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

October 19, 2026

[redacted]
REMED RECOVERY CARE CENTERS LLC
[redacted]

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

[redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/02/2026 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 LLC*

Address: [redacted]

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

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *10* **Waking Staff**: *8*

Inspection Information

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

Reason: *Incident* **Exit Conference Date**: *09/02/2026*

Inspection Dates and Department Representative

09/02/2026 - 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: *1* **Are 60 Years of Age or Older**: *5*

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

Have Mobility Need: *2* **Have Physical Disability**: *1*

Inspections / Reviews

09/02/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/26/2026*

09/25/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *09/25/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *10/17/2026*

Inspections / Reviews *(continued)*

10/19/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *10/19/2026*

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

42b - Abuse

1. Requirements

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] at approximately 7:45 a.m., resident [redacted] was observed by staff to have bruising to [redacted] right eye and blood on [redacted] glasses. Resident [redacted] stated that the overnight direct care staff person A struck [redacted] during the overnight shift. Resident [redacted] did not have an injury to [redacted] eye when the previous evening's shift left at 11:00 p.m. Another resident reported that [redacted] heard a loud thud at approximately 1:00 a.m. that woke [redacted] up and heard talking between resident [redacted] and staff person A. Although resident [redacted] could not make out all of what was being said, [redacted] did hear resident [redacted] say "[redacted] you!" and "Get out!" A few minutes later, resident [redacted] heard resident [redacted] say "Just get out!" Then resident #[redacted] heard resident #[redacted] door shut. Resident [redacted] was taken to the Emergency Department on [redacted] where [redacted] was diagnosed with a [redacted] and [redacted] injury.

Plan of Correction ***Accept [redacted] - 09/25/2026)***

Staff person A was immediately suspended on 8/30/2026 pending an internal investigation, and will remain suspended until the conclusion of all external investigations into the alleged physical abuse.
Resident [redacted] was taken to an Allegheny Health Network hospital for further examination of injuries on 8/30/2026 and was discharged back to the home the same day.

On 8/30/2026 the Director of Clinical Operations submitted a Reportable Incident to DHS, as well as a verbal report to the Dept. of Aging. On 8/31/2026 the Director of Clinical Operations submitted a Mandatory Abuse Report to the Dept. of Aging.

Staff person A will transition to a different ReMed program and will receive retraining on de-escalation/CPI techniques for rational detachment and resident rights upon returning back to work after the conclusion of all external investigations. Additionally weekly supervision meetings will be held with staff person A by the Administrator upon their return.

A staff meeting will be held on 10/12/2026 where all staff will receive a review of the on-call support system and when to use this system in the event of a crisis/incident. A training focusing on identifying signs of abuse, from the Allegheny County Area on Aging website will also be reviewed during the meeting.

The Administrator will develop a questionnaire centered around resident rights and potential abuse. They will interview two clients weekly for three months, documenting their answers about how they are being treated at the home and follow up with any concerns. After three months, the Administrator will continue to interview two clients once per month for nine months. Documentation will be kept. The Administrator will begin interviews on 10/2/2026.

Licensee's Proposed Overall Completion Date: *10/16/2026*

Implemented ([redacted] - 10/19/2026)