pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **RENEW RECOVERY CENTER LLC**
LEGAL ENTITY

To operate **HOPE'S DESTINY**
NAME OF FACILITY OR AGENCY

Located at **610 DRESHER RD, HORSHAM, PA 19044**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Outpatient**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **N/A**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions:

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 5200: Mental Health Psychiatric Outpatient Clinics
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **February 5,** **2025** until **February 5,** **2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **151450**

ISSUING OFFICER

Jennifer S Smith
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 01/23

COMMONWEALTH OF PENNSYLVANIA
DEPUTY SECRETARY FOR MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
MAILING DATE: 2/25/2025

[redacted], Owner
Renew Recovery Center LLC
49 Lodz Drive
Lakewood, New Jersey 08701

RE: Outpatient Program
Hope's Destiny
601 Dresher Road
Horsham, Pennsylvania 19044
License #: 151450

Dear [redacted]

As a result of the Pennsylvania Department of Human Services (Department), Office of Mental Health and Substance Abuse Services (OMHSAS), licensing inspection on January 10, 2025 and January 17, 2025, of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is acceptable; and based on our follow-up review on February 5, 2025, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained. Since this is a new license for a program that is not yet operational a regular license is being issued.

Once your program becomes operational, a licensing representative may return for a follow-up visit. If, at that time, your program is found to be in violation of licensing regulations applicable to this program, deficiencies will be noted, and a plan of correction will be required in accordance with the standard licensing process.

The Office of Mental Health and Substance Abuse Services (OMHSAS) is issuing the enclosed full license effective from February 5, 2025 to February 5, 2026.

If you have any questions regarding the licensing process, please contact [redacted] of the Southeast Field Office by phone at [redacted] or by email at [redacted]

Sincerely,

Jennifer S Smith

Jennifer S. Smith
Deputy Secretary

Enclosures

c: Montgomery County MH/ID Administrator
Licensing Administration
Southeast Field Office
OMHSAS Business Partner Support Unit
OMHSAS Licensing Management Technician

Department of Human Services
Office of Mental Health and Substance Abuse Services

LICENSING INSPECTION SUMMARY

Name of Surveyor(s): Kevin Scott

Date(s) of Visit: January 10, 2025 and January 17, 2025

[x] Announced Visit [ ] Unannounced Visit

Facility/Program Information

Name of Facility:	Hope's Destiny		
Address of Facility:	601 Dresher Road Horsham, PA 19044	**License/Approval Number:**	151450
		Type of Program:	Outpatient
Phone Number:	347-623-0931		

Inspection Information

Type of Inspection: [x] Initial [ ] Renewal [ ] Complaint [ ] Incident

Inspection Results: [x] Deficiencies Identified (Plan of Correction Required)

Signatures

Agency Representative Completing the Plan of Correction:

Name: Matthew Rupert **Title:** Consultant

Corporate Officer Signature: _____ **Date:** _____

OMHSAS Staff Approval (signature): Kevin Scott **Date:** 2/5/2025

Department of Human Services
Office of Mental Health & Substance Abuse Services

LICENSING INSPECTION SUMMARY

Regulatory Reference(s)	Violation #	Area(s) of Non-Compliance	Provider's Plan of Corrective Action	Projected Dates of Completion	
				Provider	Approved
§ 5200.24. Criminal history and child abuse certification.					
(a) A psychiatric outpatient clinic shall have documentation of the completed criminal history background check for staff, including volunteers that will have direct contact with an individual. (b) A psychiatric outpatient clinic that serves children shall have documentation of the completed criminal history and child abuse certifications, and mandated reporter training in accordance with 23 Pa.C.S. § § 6301—6386 (relating to the Child Protective Services Law) and Chapter 3490 (relating to protective services) for all staff, including volunteers that will have direct contact with children.	1.	Based on a review of staff records, the staff record did not include documentation that staff completed a Pennsylvania Child Abuse Clearance in one of eight staff records reviewed (staff A).	The staff member with a missing Pennsylvania Child Abuse Clearance submitted the application to receive their clearance on 2/5/2025. The program will provide all new hired staff with clear instructions on obtaining their Pennsylvania Child Abuse Clearance during the onboarding process. Proof of complete clearance must be submitted before any new hire is permitted to work with clients. The program will maintain a tracking system to monitor renewal dates for clearance. The program will ensure ongoing compliance by the Program Director completing a quarterly review of staff files to track employee clearance completion and expiration dates. Employees will receive automatic notifications up to 30 days before clearance expiration to ensure timely renewal.	2/5/2025	Approved 2/5/2025 K.S.