





**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Emailing Date: March 24, 2025

[REDACTED]  
ReMed Recovery Care Centers  
[REDACTED]

RE: ReMed Gibsonia  
License #: 45633

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on March 6, 2025 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 (relating 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,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License  
Licensing Inspection Summary

Department of Human Services  
Bureau of Human Service Licensing  
**LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *REMEDI GIBSONIA* License #: *456330* License Expiration:  
Address: *3043 East Bardonner Road, Gibsonia, PA 15044*  
County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

Name: [REDACTED]

**Legal Entity**

Name: *REMEDI Recovery Care Centers*  
Address: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-3 SP* Date: *09/12/2002* Issued By: *Labor and Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *0* Waking Staff: *0*

**Inspection Information**

Type: *Partial* Notice: *Announced* BHA Docket #:  
Reason: *New* Exit Conference Date: *03/06/2025*

**Inspection Dates and Department Representative**

03/06/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: Residents Served: *0*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *0*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

03/06/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *Exception*

**NO DEFICIENCIES FOUND**