

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 27, 2013 until March 27, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 440260

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

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



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

MAR 14 2013

Ms. Elaine Sprainer, Vice President of Operations  
ReMed Recovery Care Centers  
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 (Department) licensing inspection on January 18, 2013 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 Human Services 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 "Ronald Melusky". The signature is written in a cursive style with a prominent downward stroke at the end.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

RECEIVED

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

PCH Name: REMED RECOVERY CARE CENTERS		License Number: 440260
Address: 103 AQUA DRIVE, PITTSBURGH, PA 15238		County: Allegheny
Administrator: LINDSAY KNEPSHIELD		Region: WEST
Legal Entity Name: REMED RECOVERY CARE CENTERS		
Legal Entity Address: 16 INDUSTRIAL BOULEVARD STE 203, PAOLI, PA 19301		
Certificate(s) of Occupancy R-4 08/01/2008 TWP. OF O'HARA		
Staffing Hours Resident Support: 0                      Total Daily Staff: 10                      Waking Staff: 8		
Type of Inspection: Full                      BHA Docket Number:                      Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/18/2013: Mandock, Nancy		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers:                      Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 8 Number of Residents Served: 8 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable:	Number of Residents who: 	

7 2013

Violation Report: 44026 - 01/18/2013 - Mandock, Nancy  
PCH Name: REMED RECOVERY CARE CENTERS

1. REGULATION 55 Pa. Code §2600

Western Field Office

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

The bed for resident #1 did not have a source of light that could be turned on/off from bedside.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- \* Additional lamp was placed on bedside table; corrected during inspection (see attached picture)
- \* Presence of bedside lamps will be checked during weekly walk-throughs of the residence by the Site Manager/Administrator or program Health & Safety representative.

3-20-13 All staff persons will be educated regarding the importance of bedside lighting for resident safety and the monitoring of bedside lights. Documentation will be kept.

3-20-13 A designated staff person will be instructed to check like home daily to ensure each resident has an operable bedside light and to report or replace missing bedside lights. 2-12-13 JSP

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/08/2012	
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Elaine Sprainer, VP of Operations Date 2/6/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2-12-13 (Date)

Plan of correction implementation status as of 2-10-13 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44026 - 01/18/2013 - Mandook, Nancy  
PCH Name: REMED RECOVERY CARE CENTERS

Western Field Office  
Adult Home - Residential Licensing

1. REGULATION 56 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

On 1/18/13, at 10:15 AM, there was no thermometer in the freezer compartment of the kitchen refrigerator/freezer.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

\* Thermometer was placed in freezer section of the kitchen refrigerator/freezer" corrected during inspection (see attached picture).

\* Presence of thermometers in all freezers and refrigerators will be checked nightly by overnight staff.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Elaine Sprainer - VP of Operations

Date

2/6/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

2-12-13  
(Date)

Plan of correction implementation status as of

2-12-13  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

ESP  
(Initials)

Violation Report: 44026 - 01/18/2013 - Mandook, Nancy  
PCH Name: REMED RECOVERY CARE CENTERS

Western Field Office  
Administrative Licensing

1. REGULATION 55 Pa.Code §2600  
2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION  
The front door was used an exit route during the fire drills on 3/23/12, 4/13/12, 5/12/12, 6/17/12, 7/6/12, 8/1/12, 10/10/12, 11/17/12, and 12/7/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- \* Additional fire drill was completed on 1/22/13 using alternate exits (see attached).
- \* Site Manager/Administrator and program Health & Safety representative will review all Fire Drills to ensure alternate exits are regularly used for fire drills.

3-20-13 All Staff persons will be educated on all emergency exits of the home and using alternate exits during fire drills. Documentation will be kept. 2-12-13 JSP

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Elaine Sprainer, VP of Operations      Date 2/6/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2-12-13 (Date)

The above plan of correction was approved by JSP (Initials)

Plan of correction implementation status as of 2-12-13 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented