pennsylvania
DEPARTMENT OF HUMAN SERVICES
August 22, 2019
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 <br> License \#: 142820

Dear Ms. Lecatsas:
As a result of the Department's Bureau of Human Services Licensing annual inspection on June 20, 2019 of the above facility, the violations with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence) 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.


Enclosure Violation Report

## Violation Report

## Facility Information

Name: REMED RECOVERY CARE CENTERS BUILDING 2
License Number: 142820
Address: 323 PAOLI PIKE, MALVERN, PA 19460
County: CHESTER Region: SOUTHEAST

## Administrator

Name: JULIA NASTASI Phone: 4845959300
Email: JNASTASI@REMED.COM

## Legal Entity

Name: REMED RECOVERY CARE CENTERS ILC
Address: 16 INDUSTRIAL BLVD SUITE 203, PAOLI, PA, 19301

## Certificate(s) of Occupancy

Type: C-2 LP
Date: 09/27/1995

## Staffing Hours

Resident Support Staff: 0
Total Daily Staff: 6
Inspection
Type: Full
BHA Docket \#:
Issued By: CWOPA DEPT OF L\&/

Reason: Renewal
Inspection Dates and Department Representative
06/20/2019 - On-Site: Tahesia Thomas

Resident Demographic Data as of Inspection Dates
General Information

License Capacity: 8
Special Care Unit
In Home: No
Hospice
Current Residents: 0
Number of Residents Who:
Receive Supplemental Security Income: 3
Diagnosed with Mental Illness: 0
Have Mobility Need: 1

## Residents Served: 5

Capacity: Residents Served:

## 51 Criminal background checks

## Requirements

2800. 
2801. Criminal background checks
a. Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101 - 10225.5102 ) and 6 Pa . Code Chapter 15 (relating to protective services for older adults).
b. The hiring policies shall be in accordance with the Department of Aging's Older Adult Protective Services Act policy as posted on the Department of Aging's web site.

## Description of Violation

Staff person A's date of hire was 12/12/17. The home requested the criminal background on 12/13/17 which is after the hire date.

Staff person B's date of hire was 08/21/18. The home requested the criminal background on 08/23/18 which is after the hire date.

## Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

It is the practice of the HR Department to complete background checks prior to or on the hire date. HR and the program administrator will ensure to communicate to determine a new hire start date, and if there are any changes to a planned start date in order to ensure background checks are completed in accordance with OAPSA's hiring policies.
Designated staff involved in hiring will develop a new hire checklist tracking system. 8/6/19 ITC

Legal Entity Representative


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The above plan of correction is approved as of $8 / 6 / 19$ Plan of correction implementation status as of $8 / 6 / 19$
(Date)
(Date)
$\square$ fully Implemented
The above plan of correction was approved by
X Partially Implemented - Adequate Progress
$\square$ Partially Implemented - Inadequate ProgressNot Implemented

