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

August 11, 2026

[redacted], ADMINISTRATOR
REMED RECOVERY CARE CENTERS LLC
[redacted]

RE: REMED RECOVERY CARE CENTERS-
BUILDING 2
323 PAOLI PIKE
MALVERN, PA, 19355
LICENSE/COC#: 15161

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/13/2026 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-BUILDING 2* **License #**: *15161* **License Expiration**: *10/01/2026*

Address: *323 PAOLI PIKE, MALVERN, PA 19355*

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: *C-2 LP* **Date**: *09/27/1995* **Issued By**: *Commonwealth of Pennsylvania, L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *6* **Waking Staff**: *5*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *07/13/2026*

Inspection Dates and Department Representative

07/13/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8* **Residents Served**: *6*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *6* **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**: *4*

Inspections / Reviews

07/13/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/02/2026*

07/31/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/11/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *08/21/2026*

Inspections / Reviews *(continued)*

08/11/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/11/2026*

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

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [redacted] did not receive orientation on the following topics:

- *Evacuation procedures.*
- *Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.*
- *The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.*
- *Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.*
- *The location and use of fire extinguishers.*
- *Smoke detectors and fire alarms.*
- *Telephone use and notification of emergency services.*

Plan of Correction ***Accept ([redacted] - 07/31/2026)***

The trainer(s) of the above noted first day on site orientation topics did not sign staff person A's training checklist to document completion of trainings. This was rectified the day of inspection, please see attached checklist with signatures.

Beginning immediately, if the Administrator is not the person completing training of first day on site orientation topics, the Administrator or a designee will ensure that the trainer(s) have signed off completion of these required topics before the end of the new hire's first shift.
Additionally, after a new hire's initial 90 days, the Administrator will enter the completion of all trainings into the Relias LMS. The Administrator will utilize the New Hire Checklist as a tool to record the completed trainings into Relias, and ensure that all trainers have documented completion of trainings. See attached from Relias, where completion of training checklists are recorded. If it is noted at that time that documentation is incomplete, the Administrator will follow up with the trainer and new hire immediately to confirm completion and will document as needed.
This process will continue indefinitely.

The Administrator will conduct an audit of all current staff files to ensure all training documentation, including first day on site orientation topics, are complete by 8/10/26.

65a - FS Orientation 1st Day *(continued)*

Licensee's Proposed Overall Completion Date: *08/10/2026*

Implemented (- 08/11/2026)

65b - Rights/Abuse 40 Hours

2. Requirements

2600.
65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A completed 40th scheduled work hour on However, this staff person did not complete training in the following topics:

- *Resident rights.*
- *Emergency medical plan.*
- *Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).*
- *Reporting of reportable incidents and conditions.*

Plan of Correction ***Accept (- 07/31/2026)***

The trainer(s) of the above noted first 40 hours training topics did not sign staff person A's training checklist to document completion of trainings. This was rectified the day of inspection, please see previously attached checklist with signatures.

Beginning immediately, if the Administrator is not the person completing training of first 40 hours training topics, the Administrator or a designee will ensure that the trainer(s) have signed off completion of these required topics before the end of the new hire's 40th hour shift.
Additionally, after a new hire's initial 90 days, the Administrator will enter the completion of all trainings into the Relias LMS. The Administrator will utilize the New Hire Checklist as a tool to record the completed trainings into Relias, and ensure that all trainers have documented completion of trainings. See previously attached from Relias, where completion of training checklists are recorded. If it is noted at that time that documentation is incomplete, the Administrator will follow up with the trainer and new hire immediately to confirm completion and will document as needed.
This process will continue indefinitely.

The Administrator will conduct an audit of all current staff files to ensure all training documentation, including first 40 hour training topics, are complete by 8/10/26.

Licensee's Proposed Overall Completion Date: *08/10/2026*

65b - Rights/Abuse 40 Hours *(continued)*

Implemented ([redacted] - 08/11/2026)

65f - Training Topics

3. Requirements

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A and B did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during training year 2025.

Plan of Correction ***Accept ([redacted] - 07/31/2026)***

The home has an annual training curriculum and procedures in place so that all staff complete the required annual training topics. Attached is the PA DHS Annual Trng Outline 2025 which lists the required trainings and modules for each staff to complete annually. this additionally highlights which required training topics are covered in each of the training or module. Also attached is the 2026 version.

A training related to the instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan will be completed by 8/21/26. The training will be completed by the Clinical Specialist and Case Manager. Documentation of training will be kept, and will be added to staff Relias transcripts.
The Administrator will schedule the training and email all staff, informing them of the training, its purpose and their requirement of attendance by 7/31/26.

The Administrator will be responsible for scheduling this annual training going forward. Additional training will occur as needed based upon changes in resident status.

Licensee's Proposed Overall Completion Date: *08/21/2026*

Implemented ([redacted] - 08/11/2026)

101j5 - Bedside Table/Shelf

4. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:

5. A bedside table or a shelf.

101j5 - Bedside Table/Shelf *(continued)*

Description of Violation

There is no bedside table or shelf beside resident #1's bed in the bedroom. The bedside table was not within reach of the resident's bed.

Plan of Correction ***Accept (- 07/31/2026)***

Resident #1's bedside table was moved to be within reach of the bed, on the day of inspection.

Beginning the week of 7/20/26, the Health & Safety Representative will complete the attached DHS Residential Checklist template on a weekly basis, which includes ensuring that all bedrooms have a bedside table or shelf that is within reach from the bed. If the H&S Representative is not available to complete, the checklist will be completed by the Lead Life Skills Trainer or the Administrator.
The Administrator or a designee will review checklists weekly to ensure they are being completed. This process will continue for 1 year, through 7/20/27.

Licensee's Proposed Overall Completion Date: *07/30/2026*

Implemented (- 08/11/2026)

101j7 - Lighting/Operable Lamp

5. 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 #1 does not have access to a source of light that can be turned on/off at bedside.

Resident #2 does not have access to a source of light that can be turned on/off at bedside. The lamp did not have a light bulb.

Plan of Correction ***Accept (- 07/31/2026)***

On the day of inspection, a bedside light was placed in resident #1's bedroom; and a light bulb was placed in resident #2's lamp.

Beginning the week of 7/20/26, the Health & Safety Representative will complete the previously attached DHS Residential Checklist template on a weekly basis, which includes ensuring that all bedrooms have an operable bedside light source. If the H&S Representative is not available to complete, the checklist will be completed by the Lead Life Skills Trainer or the Administrator.

The Administrator or a designee will review checklists weekly to ensure they are being completed. This process will continue for 1 year, through 7/20/27.

Licensee's Proposed Overall Completion Date: *07/30/2026*

Implemented (- 08/11/2026)

103f - Refrigerator/Freezer Temps

6. Requirements

2600.

103f - Refrigerator/Freezer Temps *(continued)*

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 7/13/2026, at 9:16 am, the temperature in refrigerator #2 was 50 degrees Fahrenheit and at 3:56pm it was 50 degrees Fahrenheit.

Repeated Violation - 7/2/2025

Plan of Correction ***Accept (- 07/31/2026)***

On the day of inspection the Maintenance Dept. inspected the refrigerator and adjusted the temperature setting to cold, which lowered the temperature of the refrigerator to below 40 degrees by the end of the day.

The DHS Daily Kitchen Checklist has been updated to include the checking of the temperatures of all refrigerators and freezers. See attached template. Checklist will be kept in a binder in the kitchen. Beginning the week of 7/27/26, staff will be assigned to complete the checklist daily on the staffing grids.

The Administrator or a designee will review checklists weekly to ensure they are being completed. This process will continue for 1 year, through 7/27/27.

Licensee's Proposed Overall Completion Date: *08/03/2026*

Implemented (- 08/11/2026)

103i - Outdated Food

7. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There was an unlabeled, undated container of meatloaf in refrigerator #2.

Repeated Violation - 7/2/2025

Plan of Correction ***Accept (- 07/31/2026)***

On the day of inspection the unlabeled and undated container of meatloaf was thrown away.

On 7/21/26, the Administrator emailed all staff to review this violation and expectations surrounding proper food storage. See attached email.

The DHS Daily Kitchen Checklist has been updated to include the checking of proper food storage. See previously attached template. Checklist will be kept in a binder in the kitchen. Beginning the week of 7/27/26, staff will be assigned to complete the checklist daily on the staffing grids.

The Administrator or a designee will review checklists weekly to ensure they are being completed. This process will continue for 1 year, through 7/27/27.

Licensee's Proposed Overall Completion Date: *08/03/2026*

Implemented (- 08/11/2026)

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 7/13/2026, there was an approximate 11-inch accumulation of lint in the lint trap of the GE dryer and Electrolux dryer. There were no clothes in the dryer at the time.

Plan of Correction ***Accept ([redacted] - 07/31/2026)***

On the day of inspection the lint was removed from the dryer.

On 7/21/26, the Administrator emailed all staff to review this violation and expectations surrounding immediately removing lint from the dryers after use. See attached email.

Beginning the week of 7/21/26, a sign off sheet was placed next to each dryer for staff to complete noting the date, time, and staff member that the lint was removed. This is expected to be completed after each dryer cycle. See attached template.

The Administrator or a designee will review checklists weekly to ensure they are being completed. This process will continue for 1 year, through 7/21/27.

Licensee's Proposed Overall Completion Date: *07/30/2026*

Implemented ([redacted] - 08/11/2026)

162c - Menus Posted

9. Requirements

2600.
162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of 6/21/2026 through 7/18/2026 was posted. However, the following week was not posted in a conspicuous and public place in the home.

Plan of Correction ***Accept ([redacted] - 07/31/2026)***

The menu for the week of 7/19/26 was posted the day of inspection.

The Administrator met with the Food Manager in person on 7/14/26 to review the violation and expectations surrounding menu posting. The Food Manager was out sick for a few days prior to the inspection, which led to the following week's menu not being posted timely.

The DHS Daily Kitchen Checklist has been updated to include checking to ensure all necessary weeks of menus are posted. See previously attached template. Checklist will be kept in a binder in the kitchen. Beginning the week of

162c Menus Posted (continued)

7/27/26, staff will be assigned to complete the checklist daily on the staffing grids.

The Administrator or a designee will review checklists weekly to ensure they are being completed. This process will continue for 1 year, through 7/27/27.

Licensee's Proposed Overall Completion Date: *08/03/2026*

Implemented (- 08/11/2026)

183d - Prescription Current

10. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 7/13/2026, [redacted] prescribed for resident #1 was in the home's medication room; however, the medication was discontinued on 3/3/2026.

On 7/13/2026, [redacted] prescribed for resident #3 was in the home's medication room; however, the medication was discontinued on 11/3/2025.

On 7/13/2026, [redacted] prescribed for resident #3 was in the home's medication room; however, the medication was discontinued on 7/8/2026.

Plan of Correction ***Accept (- 07/31/2026)***

The discontinued medications were removed from the home the day of inspection.

The Administrator met with the Medication Manager in person on 7/14/26 to review the violation and expectations surrounding removing discontinued medications immediately. The Administrator instructed the Medication Manager to check the medication cart to ensure no discontinued medications remained present immediately.

Beginning the week of 7/27/26, the Medication Manager will conduct weekly audits of all medications using the attached DHS Med Room Checklist. This checklist has been updated to ensure that expired medications are removed immediately.

The Administrator or a designee will review checklists monthly to ensure they are being completed. This process will continue for 1 year, through 7/27/27.

Licensee's Proposed Overall Completion Date: *08/03/2026*

Implemented (- 08/11/2026)

185a - Implement Storage Procedures

11. 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.

185a - Implement Storage Procedures *(continued)*

Description of Violation

Resident #1 is prescribed [redacted]. On 7/13/2026 at 2:19 pm the medication was not available in the home.

Resident #3 is prescribed [redacted] On 7/13/2026 at 2:56 pm the medication was not available in the home.

Resident #3 is prescribed [redacted]. On 7/13/2026 at 2:57 pm the medication was not available in the home.

Plan of Correction ***Accept ([redacted] - 07/31/2026)***

[redacted]*g was ordered through the pharmacy for all 3 residents the day of inspection.*

The Administrator met with the Medication Manager in person on 7/14/26 to review the violation and expectations surrounding resident's PRN medications. The Administrator instructed the Medication Manager to check the medication cart to ensure all PRN medications were present immediately.

Beginning the week of 7/27/26, the Medication Manager will conduct weekly audits of all medications using the previously attached DHS Med Room Checklist. This checklist has been updated to ensure that all PRN medications listed on the residents MARs are available for distribution.

The Administrator or a designee will review checklists monthly to ensure they are being completed. This process will continue for 1 year, through 7/27/27.

Licensee's Proposed Overall Completion Date: *08/03/2026*

Implemented ([redacted] - 08/11/2026)

227d - Support Plan Medical/Dental

12. 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

The assessment for resident #3, dated [redacted], indicates the resident has a need for [redacted] The assessment dated [redacted] indicates the resident is [redacted]. [redacted]. The resident's assessment dated [redacted] does not document all assisted devices the resident utilizes.

Repeated Violation - 7/2/2025

Plan of Correction ***Accept ([redacted] - 07/31/2026)***

The Administrator met with the Case Manager in person on 7/14/26 to review this violation. The Case Manager updated Resident #3's support plan on 7/14/26, see attached. Also on 7/14/26, the Case Manager reviewed all other resident's RASPs to ensure accuracy. See attached audit. The Case Manager or a designee will complete quarterly

227d Support Plan Medical/Dental (continued)

audits going forward of all resident's individual support plans, utilizing the attached audit form.

Licensee's Proposed Overall Completion Date: *07/30/2026*

Implemented (- 08/11/2026)