



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 18 2018

Ms. Elaine Lecatsas
Vice President of Operations
ReMed Recovery Care Centers, Inc.
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's Bureau of Human Services Licensing annual inspection on July 25, 2018 of the above facility, the violations with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence) 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.

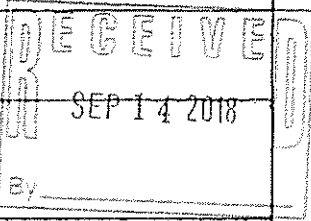
Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License 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 19355	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: July 25, 2018 Shawn Parker David Carrion	
Off-Site Inspection Dates and Inspectors, if Applicable: N/A	
Resident Demographic Data as of Inspection Dates	
Licensed Capacity: 8 Number of Residents Served: 5 Secured Dementia Care Unit in Home: N/A Area: N/A Secured Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 1 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 0

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

Regulation 2800.65(a) - Prior to or during the first work day, direct care staff persons and other 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 residence'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.

Violation
 Staff member A, date of hire 05/22/17, did not initial all trainings related to Fire-Safety and Emergency Procedures.

Plan of Correction
 All new hire employees will be trained in fire-safety and emergency procedures first day on site by designated staff trainer. Employee and trainer will initial training checklist at time of training/training completion. Please see attached document of employee's initials for training provided.

Submitted documents renewal 12/11/18 [Signature]

Printed Name and Title of Legal Entity Representative (Required on all pages) <i>Julia Nastasi</i>	
Signature of Legal Entity Representative (Required on all pages) <i>Julia Nastasi</i>	Date <i>9/14/18</i>
DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u><i>12/11/18</i></u> (Date)	Plan of correction implementation status as of <u><i>12/11/18</i></u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (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 2800.102(k) - Use of a common towel is prohibited.
Violation A common towel was found in the bathroom on the second floor.
Plan of Correction Daily health and safety walk through of residence will be scheduled to ensure common towels/linens are not left in resident bathrooms. Please see photos of resident bathrooms free of common towels/linens/toiletries.
<p style="font-style: italic; font-size: 1.2em;">Submitted documentation received @ 12/11/18</p>

Printed Name and Title of Legal Entity Representative (Required on all pages) JULIA NASTARI	
Signature of Legal Entity Representative (Required on all pages) <i>Julia Nastari</i>	Date 9/14/18
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The above plan of correction was approved by <i>JN</i> <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

Regulation 2800.103(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.

Violation
 The kitchen freezer thermometer read 40-degree Fahrenheit at 1:30pm.
 At 2:30pm, the freezer temperature was 15-degree Fahrenheit.

Plan of Correction
 A new thermometer has been placed in designated freezer. The current thermometer is providing an accurate reading of 0 degrees F freezer temperature. Please see photo attached.

a log for temperatures to be maintained & initialled effective immediately - Document to be maintained per Department number @ 12/21/18

submitted documentation reviewed @ 12/11/18

Printed Name and Title of Legal Entity Representative (Required on all pages) Julia Nastasi	
Signature of Legal Entity Representative (Required on all pages) <i>Julia Nastasi</i>	Date 9/14/18
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LICENSING INSPECTION SUMMARY
 Assisted Living Residences – 55 Pa.Code § 2800

Regulation 2800.183(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
 Resident #1's Bisacodyl Tab 5 mg EC Tabs was discontinued. Medication was in resident #1's cart on date of inspection 07/25/18.

Plan of Correction

Medication manager performs weekly med cart audits to ensure that all discontinued medication is removed from resident's cart.
Review. (Signature) 12/11/18. Audits to be maintained for Department.

Printed Name and Title of Legal Entity Representative (Required on all pages) *Julia N. [Signature]*

Signature of Legal Entity Representative (Required on all pages) *Julia N. [Signature]* Date *9/14/18*

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

Regulation 2800.185(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.

Violation

On 06/19/17, resident #1 was prescribed Haloperidol 10 mg tablets. At the time of inspection 07/25/18, the medication was not available in the home.

Plan of Correction

Medication manager performs routine audits to ensure medications prescribed are available to resident. Medication manager will notify resident's case manager, prescribing physician, and designated pharmacy when medication is not available. *audits to be maintained for Department review. @ 12/11/18*

Printed Name and Title of Legal Entity Representative (Required on all pages) *Julia Nastasi*

Signature of Legal Entity Representative (Required on all pages) *Julia Nastasi* Date *9/19/18*

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 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

Plan of correction implementation status as of *12/11/18*
 (Date)

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

Regulation 2800.188(c) - Documentation of medication errors and the prescriber's response shall be kept in the resident's record.

Discussion: Medication errors include the following:

- Failure to administer a medication.
- Administration of the wrong medication.
- Administration of the wrong amount of medication.
- Failure to administer a medication at the prescribed time.
- Administration to the wrong resident.
- Administration through the wrong route.

Violation

On 07/12/18, resident #1 was prescribed Chlorlexidine Solution Gluc.012% 15 ml 2 times a day. The medication bottle had a start date of 7/21/18 initiated by staff member B. Medication was not administered to resident until 07/23/18.

Plan of Correction

This facility is not in agreement with noted violation.

Medication was entered into QuickMar on 7/23/2018. Medication arrived on 7/21/2018 and bottle was initiated by staff. Due to the physical limitations of resident #1 and potential to swallow solution, the medication was to be trialed starting on 7/23/2018. Resident has since had the solution discontinued. Medication manager and program nurse will provide communication of appropriate start date of medications to treatment team. The medication was not missed between 7/21/2018 and 7/23/2018, as it was not to be started until 7/23/2018.

Staff to be trained on communicating accurate information on actual start dates for administration of the medication. Training to be maintained for Department review. JW 12/11/18

Printed Name and Title of Legal Entity Representative (Required on all pages) Julia Nassari

Signature of Legal Entity Representative (Required on all pages) Julia Nassari Date 9/14/18

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