



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 27 2016

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

RE: ReMed  
139 Spruce Lane  
Paoli, Pennsylvania 19301  
License #: 134360

Dear Ms. Sprainer:

As a result of the Department of Human Services' annual licensing inspection on June 9, 2016, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes).

Sincerely,

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

Jacqueline L. Rowe  
Director

Enclosure  
Licensing Inspection Summary



Violation Report: 13435 - 06/09/2016 - OPAks, Hope  
 PCN Name: REMED

1. REGULATION 56 Pa.Code §2600  
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

On June 9, 2016, the water temperature at the kitchen sink measured 130.2 degrees Fahrenheit.

On June 9, 2016, the water temperature in the bathroom, referred to as "non-accessible," was 130.6 degrees Fahrenheit.

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.*

The water temperature has been adjusted to regulation standards in the kitchen and bathroom. (See attached photos.)

The Administrator and Health & Safety representative for the program will ensure that the temperatures remain within guidelines, not to exceed 120 degrees, during their weekly walk-throughs of the residence. If above 120 degrees, maintenance staff will be contacted immediately to correct this.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Lauren Gower*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

*Lauren Gower, Administrator*

Date

*8.16.16*

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

The above plan of correction is approved as of 8-15-16  
 (Date)

Plan of correction implementation status as of 8-18-16  
 (Date)

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

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