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

September 3, 2026

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

RE: REMED RECOVERY CARE CENTERS
2 HARVEY LANE
MALVERN, PA, 19335
LICENSE/COC#: 12847

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/15/2026 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 #**: *12847* **License Expiration**: *06/03/2027*

Address: *2 HARVEY LANE, MALVERN, PA 19335*

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**: *06/26/2006* **Issued By**: *Willistown Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *13* **Waking Staff**: *10*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *07/15/2026*

Inspection Dates and Department Representative

07/15/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

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

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *8* **Are 60 Years of Age or Older**: *6*

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

Have Mobility Need: *5* **Have Physical Disability**: *7*

Inspections / Reviews

07/15/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/09/2026*

08/07/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/31/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/12/2026*

Inspections / Reviews *(continued)*

08/12/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *08/31/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/31/2026*

09/03/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/31/2026*

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

26a - Quality Management Plan

1. Requirements

2600.
26.a. The home shall establish and implement a quality management plan.

Description of Violation

Per the home's quality management plan, quality management meetings will be held annually. The last quality management meeting held at the home took place on 6/24/25.

Plan of Correction ***Accept (- 08/12/2026)***

The home's annual quality management review is scheduled to occur on 8/18/26. Documentation of the review and staff attendance will be kept.

Going forward, the home's annual review will be scheduled to occur within 60 days of receipt of the annual QM data, which is distributed by the company Quality Management Specialist. The Administrator will be responsible for scheduling and running the review, which will be held in person and virtually for those unable to attend in person. Findings of the review will be discussed as well as follow up actions, if applicable. Documentation of the review and staff attendance will be kept.

Updated:
The Administrator will set an automated annual calendar reminder 30 days prior to the annual QM data distribution (target goal of around April 30th of each year). An additional annual calendar reminder will be set for 60 days upon receipt of the annual QM data, to mark a deadline for annual facility review. Within 5 business days of receiving the annual QM data from the Quality Management Specialist, the Administrator will establish the review date, create an agenda, and issue calendar invitations to all staff. The Administrator will include the Director of Supported Living Services on the invitation, so that they are aware of the scheduled completion date. The Administrator will send training minutes and sign in sheet to the Director of Supported Living Services, to ensure completion.

Licensee's Proposed Overall Completion Date: *08/18/2026*

Implemented (- 09/03/2026)

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.

Description of Violation

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

Plan of Correction ***Accept (- 08/07/2026)***

Resident #1 had a light source attached to the wall, that can be turned on/off at bedside. At the time of inspection, it was found that this had fallen off the wall and was under the residents bed. This was repaired on the day of inspection.

Beginning the week of 8/3/26, a Health and Safety Checklist is to be completed weekly by the home's designated Health & Safety Representative. If the Health & Safety Representative is unavailable, this will be completed by the Lead Life Skills Trainer or Administrator. This checklist includes ensuring that there is a bedside working light in all

101j7 - Lighting/Operable Lamp (continued)

resident's bedrooms. See attached checklist template.
The Administrator or Operations Manager will review these checklists on a monthly basis to ensure they are being completed.

Licensee's Proposed Overall Completion Date: *08/28/2026*

Implemented ([redacted] - 09/03/2026)

103e - Left Overs

3. Requirements

2600.
103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 7/15/26 at 10:02am, there were unlabeled, undated blueberries and raspberries in the main kitchen refrigerator.

Plan of Correction ***Accept ([redacted] - 08/12/2026)***

The unlabeled, undated food items were thrown away at the time of inspection.

A Kitchen Checklist is scheduled to be completed daily, via the staffing grids. See attached template. This checklist has been in place since February 2026 and will remain in place.
Beginning the week of 8/3/26, the Administrator or Operations Manager will review these checklists on a weekly basis to ensure they are being completed.

Updated:
Life Skills Trainers are responsible for completion of the daily checklists, as scheduled via the daily staffing grids.
Beginning the week of 8/10/26, the Administrator or Operations Manager will conduct weekly visual physical audits of the refrigerator contents. The auditor will cross-reference the physical contents against the daily checklists to ensure staff are performing thorough visual checks. This will take place on a weekly basis for 30 days to ensure compliance.

Licensee's Proposed Overall Completion Date: *08/15/2026*

Implemented ([redacted] - 09/03/2026)

105g - Lint Removal and Duct Cleaning

4. 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 7/15/26 at 10:01am, there was an approximate ¼ in accumulation of lint in the home's dryer. There were no clothes in the dryer at that time.

Plan of Correction ***Accept ([redacted] - 08/12/2026)***

Lint was removed from the dryer trap at the time of inspection.

105g - Lint Removal and Duct Cleaning (continued)

On 8/4/26 the Clinical Specialist emailed all staff, informing them that effective immediately a sign off sheet will be posted next to each dryer, for staff to sign off that they cleared the lint trap after every use. See attached email, and sign off template.
The home's Health & Safety Representative will be responsible for ensuring that a sign off sheet remains posted at all times. The Administrator or Operations Manager will review these sheets on a weekly basis to ensure they are being completed.

Updated:
Beginning the week of 8/10/26, the Administrator or Operations Manager will visually inspect the dryer lint traps and drums while auditing the completion of the sign off sheet.

Licensee's Proposed Overall Completion Date: *08/15/2026*

Implemented ([redacted] - 09/03/2026)

132c - Fire Drill Records

5. Requirements

2600.
132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill records for 9/11/25 at 1:14am and 6/30/26 at 10:00am do not include the number of residents in the home or number of residents evacuated.

Plan of Correction ***Accept ([redacted] - 08/12/2026)***

The number of residents in the home and number of residents evacuated have been added to these fire drill forms, by the Administrator.

The procedure for running a fire drill and how to fill out a fire drill form in its entirety, including documenting the number of residents in the home and number of residents evacuated at the time of the drill will be reviewed with all staff by the Administrator on 8/18/26. This will include the expectation that upon completion of a fire drill, a fire drill form will be completed and sent to the Operations Manager immediately for review. The Operations Manager will ensure that each fire drill form is completed entirely and will follow up with the staff who completed the drill/form if needed.

Updated:
Within 48 hours of receiving the completed fire drill form, the Operations Manager will review the form line-by-line to verify that all required elements are documented: Date and time of drill, evacuation duration, exit route utilized, total number of residents in the home at the time of drill, total number of residents evacuated, total staff participating, problems encountered, and the operational status of alarms/detectors.
If any required elements are missing or incomplete, the Operations Manager will contact the staff member who conducted the fire drill within 24 hours of discovery to correct the form and issue verbal re-education.
This process will continue ongoing, after each fire drill.

132c - Fire Drill Records *(continued)*

Licensee's Proposed Overall Completion Date: *08/18/2026*

Implemented ([redacted] - 09/03/2026)

183e - Storing Medications

6. 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 7/15/26 at 10:36am, [redacted] was observed in the home's medication cart for Resident #1. This medication had an expiration date printed on the bottle of 6/30/26.

Repeat Violation: 7/16/25

Plan of Correction ***Accept ([redacted] - 08/12/2026)***

On the day of inspection the expired medication was disposed of, and reordered through the pharmacy.

A Med Cart Audit will be completed on a weekly basis by the Medication Manager, beginning the week of 8/3/26. This audit will include ensuring that no medications (including oral, topical and external treatments) are expired. If any are found to be expired they will be removed and reordered immediately. See attached template. The Medication Manager will submit each completed audit to the home's Nurse to ensure compliance.

The Administrator will review completed audit forms on a monthly basis, to ensure they are being completed.

Updated:
The weekly audits will be performed by the Medication Manger ongoing.

Beginning in August 2026, the Administrator will review completed audit forms, perform a random spot-check of 20% of cart medications, and verify the Medication Manager's documentation monthly for 12 consecutive months.

Licensee's Proposed Overall Completion Date: *08/28/2026*

Implemented ([redacted] - 09/03/2026)