



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 22 2017

Ms. Elaine Lecatsas,
Vice President of Operations
ReMed Recovery Care Centers
16 Industrial Boulevard, Suite 203
Paoli, Pennsylvania 19301

RE: ReMed Recovery Care Centers – Building 2
323 Paoli Pike
Malvern, Pennsylvania 19355
License #: 142820

Dear Ms. Lecatsas:

As a result of the Department of Human Services' annual licensing inspection on May 9, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2800 (relating to Assisted Living Residences) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2800 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
Licensing Inspection Summary

LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

ALR Name: ReMed Recovery Care Centers – Building 2	License Number: 142820
Address: 323 Paoli Pike Malvern, Pennsylvania 19460	County: Chester
Administrator: Julia Nastasi	
Legal Entity Name: ReMed Recovery Care Centers LLC	
Legal Entity Address: 16 Industrial Boulevard, Suite 203 Paoli, Pennsylvania 19301	
Certificate(s) of Occupancy: Commonwealth of Pennsylvania/Dept. of LI C2 & LP 10/31/1994	
Type of Inspection: Full	
Reason(s) for Inspection(s): Renewal	
On-Site Inspections Dates and Department Representatives On-Site: May 9, 2017	
Off-Site Inspection Dates and Inspectors, If Applicable: Sabrina Freeman & Lauren Kazimer	
Resident Demographic Data as of Inspection Dates	
Licensed Capacity: 8 Number of Residents Served: 7 Secured Dementia Care Unit in Home: NA Area: NA Secured Unit Capacity, If Applicable Number of Residents Served in Secured Dementia Care Unit, If applicable: NA Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 0 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 1

LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

<p>Regulation 69 Administrative staff, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall receive at least 4 hours of dementia-specific training within 30 days of hire and at least 2 hours of dementia-specific training annually thereafter in addition to the training requirements of this chapter.</p>
<p>Violation Staff person A was hired [redacted]/17. The home failed to ensure that Staff person A received at least 4 hours of dementia-specific training within 30 days of hire.</p>
<p>Plan of Correction Administrator will ensure that all staff meet training requirements outlined in Regulation 236(c), which specifies that staff in a Special Care Unit for Intensive Neuro Rehabilitation Brain Injury will receive 8 hours of training in brain injury within 30 days of hire.</p> <p style="margin-left: 40px;">--</p> <p>The administrator will ensure that all training requirements are met within the required time.</p>

Printed Name and Title of Legal Entity Representative (Required on all pages) JULIA NASTASI Administrator	
Signature of Legal Entity Representative (Required on all pages) <i>Julia Nastasi</i>	Date 7/19/17
DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u><i>7/20/17</i></u> <small>(Date)</small>	Plan of correction implementation status as of <u><i>8/2/17</i></u> <small>(Date)</small>
The above plan of correction was approved by <u><i>[Signature]</i></u> <small>(Initials)</small>	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented – Adequate Progress <input type="checkbox"/> Partially Implemented – Inadequate Progress <input type="checkbox"/> Not Implemented

LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

<p>Regulation 101(j)(7) Each resident shall have the following in the living unit: An operable lamp or other source of lighting that can be turned on at bedside.</p>
<p>Violation At the time of inspection, the lamp in bedroom 4 was not working.</p>
<p>Plan of Correction At the time of inspection, the tap light's battery was replaced; see attached photo below. The Administrator or program's Health & Safety Representative will check to ensure all bedside lights are in working order during weekly walk-through inspections.</p>

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LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

Regulation 102(b) There must be at least one sink and wall mirror in the bathroom of the living unit.
Violation At the time of inspection, the home failed to ensure that one of the 2 nd floor bathrooms had a wall mirror.
Plan of Correction The mirror in the second floor bathroom had been taken down so it could be mounted in a secure manner. The mirror was replaced and mounted at the time of inspection (see attached photo below). The Administrator or Health & Safety Representative will check to ensure that all bathrooms have wall mirrors during weekly walk-through inspections.

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The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented – Adequate Progress <input type="checkbox"/> Partially Implemented – Inadequate Progress <input type="checkbox"/> Not Implemented

LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

Regulation 103(f) Food requiring refrigeration shall be stored at or below 40 degrees Fahrenheit. Frozen food shall be kept at or below 0 degrees Fahrenheit. Thermometers are required in refrigerators and freezers.
Violation At 10:41 AM, the freezer temperature was 20 degree Fahrenheit.
Plan of Correction The freezer temperature has been adjusted to 0 degrees Fahrenheit. The Administrator or Health & Safety Representative will check to ensure the freezer remains at 0 degrees Fahrenheit during weekly walk-through inspections.

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LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

Regulation 141(a)(2)

A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, subject to the provisions of 2800.22 (relating to application and admission). The evaluation must include the following:

Medical diagnosis including physical or mental disabilities of the resident, if any.

Violation

Resident #1's medical evaluation was incomplete at the time of inspection. The home failed to complete section 7 or the medication addendum.

Plan of Correction

Resident #1's listing of medications has been attached to the Medical Evaluation. (See attached Supporting Documents file, page 1-6.)

The Administrator or designee, the Case Manager Assistant, will ensure that all resident medical evaluations will contain a complete listing of his/her medications for review by the physician, physician's assistant or certified registered nurse practitioner.

Printed Name and Title of Legal Entity Representative (Required on all pages) **JULIA NASTASI ADMINISTRATOR**

Signature of Legal Entity Representative (Required on all pages) *Julia Nastasi* Date **7/19/17**

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The above plan of correction is approved as of 7/28/17
(Date)

Plan of correction implementation status as of 8/2/17
(Date)

The above plan of correction was approved by *JNB*
(Initials)

- Fully Implemented
- Partially Implemented – Adequate Progress
- Partially Implemented – Inadequate Progress
- Not Implemented

LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

<p>Regulation 141(a)(11) A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, subject to the provisions of 2800.22 (relating to application and admission). The evaluation must include the following: An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.</p>
<p>Violation Resident #2 was admitted to the home on [REDACTED] 17. The home failed to ensure that resident #2 had been administered a TB test with negative results within 2 years or within 15 days after admission.</p>
<p>Plan of Correction Due to extreme anxiety this resident experiences with hands-on care, which results in significant physical aggression which poses a safety risk to [REDACTED] and others, there has been a delay in securing a TB test. The plan is to have this completed during [REDACTED] next blood draw as procedures have been developed to accomplish this safely. This procedure will be completed no later than August 11, 2017.</p> <p style="text-align: center; margin-top: 20px;">Moving forward all TB test will be scheduled early enough to effectively meet compliance.</p>
<p>Regulation 162(e)</p>

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LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

A change to a menu shall be posted in a conspicuous and public place in the residence and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with 2800.161 (relating to nutritional adequacy).

Violation

At the time of inspection, the home failed to post a change in menu. The lunch menu posted for 5/9/17 was soup & salad, low fat yogurt, juice, milk and water. However, the home served stir fry, egg roll, cookies and Schweppes drink for lunch.

Plan of Correction

A form has been created to ensure that any change from the posted menu is clearly documented and available for all residents to review (see attached photos below).

Moving forward the dietary staff will ensure the process is followed to meet required compliance.

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Signature of Legal Entity Representative (Required on all pages)		Date 7/19/17	
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LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

Regulation 183(f)

Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the residence shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the residence, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the residence.

Violation

The home failed to discard discontinued medications. Resident #1's Clobetasol ointment was discontinued on 11/2/16 & the Simethicone 80mg was discontinued on 8/5/16. At the time of inspection on 5/9/17, both medications were still in the cart.

Plan of Correction

The discontinued medications were removed and properly discarded. The Medication Manager will complete and document a weekly medication room inventory to ensure all discontinued medications have been properly discarded.

Training was held to on 7/19/17 to ensure compliance relating to discarding discontinued medication

Printed Name and Title of Legal Entity Representative (Required on all pages) JULIA NASTAS Administrator

Signature of Legal Entity Representative (Required on all pages) Julia Nastas Date 7/19/17

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(Date)

Plan of correction implementation status as of 9/2/17
(Date)

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(Initials)

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LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

<p>Regulation 185(a) The residence shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.</p>
<p>Violation On 8/11/16, resident #1 was prescribed Nystatin powder. At the time of inspection, the home did not have the Nystatin on the medication cart or onsite in the home.</p>
<p>Plan of Correction The Medication Manager will ensure that all medications prescribed by the physician are available for administration. During the weekly medication room inventory, the Medication Manager will check the actual medications on-hand to the individual medication record.</p>

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LICENSING INSPECTION SUMMARY
 Assisted Living Residences – 55 Pa.Code § 2800

Regulation 225(a)(1)
 The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department's assessment form. Additional written assessments shall be completed as follows:
Annually

Violation
 The home failed to verify that the written assessment for resident # 1, 2 and 3 was complete by an RN or under the supervision of an RN.

Plan of Correction
 The assessments have been reviewed by and approved by the program's nurse (See attached Supporting Documents file, page 7-9).

 The Administrator or Case Manager Assistant will ensure that all resident assessments are reviewed by and approved by the program nurse going forward as they are created and updated.

Printed Name and Title of Legal Entity Representative (Required on all pages) JULIA NASTASI Administrator

Signature of Legal Entity Representative (Required on all pages) Julia Nastasi Date 7/19/17

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