



pennsylvania
DEPARTMENT OF HUMAN SERVICES

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 6816 WEST LAKE ROAD, FAIRVIEW, PA 16415
(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 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 8
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

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 October 30, 2015 until October 30, 2016,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **446630**

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.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 30 2015

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

RE: Neurorestorative PA
6816 West Lake Road
Fairview, Pennsylvania 16415
License #: 446630

Dear Ms. Crowley:

As a result of the Department of Human Services' licensing inspections on August 5, 2015 and August 6, 2015 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

Matthew J. Jones
Director *gh*

Enclosures
License
License Inspection Summary

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

PCH Name: NEURORESTORATIVE PA		License Number: 44663
Address: 6816 WEST LAKE ROAD, FAIRVIEW, PA 16415		County: Erie
Administrator: Destiny Carlson		Region: WEST
Legal Entity Name: MENTOR ABI LLC		
Legal Entity Address: 639 GRANITE STREET SUITE 215, BRAINTREE, MA 2184		RECEIVED
Certificate(s) of Occupancy I-1 01/26/2015 Fairview Township		SEP 22 2015 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 9	Waking Staff: 7
Type of Inspection: Interim - Provisional	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Provisional		
On-Site Inspections Dates and Department Representatives On-Site 08/05/2015: Park, Beth; Garrigan, Laurie 08/06/2015: Park, Beth; Garrigan, Laurie		
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: 8 Number of Residents Served: 6 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: 0 Are 60 Years of Age or Older: 0 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 3 Have a Physical Disability: 0

Violation Report: 44663 - 08/05/2015 - Park, Beth
PCH Name: NEURORESTORATIVE PA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

On 8/5/15, the home's first aid kit did not contain a thermometer or tweezers.

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.

THERMOMETER & TWEEZERS REPLACED IN FIRST AID KIT ON 8/6/15.

ADMINISTRATOR WILL IMPLEMENT WEEKLY FIRST AID KIT AUDIT CHECKLISTS TO ENSURE KITS ARE COMPLETE, EFFECTIVE 8/7/15.

PLEASE SEE ATTACHED FIRST AID KIT CHECKLISTS ALREADY COMPLETED.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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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 9/22/15

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

The above plan of correction is approved as of <u>9/30/15</u> (Date)	Plan of correction implementation status as of <u>9/30/15</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

Violation Report: 44663 - 08/05/2015 - Park, Beth
PCH Name: NEURORESTORATIVE PA

SEP 22 2015
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(d) - Food shall be stored off the floor.

2a. DESCRIPTION OF VIOLATION

On 8/5/15, the following food items were on the pantry floor in the galley:

- * One case of Heinz tomato ketchup
- * One case of whole corn
- * One case of pancake syrup

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.

FOOD ITEMS WERE PLACED ON SHELVING UNIT ON 8/5/16.

ADMINISTRATOR WILL ENSURE DIETARY SUPERVISOR COMPLETES TRAINING W/ STAFF REGARDING PROPER FOOD STORAGE PROCEDURES.

TRAINING TO BE COMPLETED BY 10/1/15. Documentation of staff training shall be kept. 9/30/15 J.W.

PROPER FOOD STORAGE HANDLING WILL BE ADDED TO MONTHLY ENVIRONMENTAL SURVEYS EFFECTIVE 10/1/15.

Immediately:
A designated staff person will check all food storage areas at least weekly to ensure that all food items are being stored off of the floor. 9/30/15 J.W.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Scott Jenko*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) SCOTT JENKO Date 9/22/15

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The above plan of correction was approved by <u>J.W.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>J.W.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44663 - 08/05/2015 - Park, Beth
PCH Name: NEURORESTORATIVE PA

WEST REGION FIELD OFFICE
Human Services Licensing

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

On 8/5/15, at 11:23am and 2:50pm, the commercial refrigerator in the galley was 42 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.

DIETARY SUPERVISOR TURNED FRIDGE TEMP DOWN, PER INSPECTOR REQUEST, ON 8/5/15. Refrigerator was serviced on 9/29/15. 9/29/15 JLD

PLEASE SEE ATTACHED TEMPERATURE LOG DATED 7/23/15-9/21/15. AFTER FRIDGE WAS ADJUSTED ON 8/5/15, THERE WERE ONLY THREE LOGS RECORDED AT ABOVE 40°F.

DIETARY SUPERVISOR WILL CONTINUE TO MONITOR FRIDGE TEMP LOGS AND MAKE NECESSARY ADJUSTMENTS AND/OR PLACE MAINTENANCE CALLS WHEN REQUIRED

TEMPERATURE LOG HAS BEEN MODIFIED TO INCLUDE CORRECT TEMPERATURE OF 40°F OR BELOW. PLEASE SEE ATTACHED.

DIETARY SUPERVISOR WILL COMPLETE TRAINING ON CORRECT REFRIGERATION TEMPERATURES WITH STAFF BY 10/1/15. Documentation of training shall be kept. 9/30/15 JLD

Immediately

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 Date 9/22/15

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

The above plan of correction is approved as of 9/30/15 (Date)

Plan of correction implementation status as of 9/30/15 (Date)

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

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

Violation Report: 44663 - 08/05/2015 - Park, Beth
PCH Name: NEURORESTORATIVE PA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

On 8/5/15, the following items were opened and unsealed in the corner kitchen cabinet above the coffee maker:

- * Two bags of bread
- * One bag of kaiser rolls
- * Two 5-pound bags of pancake mix
- * One bag of potato chips

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.

FOOD ITEMS WERE DISCARDED ON 8/5/15.

DIETARY SUPERVISOR WILL COMPLETE TRAINING WITH STAFF REGARDING
PROPER FOOD STORAGE PROCEDURES.

TRAINING WILL BE COMPLETED BY 10/1/15.

Documentation of training shall be kept. 9/30/15 JPK

Immediately:
A designated staff person will inspect all food storage areas weekly to ensure
that all opened food items have been securely sealed. 9/30/15 JPK

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
SCOTT JENCO	9/22/15

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The above plan of correction was approved by <u>JPK</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>JPK</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44663 - 08/05/2015 - Park, Beth
PCH Name: NEURORESTORATIVE PA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa. Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

violation for [redacted] within 9/20/15 J.L.

2a. DESCRIPTION OF VIOLATION

Residents #1, [redacted] #3, and #4, all admitted [redacted] 15, have not had an assessment completed within 15 days of admission.

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.

PLEASE SEE ATTACHED RASP FOR RESIDENT [redacted] THIS RASP WAS COMPLETED WITHIN REQUIRED TIMEFRAMES. - Completed 7/20/15 9/20/15 J.L.

FOR RESIDENTS 1, 3 + 4, NEW ASSESSMENTS WERE NOT COMPLETED UNTIL 9/22/15. ADMINISTRATOR WAS NOT AWARE NEW ASSESSMENTS WERE REQUIRED. THE ASSESSMENTS OR PRE-ADMISSION SCREENINGS WERE NOT DISCUSSED AT EXIT INTERVIEW WITH DHS, THEREFORE NEW ASSESSMENTS HAVE BEEN COMPLETED WITH DATES OF 9/22/15. RESIDENT #4 DISCHARGED ON 8/5/15, SO NEW RASP NOT COMPLETED.

ADMINISTRATOR WILL ENSURE INTERNAL TRANSFERS WITHIN DIFFERENT LICENSES WILL HAVE NEW ADMIT PAPERWORK COMPLETED WITHIN

REGULATION TIME FRAMES.
Within 15 days of receipt of plan of correction:
Administrator or designated staff person shall check all resident records to ensure that an assessment, completed 15 days from date of admission is completed. 9/30/15 J.L.
Within 30 days of receipt of plan of correction:
Administrator or designated staff person shall develop & implement a system to ensure all new residents have an assessment completed within 15 days of admission. All staff persons responsible for the completion of resident assessments shall be educated on the new system. 9/30/15 J.L.

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)

Date

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The above plan of correction is approved as of 9/30/15
(Date)

Plan of correction implementation status as of 9/30/15
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress J.L.
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by J.L.
(Initials)

Scott Jensen
SCOTT JENSEN 9/22/15