

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

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

To operate REMED

Located at 139 SPRUCE LANE, PAOLI, PA 19301

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

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.

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

and shall remain in effect from April 10, 2012 until April 10, 2013, unless sooner revoked for non-compliance with applicable laws and regulations.

No: 134360

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.



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

ADULT RESIDENTIAL LICENSING

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

APR 19 2012

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

RE: ReMed  
139 Spruce Lane  
Paoli, Pennsylvania 19301

Dear Ms. Sprainer:

As a result of the Department of Public Welfare's licensing inspection on March 2, 2012 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.

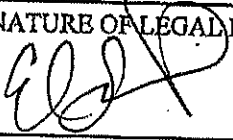
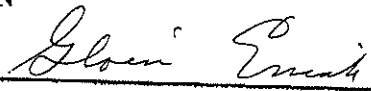
Sincerely,

A handwritten signature in black ink, appearing to be 'R. Melusky'.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

|  |                |  |                |
|--|----------------|--|----------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME<br>REMED, 139 SPRUCE LANE PAOLI, PA 19301   |                | CURRENT LICENSE NUMBER<br>134360   |                |
| INSPECTION DATES (Include all dates of the inspection)<br>03/02/2012   |                | REGIONAL REPRESENTATIVE<br>Serena Chou, Lori Gensil  |                |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)<br><p align="center">Elaine Sprainer, VP of Operations</p> |                |  |                |
| SIGNATURE OF LEGAL ENTITY<br>   | DATE<br>4/3/12 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION<br> | DATE<br>4-4-12 |

| REGULATION<br>55 Pa.Code §2600                                  | VIOLATION  | DATE BY WHICH CORRECTION WILL BE COMPLETED | PLAN OF CORRECTION<br>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)  | DATE COMPLIANCE VERIFIED BY   |
|---|--|--|--|---|
| 187d<br>The home shall follow the directions of the prescriber. | Resident #1's medication, Loperamide, to be taken as needed for diarrhea, was not available in the home.<br><br><p align="center">PCH Division<br/>Central Region Field Office<br/><br/>APR 3 2012<br/><br/>RECEIVED</p> | 03/05/12                                   | Resident's PRN medication was ordered and delivered. Medication Manager will ensure all medications, including PRNs, are available. This will be checked during weekly checks of the MAR and med room. | Steps have been taken to correct violation; full compliance is not verifiable<br>4-4-12-SE<br>Date Initials (DPW) |