



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 27 2015

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

RE: ReMed
709 Fairview Road
Fox Chapel, Pennsylvania 15238
License #: 446450

Dear Ms. Sprainer:

As a result of the Department of Public Welfare's licensing inspection on January 12, 2015, of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (related to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

Your NEW license is enclosed.

Sincerely,

Matthew J. Jones
Director

Enclosures
License
Licensing Inspection Summary

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

PGH Name: REMED		License Number: 44645
Address: 709 FAIRVIEW ROAD, FOX CHAPEL, PA 15238		County: Allegheny
Administrator: Lindsay Kneppshield		Region: WEST
Legal Entity Name: ReMed Recovery Care Center		
Legal Entity Address: 16 Industrial Blvd., Suite 203, Paoli, PA 19301		RECEIVED
Certificate(s) of Occupancy R-4 10/20/2014 Boro of Fox Chapel		JAN 19 2015 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 0	Waking Staff: 0
Type of Inspection: Partial	BHA Docket Number:	Notice: Announced
Reason(s) for Inspection(s) New		
On-Site Inspections Dates and Department Representatives On-Site 01/12/2015: Georgoulis, Karen		
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 who:	
Number of Residents Served: 0	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 0	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served In Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44645 - 01/12/2015 - Georgoulis, Karen
PCH Name: REMED

1. REGULATION 55 Pa.Code §2600
2600.94(b) - Interior stairs, exterior steps and ramps must have nonskid surfaces.

2a. DESCRIPTION OF VIOLATION
The interior hardwood stairs leading from the main floor to the lower level of the home does not have a nonskid surface.

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.

Nonskid strips have been secured onto the stairs (see attached photo).

The Administrator and Health & Safety Representative for the program will ensure that these stairs and nonskid strips remain in good condition during their weekly walk-throughs of the residence.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Lindsay Knapfield*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Lindsay Knapfield, Administrator* Date: *01-17-2015*

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

The above plan of correction is approved as of 1-21-15
(Date)

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

Plan of correction implementation status as of 1-21-15
(Date)

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

JAN 13 2015

Violation Report: 44645 - 01/12/2015 - Georgoullis, Karen
PCH Name: REMED

NORTH REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600
2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

2a. DESCRIPTION OF VIOLATION

There is no grab bar, hand rail, or assist bar for the commode in the powder room off the common area, between the living room and kitchen on the main floor.

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.

A grab bar has been installed by the commode in the powder room on the main floor (see attached photo).

The Administrator and Health & Safety representative for the program will ensure that the grab bar remains in good working order during their weekly walk-throughs of the residence.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Randolph Kneppsheld*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Randolph Kneppsheld, Administrator* Date *01-14-2015*

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

The above plan of correction is approved as of 1-21-15
(Date)

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

Plan of correction implementation status as of 1-21-15
(Date)

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