



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**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 **2 HARVEY LANE, MALVERN, PA 19335**  
(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**  
(MAXIMUM CAPACITY)  
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**  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **June 3, 2015** until **June 3, 2016**,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **128470**

*Robert E. Robinson*  
ISSUING OFFICER

*Althea J.*  
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.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

FEB 24 2015

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 19355  
Certificate #: 128470

Dear Ms. Sprainer:

The Department has received your February 13, 2015 renewal application to operate the above Personal Care Home pursuant to Title 55, PA Code, Chapter 2600. A regular license is being issued in response to your application. Your license is enclosed.

Please be advised that, pursuant to 55 Pa.Code § 20.31 (relating to annual inspection), the Department is required to conduct an onsite inspection of the above Personal Care Home at least once every twelve months. The Department will conduct an inspection of ReMed Recovery Care Centers within the next twelve months. If evidence of noncompliance with Title 55, PA Code, Chapter 2600 is found during the inspection, the Department will take appropriate enforcement action.

If you have any questions about the Department's revised process, please contact the Bureau of Human Services Licensing's Provider Support Hotline at 1-866-503-3926 or by electronic mail at [ra-pwarheadquarters@state.pa.us](mailto:ra-pwarheadquarters@state.pa.us).

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones".

Matthew J. Jones  
Director

Enclosure  
License