



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, Inc.
16 Industrial Boulevard, Suite 203
Paoli, Pennsylvania 19301

RE: ReMed Recovery Care Centers
2 Harvey Lane
Malvern, Pennsylvania 19335

Dear Ms. Sprainer:

As a result of the Department of Public Welfare's licensing inspection on February 24, 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 black ink that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

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

| | | | |
|--|-------------------------|---|------------------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME Remed Recovery Care Centers 2 Harvey Lane, Malvern, PA 19335 | | CURRENT LICENSE NUMBER 128470 | |
| INSPECTION DATE(S) (Include all dates of the inspection) 2/24/2010 | | REGIONAL REPRESENTATIVE S. Chou and J. Erb | |
| SIGNATURE OF LEGAL ENTITY <i>Jelena Nastash</i> | DATE 03-11-10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Michelle Stran</i> | DATE 3/22/10 |

| 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 |
|---|---|---|--|--|
| 187a A medication record shall be kept to include the following for each resident for whom medications are administered: (14) Name and initials of the staff person administering the medication. | Direct care staff A did not initial medication administration record "Master Key Sheet" for 2/2010. | 3/01/10 | Staff member [redacted] signed the February form. (See attached.) Staff member [redacted] met with a DPW Med Observer to review the steps of med administration and documentation. During the weekly audit, the medication manager will double check the signature sheet to the MAR to ensure all staff have signed. | Steps have been taken to correct violation; full compliance is not verifiable <i>3/22/10</i> Date / Initials (DPW) |

MAR 19 2010

Adult Residential Licensing