

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to REMED RECOVERY CARE CENTERS

LEGAL ENTITY

To operate REMED RECOVERY CARE CENTERS

NAME OF FACILITY OR AGENCY

Located at 103 AQUA DRIVE, PITTSBURGH, PA 15238

(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 8
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 March 25, 2010 until March 25, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 440260

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

MAR 26 2010

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

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

RE: ReMed Recovery Care Center
103 Aqua Drive
Pittsburgh, Pennsylvania 15238

Dear Ms. Sprainer:

As a result of the Department of Public Welfare's licensing inspection on January 21, 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

12-10

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

NAME AND ADDRESS OF PERSONAL CARE HOME Remed Recovery Care Center 103 Aqua Drive Pittsburgh, PA. 152238		CURRENT LICENSE NUMBER 440260	
INSPECTION DATE(S) (Include all dates of the inspection) 1/21/10		REGIONAL REPRESENTATIVE D. McConnell	
SIGNATURE OF LEGAL ENTITY <i>Jay Zak</i>	DATE 2/23/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/17/10


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
65e Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	Direct care staff person A hired on 7/13/04 completed 8 of the required 12 hours annual training for the training period of 1/1/2009 – 12/31/2009.	01/22/10	ReMed's training year is from 12/01 of the previous year to 11/30 of the current year (see attached policy). Staff person A had 12.5 training hours by 11/30/09 as required. (See attached training sheet.) We will ensure all staff have a minimum of 12 hours annual training each training year; this will be monitored by the Staff Trainer and Site Manager.	3/22/10 <i>SS</i>

FCH Division
Central Region Field Office

MAR 1 2010

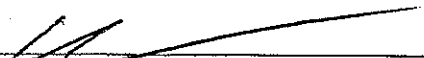
RECEIVED

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93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	The fire exit leading from the kitchen to the outside smoking area patio has a 7" drop off from the doorway's threshold and no handrail to secure the step down.	03/30/10	Will install handrail outside of kitchen door to patio. (See attached estimate and work order.) Will ensure all exits and stairs have handrails. They will be monitored during quarterly health and safety inspections.	3/22/10 SZ

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182b Prescription medication that is not self-administered by a resident shall be administered by one of the following: (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic. (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.	Administrator B confirmed that direct care staff person A administered medications without successfully completing the department – approved medication recertification training within the last 12 months.	01/23/10	Staff person A was re-observed and additional audit of MAR demonstrated correct medication administration and documentation skills (See attached Annual Practicum Summary Sheet.) Will ensure all staff's medication administration skills are monitored through quarterly audits and annual re-observations in a timely manner. DPW Med Observers will be responsible for ensuring observations are completed within required time frames.	Steps have been taken to correct violation; full compliance is not verifiable Date <u>3/22/10</u> Initials (DPW) <u>BE</u>

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<p>(3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.</p> <p>(4) A staff person who has completed the medication administration training in 190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.</p>				