



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

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

To operate REMED RECOVERY CARE CENTERS - BUILDING 2
NAME OF FACILITY OR AGENCY

Located at 323 PAOLI PIKE, MALVERN, PA 19460
(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 Assisted Living-Special Care
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 8
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Special Care Unit - 55 Pa.Code §§ 2800.231-239 - Capacity 8

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2800: Assisted Living Residences
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from July 10, 2017 until February 1, 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 142820

Robert E. Robinson
ISSUING OFFICER

Jay Bank
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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JUL 10 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 your facilities recent adjustment of the use of physical space, we are issuing a revised license under the authority of 55 Pa.Code Ch. 2800 (relating to Assisted Living Residences). The revised license indicates a revised licensed designation for your facility. The expiration date of the license remains unchanged. Your revised license is enclosed.

Sincerely,

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

Jacqueline L. Rowe
Director

Enclosure
License