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

July 23, 2026

[redacted], VICE PRESIDENT OF OPERATIONS
REMED RECOVERY CARE CENTERS
[redacted]

RE: REMED RECOVERY CARE CENTERS
103 AQUA DRIVE
PITTSBURGH, PA, 15238
LICENSE/COC#: 44026

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/29/2026 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 #**: *44026* **License Expiration**: *03/27/2027*

Address: *103 AQUA DRIVE, PITTSBURGH, PA 15238*

County: *ALLEGHENY* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *REMED RECOVERY CARE CENTERS*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *R-4* **Date**: *06/01/2009* **Issued By**: *O'Hara Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *9* **Waking Staff**: *7*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal, Complaint* **Exit Conference Date**: *05/29/2026*

Inspection Dates and Department Representative

05/29/2026 - 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: *1* **Are 60 Years of Age or Older**: *5*

Diagnosed with Mental Illness: *7* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *2* **Have Physical Disability**: *0*

Inspections / Reviews

05/29/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/28/2026*

06/30/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/22/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/08/2026*

Inspections / Reviews *(continued)*

07/13/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/22/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/21/2026*

07/23/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/22/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

86b - Bathroom

3. Requirements

2600.
86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

At 10:42 am, the bathroom designated for resident #1 and resident #2 did not have an operable window or ventilation fan.

At 11:08 am, resident bathroom #4 did not have an operable window or ventilation fan. The ventilation fan was inoperable and there is no window in the bathroom.

Plan of Correction ***Accept ([redacted] - 06/30/2026)***

On 5/29/2026, the day of inspection, the Director of Clinical Operations submitted a maintenance request to have the bathroom exhaust fans replaced.
Exhaust fans were replaced by maintenance on 6/11/2026.

Beginning in July 2026, the Administrator and the home's Health & Safety Representative will complete monthly site inspections using the attached Internal Risk and Hazard Inspection form to identify site issues, and ensure all exhaust fans in the bathrooms are in working order.

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 07/23/2026)

89b - Hot Water Temperature

4. Requirements

2600.
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

At 11:00 am, the hot water temperature at the sink in bathroom #3 measured 127.1 degrees Fahrenheit.

At 11:15 am, the hot water temperature at the sink in the bathroom designated for resident #3 and #4 measured 128.2 degrees Fahrenheit.

Plan of Correction ***Accept ([redacted] - 06/30/2026)***

On 5/29/26, the day of inspection, the Director of Clinical Operations lowered the temperature on the hot water tank.
The temperature gauge on the water tank has also been marked for the appropriate setting. See attached photos.

On 6/1/2026 a daily check of the water temperatures was instituted. This is scheduled to occur daily during the overnight shift. Please see attached completed temperature log from 6/1-6/25/2026.

Beginning the week of 6/1/2026, the Administrator or a designee began to review temperature logs weekly to ensure water temperature remains below 120 degrees Fahrenheit.

Licensee's Proposed Overall Completion Date: *06/26/2026*

Implemented ([redacted] - 07/23/2026)

95 - Furniture and Equipment

5. Requirements

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

At 10:19 am, the frame on the third shelf of the refrigerator side of the Frigidaire refrigerator/freezer in the kitchen was cracked and held together with a strip of black electrical tape, exposing a sharp glass edge.

Plan of Correction ***Accept ([redacted] - 06/30/2026)***

On 5/29/2026, the day of inspection, the Director of Clinical Operations submitted a maintenance request to have the shelf replaced.

As of 6/23/2026, the home is still awaiting delivery of a replacement shelf. However, on this date the Administrator removed the current shelf from the refrigerator.

Beginning in July 2026, the Administrator and the home's Health & Safety Representative will complete monthly site inspections using the previously attached Internal Risk and Hazard Inspection form to identify site issues, and ensure all refrigerator/freezer shelves are intact and not creating a hazard.

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 07/22/2026)

103g - Storing Food

6. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At 10:14 am, there was an open and unsealed bag with 4 frozen chicken breasts in the staff freezer in the basement.

Plan of Correction ***Accept ([redacted] - 06/30/2026)***

On 5/29/2026, the day of inspection, the Director of Clinical Operations discarded the unsealed bag of chicken breasts from the freezer.

The Administrator created a daily checklist for all refrigerators and freezers to ensure food is stored and labeled properly. This is scheduled to occur daily during the overnight shift, beginning 6/26/2026. Please see attached template.

The Administrator will review proper storage and food preparation guidelines with all staff during the next staff meeting scheduled for 6/30/2026.

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented ([redacted] - 07/22/2026)

132e - Fire Drill Sleeping Hours

7. Requirements

2600.
132.e. A fire drill shall be held during sleeping hours once every 6 months.

132e Fire Drill Sleeping Hours *(continued)*

Description of Violation

The last fire drill conducted during sleeping hours was on 4/28/2026 at 12:50 am. The previous sleeping hours fire drill was conducted on 10/18/2025 at 11:30 pm.

Plan of Correction ***Accept (- 06/30/2026)***

Per the 2025 and 2026 fire drill schedules, sleeping hour fire drills are scheduled to be completed every 6 months, in April and October. These were completed as noted above.
However, the Administrator will add an additional sleeping hour drill to the fire drill schedule for July 2026.

See attached 2025 fire drill schedule, as well as an updated 2026 fire drill schedule to include an additional sleeping hours fire drill.

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented (- 07/22/2026)

227d - Support Plan Medical/Dental

9. Requirements

2600.
227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident has a bedside mobility device attached to bed; however, resident #1's annual support plan, dated does not address the following:

- *The specific need for the device.*
- *The intended use for the device.*
- *Any risks associated with it's use.*
- *The resident's ability to use the device safely for the intended purpose.*
- *Identification of the specific device to be used.*
- *If a cover is required to meet FDA guidelines.*

Plan of Correction ***Accept (- 06/30/2026)***

On 5/29/2026, the day of inspection, the Clinical Specialist added a description of the halo usage to Resident RASP. Please see attached.

On 6/2/2026 the Clinical Specialist met with the Case Manager to review this violation.

The Case Manager will review in the upcoming staff meeting on 6/30/2026 the proper use of the halo ring and its purpose.

A cover has been placed on the halo ring in accordance with FDA guidelines. See attached photo.

Licensee's Proposed Overall Completion Date: *06/30/2026*

227d - Support Plan Medical/Dental *(continued)*

Implemented ([redacted] - 07/23/2026)