



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to REMED RECOVERY CARE CENTERS, LLC
LEGAL ENTITY

To operate REMED
NAME OF FACILITY OR AGENCY

Located at 139 SPRUCE LANE, PAOLI, PA 19301
(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 5
(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 14, 2016 until June 14, 2017,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **134360**

Robert E. Robinson
ISSUING OFFICER

Matthew J. [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.



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April 4, 2016

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
Certificate #: 134360

Dear Ms. Sprainer:

The Department has received your March 3, 2016 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 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-pwarlheadquarters@state.pa.us.

Sincerely,

A handwritten signature in black ink, appearing to read 'Matthew J. Jones', with a long, sweeping underline.

Matthew J. Jones
Director

Enclosure
License