



AUG 21 2014

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

RE: Neurorestorative Pennsylvania
Building 2, 6816 West Lake Road
Fairview, Pennsylvania 16415
License #: 442050

Dear Ms. Crowley:

As a result of the Department of Public Welfare's licensing inspection on April 24, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period June 16, 2014 to June 16, 2015 was issued on April 8, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew J. Jones
Director
JH

Enclosure
License Inspection Summary

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

PCH Name: NEURORESTORATIVE PENNSYLVANIA		License Number: 44205
Address: BUILDING 2 6816 WEST LAKE RD, FAIRVIEW, PA 16415		County: Erie
Administrator: Scott Jenco		Region: WEST
Legal Entity Name: MENTORABI LLC		
Legal Entity Address: 639 GRANITE STREET SUITE 215, BRAINTREE, MA 2184		
Certificate(s) of Occupancy C-2 LP 05/30/1974 L & I		<p>RECEIVED</p> <p>JUL 23 2014</p> <p>WEST REGION FIELD OFFICE Human Services Licensing</p>
Staffing Hours		
Resident Support: 0	Total Daily Staff: 13	Waking Staff: 10
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 04/24/2014: Whitney, Diane		
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: 16 Number of Residents Served: 13 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: 1 Have Mental Illness: 0 Have an Intellectual Disability: 13 Have a Mobility Need: 0 Have a Physical Disability: 1

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Violation Report: 44205 - 04/24/2014 - Whitney, Diane
PCH Name: NEURORESTORATIVE PENNSYLVANIA

JUL 31 2014

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

- 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
- (1) Medication self-administration training.
 - (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 - (3) Care for residents with dementia and cognitive impairments.
 - (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 - (5) Personal care service needs of the resident.
 - (6) Safe management techniques.
 - (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

The annual training provided to direct care staff person A in training year 2013 did not include the following:

- Caring for residents with dementia and cognitive impairments. The home serves 13 residents who are diagnosed with cognitive impairments.
- Safe management techniques.

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.

STAFF PERSON A WAS UNABLE TO ATTEND DECEMBER 2013 STAFF MEETING. TRAINING WAS COMPLETED IN JANUARY 2014.

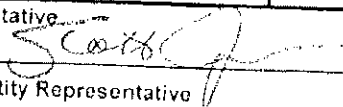
ADMINISTRATOR WILL ENSURE ALL TRAININGS ARE COMPLETED AS LISTED ON THE STAFF TRAINING PLAN (SEE ATTACHED). ANY MISSED TRAININGS WILL BE COMPLETED PRIOR TO THE END OF THE MONTH IN WHICH THE TRAINING WAS MISSED.

ADMINISTRATOR HAS CREATED A LIST OF ALL MISSED TRAININGS TO HELP ENSURE COMPLETION IN A TIMELY MANNER AND CONSISTENT WITH THE REGULATIONS.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



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

SCOTT JENCO ADMINISTRATOR

Date 7/31/14

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

The above plan of correction is approved as of


8/4/14
(Date)

Plan of correction implementation status as of

8/4/14
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by


(Initials)

RECEIVED

JUL 31 2014

Violation Report: 44205 - 04/24/2014 - Whitney, Diane
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
Human Services Licensing

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

Staff person B did not receive annual training in any of the required topics under 2600.65g in training year 2013.

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

ADMINISTRATOR HAS INCLUDED ANCILLARY STAFF MEMBERS TO THE ANNUAL STAFF MEETING TRAINING PLAN TO ENSURE TRAINING IS COMPLETED.

THE NEXT ANCILLARY STAFF TRAINING IS SCHEDULED FOR OCTOBER 2, 2014 AT 9:00 AM. PLEASE SEE ATTACHED SCHEDULE.

BY 8/30/14- Staff person B will be educated on all topics under 65g.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *SCOTT JENKO ADMINISTRATOR* Date *7/31/14*

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

The above plan of correction is approved as of 8/5/14 (Date)

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

Plan of correction implementation status as of 8/5/14

- Fully Implemented
- Partially Implemented - Adequate Progress *[initials]*
- Partially Implemented - Inadequate Progress
- Not Implemented

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JUL 31 2014

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Violation Report: 44205 - 04/24/2014 - Whitney, Diane
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

The water temperature at the at the bathroom sink in bedroom #1 measured 124.8 degrees Fahrenheit.
The water temperature at the at the bathroom sink in bedroom #11 measured 127.5 degrees Fahrenheit.
The water temperature at the at the bathroom sink in bedroom #7 measured 123.4 degrees Fahrenheit.

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.

ADMINISTRATOR ASSISTED WITH ENRIQUE NUNEZ, MAINTENANCE, TO ADJUST THE WATER TEMPERATURE ON 4/24/14.

ADMINISTRATOR COMPLETED WATER CHECKS ONCE A WEEK, BEGINNING ON 5/1/14 THROUGH 6/11/14. PLEASE SEE ATTACHED DOCUMENTATION.

ALL READINGS WERE WITHIN COMPLIANCE WITH DPH REGULATIONS.

ADMINISTRATOR ^{OR DESIGNEE} WILL CONTINUE TO COMPLETE WEEKLY MONTHLY CHECKS TO ENSURE COMPLIANCE. DOCUMENTATION SHALL BE KEPT.

Original

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) SCOTT HENCO ADMINISTRATOR Date 7/31/14

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

The above plan of correction is approved as of 8/5/14
(Date)

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

Plan of correction implementation status as of 8/5/14
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented