

Department of Human Services
Bureau of Human Service Licensing

April 2, 2021

██████████ VP OF OPERATIONS
REMED RECOVERY CARE CENTERS LLC
16 INDUSTRIAL BLVD, SUITE 203
PAOLI, PA 19301

RE: REMED RECOVERY CARE CENTERS -
BUILDING 2
323 PAOLI PIKE
MALVERN, PA, 19460
LICENSE/COC#: 14282

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/25/2021, 01/26/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Claire Mendez

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: *REMED RECOVERY CARE CENTERS - BUILDING 2* License #: *14282* License Expiration Date: *02/01/2022*
Address: *323 PAOLI PIKE, MALVERN, PA 19460*
County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *4845959300* Email: [REDACTED]

Legal Entity

Name: *REMED RECOVERY CARE CENTERS LLC*
Address: *16 INDUSTRIAL BLVD, SUITE 203, PAOLI, PA, 19301*
Phone: *4845959300* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *09/27/1995* Issued By: *CWOPA Dept of L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *9* Waking Staff: *7*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *01/26/2021*

Inspection Dates and Department Representative

01/25/2021 - On-Site: [REDACTED]
01/26/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8* Residents Served: *8*

Special 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: *1*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

01/25/2021 - Full

Lead Inspector: [REDACTED]h

Follow-Up Type: *POC Submission*

Follow-Up Date: *02/21/2021*

2/25/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *02/27/2021*

2/25/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *03/02/2021*

4/2/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

231c2 Preadmit screening (INRBI)

1. Requirements

2800.

231.c.2.ii. A cognitive, physical, behavioral specialist with brain injury experience shall assist in developing a rehabilitation and support plan by working with the resident’s physician, neuropsychologist and, when appropriate, the resident’s designated person or the resident’s family, or both to develop the resident’s rehabilitation and support plan. This plan must include a high level of nursing and behavioral supervision, medication management, occupational therapy, cognitive therapy, behavioral therapy, vocational services, support for social reentry, and a personalized treatment plan.

Description of Violation

Part III of Resident # 1’s Preadmission Screening form is incomplete, and does not include the Date of Determination or the Determination of Services.

Plan of Correction

Do Not Accept

The Case Manager Assistant or Designee will work in collaboration with the Admissions Department to ensure that all relevant sections, including the Date of Determination/Determination of Services, within the Preadmission Screening form will be completed.

Completion Date: 02/24/2021

Update - 02/25/2021

More detail is needed. How will the home ensure that all relevant sections are completed? How often will this be reviewed? Have all existing records been audited?

Plan of Correction

Accept

Quality Management Specialist audited current client Preadmission Screening forms today, 02/25/21. Process was reviewed with the Director of Provider Relations; to ensure that the Admissions team is checking that this form is filled out in it's entirety before accepting it and relaying it to the Case Manager Assistant.

Upon receipt from the Admissions team, the Case Manager Assistant/Designee will also thoroughly review to ensure the form is fully completed and reach out to Admissions to revise if necessary.

Completion Date: 02/25/2021

Document Submission

Implemented

We have not had any admissions to the secured unit since a discussion was had with the Director of Provider Relations where we developed a new process for the Admissions team surrounding the completion of the Pre-Admission Screening form, to provide documentation that the process is working well.

Further details of our process include having the Admissions team pre-populate the following, rather than relying on the outside provider to complete: residence name and address, resident name, diagnosis requiring special care services, and the type of unit. The Admissions team has also been informed that they cannot accept the form from the outside provider and pass it along to the residence’s team without a date of determination, as well as the determination checked. The Director of Provider Relations also plans to be a double check and review the form before it is sent to the residence’s team.