

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 26, 2011 until March 26, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 440260

Robert E. Robinson

ISSUING OFFICER

[Signature]

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

MAR 28 2011

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

Ms. Elaine Sprainer, Vice President of Operations
ReMed Recovery Care Center
16 Industrial Boulevard, Suite 203
Paoli, Pennsylvania 19301

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

Dear Ms. Sprainer:

As a result of the Department of Public Welfare's licensing inspection on February 18, 2011 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,

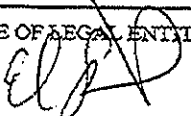
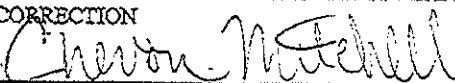
A handwritten signature in black ink, appearing to read 'RM' followed by a stylized flourish.


Ronald Melusky
Acting Director

Enclosures
License
Violation Report



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

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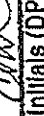
NAME AND ADDRESS OF PERSONAL CARE HOME REMED RECOVERY CARE CENTERS, 105 AQUA DRIVE PITTSBURGH, PA 15238		CURRENT LICENSE NUMBER 440260	
INSPECTION DATES (Include all dates of the inspection) 02/18/2011		REGIONAL REPRESENTATIVE Ryan Novak & Kimberli Forkes	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Ms Elaine Sprainer, Vice President of Operations			
SIGNATURE OF LEGAL ENTITY 	DATE 3/4/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/15/11

<p>16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).</p>	<p>On 1/8/11 Resident #1 punched Resident #2 after Resident #2 slapped Resident #1. The home did not submit an incident report to the Department until 1/10/11.</p>	<p>2/18/2011</p>	<p>ReMed did not realize that DPW's interpretation of abuse included any client to client physical altercation even if it didn't result in serious bodily injury. ReMed revised its processes to ensure that all client to client physical altercations are reported to the hotline within the required 24 hours, and are also reported according to the abuse guidelines.</p>
			<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable  Date 3/15/11 Initials (DPW)</p>

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

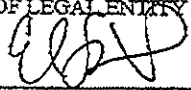
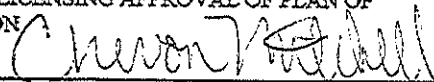
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INSPECTION DATES (Include all dates of the inspection) 02/18/2011		REGIONAL REPRESENTATIVE Ryan Novak	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 3/4/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/15/11


<p>15a The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.</p>	<p>On 2/8/11 Resident #1 punched Resident #2 after Resident #2 slapped Resident #1. The home did not notify the local area agency on aging either by telephone within 24 hours or Act 13 written report within 48 hours.</p>	<p>2/18/2011</p>	<p>ReMed did not realize that DPW's interpretation of abuse included any client to client physical altercation even if it didn't result in serious bodily injury. Upon clarification by DPW, ReMed promptly reported the incident according to the Older Adult Protective Services Act. ReMed revised its processes to ensure that all client to client physical altercations are reported to the hotline within the required 24 hours, and are also reported according to the abuse guidelines.</p>
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Steps have been taken to correct violation; full compliance is not verifiable

 Date 3/15/11
 Initials (DPW)

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

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<p>227g Individuals who participate in the development of the support plan shall sign and date the support plan.</p>	<p>Resident #3 participated in the development of their support plan on 2/9/11. The resident did not sign the support plan.</p>	<p>2/21/2011</p>	<p>The Support Plan was updated with the participation of the resident and case manager, who neglected to sign the forms. Signatures were secured. (see attached) ReMed will ensure that all assessments and support plans are promptly signed upon completion.</p>	<p>Steps have been taken to correct violation, full compliance is not verifiable 3/15/11 Date Initials (DPW) </p>
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