

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to REMED RECOVERY CARE CENTERS, LLC

LEGAL ENTITY

To operate REMED

NAME OF FACILITY OR AGENCY

Located at 139 SPRUCE LANE, PAOLI, PA 19301

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 5
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

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

55 Pa. Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from April 8, 2010 until April 8, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 134360

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

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.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

APR 09 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Ms. Elaine Sprainer, VP of Operations
ReMed Recovery Care
16 Industrial Boulevard
Paoli, Pennsylvania 19301

RE: ReMed Centers
139 Spruce Lane
Paoli, Pennsylvania 19301

Dear Ms. Sprainer:

As a result of the Department of Public Welfare's licensing inspection on January 19, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations 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. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

3-10

VIOLATION REPORT PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME ReMed Centers 139 spruce Lane, Paoli, PA 19301		CURRENT LICENSE NUMBER 134360
INSPECTION DATE(S) (Include all dates of the inspection) 1/19/2010		REGIONAL REPRESENTATIVE S. Chou and L. Santa Maria
SIGNATURE OF LEGAL ENTITY 	DATE 2/25/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION
		DATE 3/7/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
131c A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher meets the requirements for one floor as required in 131a.	The fire extinguisher in home's kitchen area has a rating of 1A-10BC.	01/20/10	New fire extinguisher was obtained for kitchen with rating of 2A-10BC. (see attached pictures) All fire extinguishers will be checked for appropriate rating type during quarterly health and safety checks of the programs.	4/01/10 <i>JE</i>

PCH Division
Central Region Field Office

MAR 1 2010

RECEIVED

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME ReMed Centers 139 spruce Lane, Paoli, PA 19301		CURRENT LICENSE NUMBER 134360	
INSPECTION DATE(S) (Include all dates of the inspection) 1/19/2010		REGIONAL REPRESENTATIVE S. Chou and L. Santa Maria	
SIGNATURE OF LEGAL ENTITY <i>Elizabeth Sab</i>	DATE 2/25/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glenn Ermit</i>	DATE 4/05/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	2 loose pills were found on resident # 2's bedroom floor. Staff stated that resident has a history of dropping medication after it is handed to the resident by staff.	01/22/10	Strategy to place client's medications in applesauce was implemented to ensure ingestion of medication. (see attached strategy) Will monitor Incident Reports for occurrences of missed or dropped medications to promptly address this issue.	4/05/10 <i>SE</i>