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

August 31, 2026

[redacted] QUALITY MANAGEMENT AND PHYSICIAN SUPPORT SPECIALIST
REMED RECOVERY CARE CENTERS LLC
[redacted]

RE: REMED
139 SPRUCE LANE
PAOLI, PA, 19301
LICENSE/COC#: 13436

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/16/2026 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* **License #**: *13436* **License Expiration**: *06/14/2027*

**Address**: *139 SPRUCE LANE, PAOLI, PA 19301*

**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**: *01/14/2009* **Issued By**: *Willistown Township, Chester County PA*

## 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**: *07/16/2026*

## Inspection Dates and Department Representative

*07/16/2026 - On-Site:* [redacted]

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity**: *5* **Residents Served**: *3*

### Secured Dementia Care Unit

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

### Hospice

**Current Residents**: *0*

### Number of Residents Who:

**Receive Supplemental Security Income**: *3* **Are 60 Years of Age or Older**: *2*

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

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

## Inspections / Reviews

### 07/16/2026 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**: *08/21/2026*

**Reviewer**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/10/2026*

## Inspections / Reviews *(continued)*

**08/12/2026 POC Submission**

**Submitted By:** [redacted] **Date Submitted:** *08/21/2026*

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

**08/31/2026 Document Submission**

**Submitted By:** [redacted] **Date Submitted:** *08/21/2026*

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

## 65f - Training Topics

**1. 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 did not receive training on instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan and safe management techniques during training year 2025.*

*Direct care staff person B did not receive training on 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] - 08/12/2026)***

*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, identifying these topics as a required annual training. Also attached is the 2026 version.*

*A training related to 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 Administrator and Case Manager. Documentation of training will be kept, and will be added to staff Relias LMS transcripts.*
*The Administrator emailed all staff on 8/5/26 informing them of the upcoming training, its purpose and their requirement of attendance. See attached email. Additional training will occur as needed based on changes in resident status.*

*Updated:*
*This training will be held annually in person and recorded for those unable to attend. For staff viewing the recorded training, time will be allotted during their next scheduled shift to complete it. The Case Manager or Administrator will complete the training. Staff attendance will be documented, tracked, and added to the Relias LMS to be included on all staff training transcripts.*

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

***Implemented ([redacted] - 08/31/2026)***

## 85a - Sanitary Conditions

**2. Requirements**

2600.
85.a. Sanitary conditions shall be maintained.

## 85a - Sanitary Conditions *(continued)*

**Description of Violation**

*On 07/16/26, at 9:31 AM, a loofah brush and a washcloth were observed in the shower of the shared back bathroom. Neither item was labeled with identifying information.*

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

*On the day of inspection all personal items were removed from the shared bathroom and stored in the resident's bedroom.*

*The week of 8/3/26, a DHS Environmental Checklist was implemented, which includes ensuring resident personal items are labeled, and stored in their bedrooms. The home's Lead Life Skills Trainer or a designee will be responsible for completing this checklist on a weekly basis. See attached checklist. The checklist will remain in place for the duration of one year from the implementation date.*

*The Administrator will review the checklist on a weekly basis to ensure it is being completed.*

**Licensee's Proposed Overall Completion Date:** *08/06/2026*

***Implemented ([redacted] - 08/31/2026)***

## 89b - Hot Water Temperature

**3. Requirements**

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

**Description of Violation**

*On 07/16/26, at 9:32 AM, the hot water temperature at the sink in the back bathroom measured 130.2 degrees Fahrenheit and at 10:40 it was 130.7 degrees Fahrenheit.*

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

*At the time of inspection, the Administrator contacted the Maintenance Dept., who turned down the water heater. Please see attached photo of the water temperature reading 114.8 degrees Fahrenheit.*

*The week of 8/3/26, a DHS Environmental Checklist was implemented, which includes checking the water temperature in the bathroom sinks to ensure they remain below 120 degrees Fahrenheit. The home's Lead Life Skills Trainer or a designee will be responsible for completing this checklist on a weekly basis. See previously attached checklist. The checklist will remain in place for the duration of one year from the implementation date.*

*The Administrator will review the checklist on a weekly basis to ensure it is being completed.*

*Additionally, the Maintenance Dept. will check the water heater on a monthly basis to ensure it is set at the appropriate temperature. The Administrator will follow up with the Maintenance Dept. monthly to ensure this is being completed.*

**Licensee's Proposed Overall Completion Date:** *08/31/2026*

***Implemented ([redacted] - 08/31/2026)***

## 101r - Bedroom - shades/drapes/window covering

**4. Requirements**

## 101r Bedroom shades/drapes/window covering *(continued)*

2600.
101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

**Description of Violation**

*The blinds in bedroom #4 had three slats that were broken or cut on the right side edge of the blinds.*

*The blinds in bedroom #2 were broken in multiple areas, specifically where the blind attaches to the string. Making the blinds uneven and drooping in certain areas.*

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

*On the day of inspection the Maintenance Dept. replaced the blinds in bedrooms #2 and #4. See attached photos.*

*The week of 8/3/26, a DHS Environmental Checklist was implemented, which includes ensuring that blinds in resident bedrooms remain in working order. The home's Lead Life Skills Trainer or a designee will be responsible for completing this checklist on a weekly basis. See previously attached checklist. The checklist will remain in place for the duration of one year from the implementation date.*

*The Administrator will review the checklist on a weekly basis to ensure it is being completed.*

**Licensee's Proposed Overall Completion Date:** *08/06/2026*

***Implemented ([redacted] - 08/31/2026)***

## 162c Menus Posted

**5. 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**

*On 07/16/26, at 9:42 AM, the home's menu for the week of 07/13/26 to 07/19/26 was posted. However, the menu for the following week was not posted.*

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

*On the day of inspection, the menu for the week of 7/20/26 was posted. See photo.*

*The week of 8/3/26, a DHS Kitchen Checklist was implemented, which includes ensuring all required weeks of menus are posted. The home's Food Service Manager or a designee will be responsible for completing this checklist on a weekly basis. See attached checklist. The checklist will remain in place for the duration of one year from the implementation date.*

*The Administrator will review the checklist on a weekly basis to ensure it is being completed.*

**Licensee's Proposed Overall Completion Date:** *08/06/2026*

***Implemented ([redacted] - 08/31/2026)***