



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 21 2013

Ms. Jody Crowley, Vice President of Operations
Mentor ABI, LLC
639 Granite Street, Suite 215
Braintree, Massachusetts 02184

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

Dear Ms. Crowley:

As a result of the Department of Public Welfare's licensing inspection on January 29, 2013, January 30, 2013, April 3, 2013, April 4, 2013 and April 12, 2013, 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.

Your regular license for the period of June 16, 2013 to June 16, 2014 was issued on March 11, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky", with a horizontal line extending to the right.

Ronald Melusky
Director

Enclosure
Violation Report

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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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PCH Name: NEURORESTORATIVE PENNSYLVANIA		License Number: 44205
Address: BUILDING 2 6818 WEST LAKE RD, FAIRVIEW, PA 16415		County: Erie
Administrator: Scott Jenco		Region: WEST
Legal Entity Name: MENTOR ABI LLC		
Legal Entity Address: 639 GRANITE STREET SUITE 215, BRAINTREE, MA 2184		RECEIVED
Certificate(s) of Occupancy C-2 LP 06/30/1974 L&I		APR 18 2013 WEST PA. DEPARTMENT OF OFFICE REGISTRATION & LICENSING
Staffing Hours	Total Daily Staff: 13	Working Staff: 10
Resident Support: 0		Notice: Unannounced
Type of Inspection: Full	BHA Docket Number:	
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/03/2013: Phillips, Joseph; Marini, Michael 04/04/2013: Phillips, Joseph; Marini, Michael		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 14	Number of Residents who:	
Number of Residents Served: 13	Receive Supplemental Security Income: 3	
Secured Dementia Care Unit in Home: No	Are 80 Years of Age or Older: 2	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 1	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 0		

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Violation Report: 44205 - 04/03/2013 - Phillips, Joseph		WEST JENCO FIELD OFFICE	
PCH Name: NEURORESTORATIVE PENNSYLVANIA		Pennsylvania Licensing	
<p>1. REGULATION 55 Pa.Code §2600</p> <p>2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:</p> <ol style="list-style-type: none"> (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable. (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services. 			
<p>2a. DESCRIPTION OF VIOLATION</p> <p>Staff person A started working in the home on 1/2/13. Staff person A did not receive an orientation on general fire safety and emergency preparedness until 1/4/13.</p> <p>Staff person B started working in the home on 10/22/12. Staff person B did not receive an orientation on general fire safety and emergency preparedness until 10/24/12. <i>with Adam</i></p>			
<p>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)</p> <p><i>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.</i></p> <p>NEW HIRE ORIENTATION/TRAINING CHECKLIST TO INCLUDE HIRE DATE, ORIENTATION DATES AND DATE OF 1ST DAY OF TRAINING TO ENSURE TRAININGS ARE COMPLETED WITHIN 2600.65(a) GUIDELINES.</p> <p>PLEASE SEE ATTACHED REVISED CHECKLIST.</p> <p><i>4-30-13 - The Administrator or designated staff person will review all current and newly hired staff records to ensure all staff persons have completed the required training in accordance with regulation 2600.65(a). 4-22-13</i></p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Scott Jenco</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) SCOTT JENCO ADMINISTRATOR			Date 4/18/13
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>4-22-13</u> (Date)		Plan of correction implementation status as of <u>4-22-13</u> (Date)	
The above plan of correction was approved by _____ (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>4-22-13</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

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Violation Report: 44208 - 04/03/2013 - Phillips, Joseph
PCH Name: NEURORESTORATIVE PENNSYLVANIA

APR 18 2013

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

WEST VIRGINIA OFFICE
Licensing

2a. DESCRIPTION OF VIOLATION
Resident #1 is prescribed Aspirin 325mg, take one tablet by mouth once daily for anticoagulant at 8:00 a.m.
On 4/4/13 resident #1 was administered Aspirin 81mg at 8:00 a.m.

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.

NURSING SUPERVISOR WILL COMPLETE MONTHLY AUDITS OF MAR.
NURSING SUPERVISOR WILL COMPARE MAR, DR. ORDERS AND
PHARMACY LABEL. MONTHLY AUDITS WILL BE COMPLETED ON
THE LAST DAY OF EACH MONTH FOR EACH RESIDENT.

THIS AUDIT WILL BE ON THE NEW MARs FOR EACH

UPCOMING MONTH AND WILL OCCUR PRIOR TO THEIR USE.

5-15-13 - ALL STATE PERSONS ADMINISTERING MEDICATIONS WILL BE EDUCATED
ON FOLLOWING THE ORDER OF THE PRESCRIBER AND ENSURING THE
CORRECT MEDICATION AND DOSE ARE ADMINISTERED TO EACH
RESIDENT. DOCUMENTATION OF TRAINING WILL BE KEPT. 4/22/13

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Scott Jeno

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

Date 4/18/13

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The above plan of correction is approved as of 4-22-13
(Date)

Plan of correction implementation status as of 4-22-13
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress 4-22-13
- Partially Implemented - Inadequate Progress
- Not Implemented

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2601

PCH Name: NEURO RESTORATIVE PENNSYLVANIA		License Number: 442050
Address: BUILDING 2 6816 WEST LAKE RD, FAIRVIEW, PA 16415		County: Erie
Administrator: MR SCOTT JENCO		Region: WEST
Legal Entity Name: MENTOR ABF LLC		
Legal Entity Address: 639 GRANITE STREET SUITE 215, BRAINTREE, MA 2184		
Certificate(s) of Occupancy C-2 LP C5/30/1974 Comm. of PA Dept. L&I		RECEIVED APR 16 2013 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 1	Total Daily Staff: 14	Working Staff: 11
Type of Inspection: Partial	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspection Dates and Department Representatives On-Site 04/26/2013: Pollock, Susan, Mazza, Larry 04/30/2013: Pollock, Susan		
Off-Site Inspection Dates and Inspectors, if applicable		
Other Details		
Partial or Full Trigger: N/A		Random Indicators: N/A
Resident Demographic Data as of inspection Date:		
Licensed Capacity: 16 Number of Residents Served: 14 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable. Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 2 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 14205 - 01/29/2013 Pollock, Susan
 FCH Name: NEU: ORESTORATIVE PL: PENNSYLVANIA

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APR 16 2013

1. REGULATION: 5 Pa. Code §2600
 2600.225(c) - The resident shall have additional assessments as follows
 (1) Annually.
 (2) If the condition of the resident significantly changes prior to the annual assessment.
 (3) At the request of the Department upon cause to believe that an update is required.

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION
 Resident #1 was admitted on 3/12/07. The most recent assessment for resident #1 was completed on 3/18/11.

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.

NEW RASP WAS COMPLETED ON 3/28/13. PLEASE SEE ATTACHED.

ADMINISTRATOR WILL ENSURE ALL ANNUAL ASSESSMENTS ARE COMPLETED IN A TIMELY MANNER.

ADMINISTRATOR WILL PROVIDE TRAINING TO CASE MANAGER & NURSING SUPERVISORS ON COMPLETION OF RASP AND WILL INCLUDE REQUIRED TIMEFRAMES FOR COMPLETION. TRAINING WILL BE COMPLETED BY 4/19/13.

4-30-13 - Site Administrator or designated staff person will review all resident records to ensure all residents have a current assessment in accordance with regulation 2600.225c. 4-22-13

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative: *[Signature]*
 (Required on EVER Page)

Printed Name and Title of Legal Entity Representative: *SELY JENCO ADMINISTRATOR* Date: *4/5/13*
 (Required on EVER Page)

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

The above plan of correction is approved as of 4-22-13
 (Date)

Plan of correction implementation status as of 4-22-13
 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *4-22-13*
- Partially Implemented - Inadequate Progress
- Not Implemented