding. These meetings will be completed by 1/9/26.

Additionally, beginning the week of 12/22/25, a tracker will be posted in each bathroom for assigned staff to initial once their daily bathroom check was completed (see previously attached template). The Operations Manager or Administrator will review the checklist weekly to ensure it is being completed.

Licensee's Proposed Overall Completion Date: 01/09/2026

Implemented [REDACTED] 02/03/2026)

105g - Lint Removal and Duct Cleaning

8. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On [REDACTED], at 9:11 am, there was an approximate 1-inch accumulation of lint in the lint trap in each of the two Maytag dryers. There were no clothes in the dryers at the time.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 01/09/2026)

On 12/19/25 the Operations Manager emailed all staff to review this violation along with a reminder to remove lint from the dryers after each use (see attached email).

A sign has been posted in the laundry room on each dryer, reminding staff to empty lint traps after each use (see attached photo).

Beginning the week of 1/5/26, the Operations Manager, Administrator or a designee will periodically check lint traps to ensure that they are being emptied after each use.

Licensee's Proposed Overall Completion Date: 01/09/2026

Implemented [REDACTED] - 02/03/2026)

131f - Fire Extinguisher Inspection

9. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

131f - Fire Extinguisher Inspection (continued)

Description of Violation

The fire extinguisher in the 2019 Honda did not have an inspection tag showing it has been inspected by a fire safety expert.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 01/09/2026

The Operations Manager obtained a fire extinguisher with a current inspection tag for December 2025, which was placed inside the 2019 Honda (see attached photo).

The home's Health & Safety Representative will be responsible for ensuring that fire extinguishers that are located in both the home and vehicles are up to date with a current inspection tag by conducting monthly vehicle health & safety inspections. A checklist was created that reflects all items that are required to be in the vehicles at all times. This checklist will begin the week of 1/5/26. See attached template.

Licensee's Proposed Overall Completion Date: 01/09/2026

Implemented ([REDACTED]) - 02/03/2026

171b5 - First Aid Kit

10. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

- 5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The 2019 Honda vehicle used to transport residents did not have a first aid kit available.

Plan of Correction

Accept [REDACTED] - 01/09/2026

The Operations Manager obtained a first aid kit, which was placed inside the 2019 Honda (see attached photo).

The home's Health & Safety Representative will be responsible for ensuring that first aid kits that are located in both the home and vehicles, and have the required up to date items, by conducting monthly vehicle health & safety inspections. A checklist was created that reflects all items that are required to be in the vehicles at all times. This checklist will begin the week of 1/5/26. See previously attached template.

Licensee's Proposed Overall Completion Date: 01/09/2026

Implemented ([REDACTED]) - 02/03/2026

184a - Resident's Meds Labeled

11. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 1. The resident's name.
- 2. The name of the medication.
- 3. The date the prescription was issued.
- 4. The prescribed dosage and instructions for administration.
- 5. The name and title of the prescriber.

184a - Resident's Meds Labeled (continued)

Description of Violation

Resident [redacted] Super Poligrip Zinc Free Denture Adhesive Cream does not have a pharmacy label that includes the resident's name, the name of the medication, the date the prescription was issued, the prescribed dosage and instructions for administration and the name and title of the prescriber.

Plan of Correction

Accept [redacted] - 01/09/2026)

The Medication Manager obtained a package containing the pharmacy label for Resident [redacted]'s Super Poligrip, see attached photo.

Beginning the week of 12/22/25, the Medication Manager will complete a weekly checklist to ensure that all medications are in their original container, with a label from the pharmacy, that includes all required information. See attached template.

Licensee's Proposed Overall Completion Date: 12/28/2025

Implemented [redacted] - 02/03/2026)

185a - Implement Storage Procedures

12. 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 [redacted] is prescribed [redacted] as needed. On [redacted], at 1:48 pm, the medication was not available in the home.

Resident [redacted] is prescribed [redacted] as needed. On [redacted], at 2:15 pm, the medication was not available in the home.

Plan of Correction

Accept [redacted] - 01/09/2026)

A new medication closet audit process has been created. On a weekly basis the medication manager is to print each client's MAR and audit all standing and PRN medications to ensure that there is an adequate supply within the program, and/or that the medication is reordered in a timely manner. A tracker was created to document that all stock PRN medications are available (see attached). This will begin the week of 12/22/25.

Calamine Lotion was reordered on 12/22/25 and is now available for both residents.

Licensee's Proposed Overall Completion Date: 12/28/2025

Implemented [redacted] - 02/03/2026)

221c - Post Activity Calendar

13. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home.

221c Post Activity Calendar (*continued*)**Plan of Correction****Accept** [REDACTED] - 01/09/2026

*The home's Recreation Therapist has updated and posted the monthly activity calendar for December (see attached photo).*

*Moving forward, the Recreation Therapist will post the next month's calendar on the last Friday of each month.*

**Licensee's Proposed Overall Completion Date:** 12/26/2025

**Implemented** [REDACTED] - 02/03/2026