

Department of Human Services
Bureau of Human Service Licensing

January 27, 2022

[REDACTED]
REMED RECOVERY CARE CENTERS LLC
[REDACTED]
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/04/2021 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 - PUBLIC

Facility Information

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

Administrator

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

Legal Entity

Name: *REMEDI RECOVERY CARE CENTERS LLC*
Address: [REDACTED]
Phone: *4845959300* Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *7* Waking Staff: *5*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *11/04/2021*

Inspection Dates and Department Representative

11/04/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8* Residents Served: *7*

Special Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *1*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

11/04/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/03/2021*

Inspections / Reviews *(continued)*

12/01/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *12/06/2021*

12/10/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *01/31/2022*

01/27/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

107d Procedure EMA submission

1. Requirements

2800.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The residence's written emergency procedures have not been submitted to the local management agency since January, 2020.

Plan of Correction

Accept

The staff person responsible, the Executive Assistant to the Chief Operations Officer, has been re-educated on the timeframe expectation of this regulation. As stated above, this person has a reminder on their calendar for January 2022, to ensure that this is completed by 03/22/2022, within 12 months from the last submission.

Document Submission

Implemented

The Executive Assistant to the Chief Operations Officer remains the person responsible for this task. They confirmed that it remains on their calendar to complete prior to 03/22/2022, within 12 months from the last submission.

225a Assessment - RN/form

1. Requirements

2800.

225.a. 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:

Description of Violation

The resident #1's assessment, dated [REDACTED]/2021, was completed by staff person B without the supervision of a registered nurse. Staff person B is not qualified to complete the assessment as a Rehabilitation Case Manger Assistant.

Plan of Correction

Accept

The home's RN has always been involved in the assessment, however, going forward, the home will have the RN be the person completing the entire assessment, and form, and will be the one signing off on it. The Rehabilitation Case Manager Assistant will review the form after completed by the RN, to ensure that it is filled out in its entirety, and will reach out to the RN to complete any missing items if necessary. This process will begin immediately.

Directed Plan of Correction 12/9/21 CM: Starting 12/10/21, the administrator will review 1 assessment per week for 2 months to ensure a registered nurse is supervising the assessment and completion of the plan. Documentation of audits shall be provided to the department by 1/31/22.

Document Submission

Implemented

Since 12/10/21, the home has not had any new admissions. There has been one annual assessment completed during this timeframe, in January 2022. This ASP has been reviewed by the administrator, with no issues noted.