

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MENTOR ABI, LLC LEGAL ENTITY

To operate NEURORESTORATIVE PENNSYLVANIA NAME OF FACILITY OR AGENCY

Located at BUILDING 2, 6816 WEST LAKE RD, FAIRVIEW, PA 16415 (COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 16 (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 16, 2012 until June 16, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 442050

Robert E. Robinson
ISSUING OFFICER

[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.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

JUN 28 2012

PHONE: (717) 783-3670
FAX: (717) 783-5662

Mr. William Duffy, COO
Mentor ABI, LLC
639 Granite Street, Suite 215
Braintree, Massachusetts 02184

RE: NeuroRestorative Pennsylvania – Building 2
6816 West Lake Road
Fairview, Pennsylvania 16415

Dear Mr. Duffy:

As a result of the Department of Public Welfare's licensing inspection on June 8, 2012 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

The license indicates the home's recent change in the name from Mentor ABI, LLC to NeuroRestorative Pennsylvania.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Ronald Melusky" with a date "7/98" written below it.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 44206 - 06/08/2012 - Rojon, Dennis
 PCH Name: NEURORESTORATIVE PENNSYLVANIA

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Direct care staff C started working in the home on 7/23/11. Staff person C's criminal history background check was not completed until 9/2/11.

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.

EFFECTIVE 6/11/12, PRACTICE HAS BEEN CHANGED TO ENSURE ALL PA CRIMINAL BACKGROUND CHECKS ARE COMPLETED PRIOR TO ORIENTATION.

PLEASE SEE ATTACHED ADDENDUM.

THE ADMINISTRATOR WILL REVIEW BACKGROUND CHECKS PRIOR TO SCHEDULED ORIENTATIONS TO ENSURE NEW EMPLOYEE IS QUALIFIED AND ENSURE BACKGROUND CHECK IS COMPLETED.

7-2012 All staff persons involved with the hiring and retention of staff will complete the on-line older adult protective services Act. Training. Documentation of training will be kept. 6-22-12

RECEIVED

JUN 22 2012

Western Field Office
 Adult Residential Licensing

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Scott Jensen*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *SCOTT JENSEN* Date *6/21/12*

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

The above plan of correction is approved as of 6-22-12 (Date)

The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of 6-22-12 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *6-22-12*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44205 - 06/08/2012 - Ropon, Dennis
 PCH Name: NEURORESTORATIVE PENNSYLVANIA

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, did not receive training in falls and accidents during the 2011 training year.

Direct care staff person B, did not receive training in falls and accidents during the 2011 training year.

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.

FALLS AND ACCIDENTS TRAINING HAS BEEN INCLUDED IN ANNUAL TRAINING LIST AND WAS LAST COMPLETED ON FEB. 2012.

PLEASE SEE ATTACHED TRAINING LIST FOR 2012.

THE ADMINISTRATOR WILL ENSURE THE FALLS AND ACCIDENTS TRAINING IS COMPLETED ANNUALLY.

7-20-12 The administrator or designated staff person will review all required state training as part of the quality management review to ensure all staff meet the annual training requirements. 6-22-12

RECEIVED

JUN 22 2012

Western Field Office
 Adult Residential Licensing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Scott Jenca

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

SCOTT JENCA

Date

6/21/12

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The above plan of correction is approved as of 6-22-12
 (Date)

Plan of correction implementation status as of 6-22-12
 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *6-22-12*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44205 - 06/08/2012 - Ropon, Dennis
 PCH Name: NEURORESTORATIVE PENNSYLVANIA

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

The kitchen refrigerator/freezer did not have a thermometer in the freezer compartment.

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.

EFFECTIVE 6/11/12, A THERMOMETER HAS BEEN PLACED IN THE FREEZER AT SAILORS' COVE.

THE HOUSE MANAGER WILL ALSO KEEP A WRITTEN DAILY LOG OF FREEZER TEMPERATURES

THE ADMINISTRATOR WILL ENSURE THERMOMETER IS KEPT IN FREEZER AND DAILY LOGS ARE MAINTAINED.

RECEIVED

JUN 22 2012

Western Field Office
 Adult Residential Licensing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Scott Jenco

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

SCOTT JENCO

Date

6/21/12

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

The above plan of correction is approved as of

6-22-12
 (Date)

Plan of correction implementation status as of

6-22-12
 (Date)

The above plan of correction was approved by

 (Initials)

- Fully Implemented 6-22-12
- Partially Implemented - Adequate Progress
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- Not Implemented