

## CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to REMED RECOVERY CA	RE CENTERS LLC	
To operate REMED RECOVERY CARE CENTERS - BUILDING 2		
NAME (	F FACILITY OR AGENCY	
Located at 323 PAOLI PIKE, MALVERN, PA 19460 (COMPLETE AD	DRESS 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 Assisted Living		
TYPE OF SERVICE(S) TO BE	n	
The total number of persons which may be cared for at one time may no		(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whi	hever is smaller.	<b></b>
Restrictions:		
This certificate is granted in accordance with the Human Services Code	of 1967, P.L. 31, as amended	and Regulations
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55 Pa.Code Chapter 2800: Assisted Living Residences	DF REGULATIONS)	
and shall remain in effect from February 1,	2017 until Febr	uary 1,
unless sooner revoked for non-compliance with applicable laws and regi		1
γ,		
No: 142820		
Robert E. Robinson	=>> (	Samh



FEB 0 8 2017

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

RE:

ReMed Recovery Care Centers - Building 2

323 Paoli Pike

Malvern, Pennsylvania 19355

License #: 142820

Dear Ms. Lecatsas:

As a result of the Department of Human Services' licensing inspection on December 20, 2016, of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2800 (related to assisted living residences), 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 § 2800.11(b) (relating to procedural requirements for licensure or approval of assisted living residences) 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services provider application submission experience. To participate in the online applicant survey, launch your web browser and go to <a href="https://www.surveymonkey.com/r/BHSL">https://www.surveymonkey.com/r/BHSL</a> Application.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider applicant responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe

Director

Enclosure License