



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: August 4, 2016

Mr. James Para-Cremer, Executive Director
Mentor ABI, LLC
6816 West Lake Road
Fairview, Pennsylvania 16415

RE: Neurorestorative Pennsylvania
6726 Walnut Creek Drive
Fairview, Pennsylvania 16415
446950

Dear Mr. Para-Cremer:

As a result of the Department of Human Services' licensing inspection on February 10, 2016, 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.

Sincerely,

A handwritten signature in black ink that reads "Jason Williams".

Jason Williams
Acting Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: NEURORESTORATIVE PENNSYLVANIA		License Number: 44695
Address: 6726 WALNUT CREEK DRIVE, FAIRVIEW, PA 16415		County: Ene
Administrator: TINA SMITH		Region: WEST
Legal Entity Name: MENTOR ABI LLC		
Legal Entity Address: 6726 WALNUT CREEK DRIVE, FAIRVIEW, PA 16415		
Certificate(s) of Occupancy R-3 08/19/2015 FAIRVIEW TOWNSHIP		
Staffing Hours Resident Support: 0 Total Daily Staff: 6 Waking Staff: 5		
Type of Inspection: Full BHA Docket Number:		Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/10/2016: Garrigan, Laurie, Hultquist, Cliff		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>JUL 5 2016</p> <p>WEST REGION FIELD OFFICE Human Services Licensing</p>		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 4 Number of Residents Served: 4 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: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 2 Have a Physical Disability: 0	

Violation Report: 44695 - 02/10/2016 - Garrigan, Laurie
PCH Name: NEURORESTORATIVE PENNSYLVANIA

JUL 5 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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:

- (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.

2a. DESCRIPTION OF VIOLATION

Direct care staff persons A and B, both hired on [redacted] 15, did not receive training in any topics under regulation 2600.65a to include evacuation procedures and the designated meeting place outside the building or within the fire-safe area in the event of an actual fire.

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.

ALL EMPLOYEES WILL BE TRAINED ON ALL TOPICS UNDER REGULATION 2600.65a. THIS WILL INCLUDE EVACUATION PROCEDURES AND THE DESIGNATED MEETING PLACE OUTSIDE THE BUILDING, OR WITHIN A FIRE SAFE AREA IN THE EVENT OF A FIRE. THIS TRAINING WILL BE DOCUMENTED ON THE APPROPRIATE AGENCY FORM. IN THIS SITUATION THE EMPLOYEES TRANSFERRED FROM ANOTHER BUILDING. THE TRAINING WAS COMPLETED BUT NOT DOCUMENTED. THAT WAS CORRECTED ON 2/13/2016 (DOCUMENT ATTACHED) WE HAVE CREATED A TRAINING CHECKLIST SPECIFICALLY ADDRESSING TRANSFERRED/REASSIGNED EMPLOYEES. ALL RESIDENTIAL SUPERVISORS AND BUILDING ADMINISTRATORS WILL BE TRAINED ON THIS REQUIREMENT BY 7/12/2016

IN ADDITION, THE PROGRAM DIRECTOR WILL BE CONDUCTING WEEKLY TRAINING SESSIONS FOR ALL SUPERVISORS AND ADMINISTRATORS ON THE 2600 REGULATIONS. TRAINING WILL BE DOCUMENTED VIA A SIGN-IN SHEET.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CAROLE JONES, Prog. Director* Date *6-29-2016*

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

The above plan of correction is approved as of 7/29/16 (Date)

Plan of correction implementation status as of 7/29/16 (Date)

The above plan of correction was approved by *JW.* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *JW.*
- Partially Implemented - Inadequate Progress
- Not Implemented

JUL 5 2016

Violation Report: 44695 - 02/10/2016 - Garrigan, Laurie
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
(1) Resident rights.
(2) Emergency medical plan.
(3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
(4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Direct care staff persons A and B, both hired on [redacted] 15, did not receive training in any topics under regulation 2600.65b to include resident rights, emergency medical plan, and mandatory reporting of abuse and neglect under the Older Adult Protective Services Act.

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.

ALL TOPICS UNDER REGULATION 2600.65(b). THIS WILL INCLUDE RESIDENT RIGHTS, EMERGENCY MEDICAL PLAN, MANDATORY REPORTING OF ABUSE AND NEGLECT (OARSA) AND REPORTING OF REPORTABLE INCIDENTS AND CONDITIONS. THIS TRAINING WILL BE DOCUMENTED ON THE APPROPRIATE AGENCY FORM. IN THIS SITUATION THE EMPLOYEES TRANSFERRED FROM ANOTHER BUILDING. THE TRAINING WAS COMPLETED BUT NOT DOCUMENTED. THAT WAS CORRECTED ON 5/13/2016 (DOCUMENTS ATTACHED). WE HAVE CREATED A TRAINING CHECKLIST SPECIFICALLY ADDRESSING TRANSFERRED/REASSIGNED EMPLOYEES. ALL RESIDENTIAL SUPERVISORS AND BUILDING ADMINISTRATORS WILL BE TRAINED ON THIS REQUIREMENT BY 7/12/2016.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Carole Jones*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *CAROLE JONES, PROGRAM DIR.* Date *6-29-2016*

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The above plan of correction is approved as of 7/29/16
(Date)

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

Plan of correction implementation status as of 7/29/16
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *AW.*
- Partially Implemented - Inadequate Progress
- Not Implemented

JUL 5 2016

Violation Report: 44695 - 02/10/2016 - Garrigan, Laurie
PCH Name: NEURORESTORATIVE PENNSYLVANIA

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

At 10:24 a.m., there was no thermometer in the Haier upright basement freezer.

At 10:29 a.m., the temperature measured 4 degrees Fahrenheit in the kitchen freezer.

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.

A THERMOMETER WAS PLACED IN THE HAIER UPRIGHT FREEZER ON 2/10/2016 WHILE THE INSPECTOR WAS PRESENT (PICTURE ATTACHED).

THE TEMPERATURE OF THE KITCHEN FREEZER IS MONITORED DAILY. STAFF DOCUMENT THE TEMPERATURE ON A FREEZER TEMP LOG PROVIDED BY ERIE COUNTY DEPARTMENT OF HEALTH. WE ARE ATTACHING AN ADDITIONAL FORM SO THAT THE EMPLOYEES CAN DOCUMENT WHAT ACTION IS TAKEN IF THE FREEZER THERMOMETER INDICATES A TEMP ABOVE 0°. (LOG AND SUPPLEMENTAL FORM ATTACHED)

Immediately - a designated staff person will check thermometers daily in each refrigerator and freezer, at times when they have not been recently opened, to ensure each refrigerator measures no more than 40 degrees Fahrenheit and each freezer measures no more than 0 degrees Fahrenheit. If a refrigerator or freezer temperature measures too high, it will be rechecked in 2 hours. If the temperature is still high, the temperature control will be adjusted and the food will be removed and placed in a refrigerator or freezer that meets the safe food storage temperature indicated in regulation 2600.103f. Documentation of all checks will be kept.

q.v. 7/29/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Carole Jones*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) CAROLE JONES, PROG. DIRECTOR Date 6-29-16

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Plan of correction implementation status as of 7/29/16 (Date)

- Fully implemented
- Partially Implemented - Adequate Progress q.v.
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by q.v. (Initials)

Violation Report: 44695 - 02/10/2016 - Garrigan, Laurie
PCH Name: NEURORESTORATIVE PENNSYLVANIA

JUL 5 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

The emergency preparedness plan for the home was not posted in a conspicuous and public place in the home. It was located in the staff's office outside of the basement entrance.

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.

THE EMERGENCY PREPAREDNESS PLAN WAS MOVED TO A MORE CONSPICUOUS AND PUBLIC PLACE ON 2/10/2016 WHILE THE INSPECTORS WERE PRESENT. IT IS NOW LOCATED IN THE LIVING ROOM OF THE HOME ON A BOOK SHELF UNDER THE TV (PICTURE ATTACHED)

Immediately - a designated staff person will check the home, at least weekly, to ensure that the emergency preparedness plans for the home, as well as for the municipality, are posted in a conspicuous and public place.

JN. 7/29/16

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Carole Jones*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *CAROLE JONES, PROGRAM DIRECTOR* Date *6-29-16*

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(Date)

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(Initials)

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Violation Report: 44695 - 02/10/2016 - Garrigan, Laurie
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

The menu posted in the home included dates 2/7/16 to 2/13/16. The following week's menu was not posted.

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

THE WALNUT CREEK HOME CURRENTLY POSTS ONE MONTH OF MENUS (CURRENT MENUS ATTACHED)

Immediately - a designated staff person will check the home, at least weekly, to ensure that the current week's menu and the following week's menu (at a minimum) are posted in a conspicuous and public place in the home.

pw. 7/29/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Carole Jones

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

CAROLE JONES, PROGRAM DIRECTOR

Date

6-29-2016

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(Date)

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pw.
(Initials)

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7/29/16
(Date)

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PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Levetiraceta tablet, 500 mg-take three tablets by mouth two times daily. However, on 2/10/16 at 11:49 a.m., he/she was administered only two tablets.

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.

THE MEDICATION ERROR WAS REPORTED IMMEDIATELY UPON DISCOVERY AND THE PRESCRIBING PHYSICIAN WAS NOTIFIED. STAFF WILL COMPLETE TRAINING IN THE "ADMINISTRATION" MODULE OF THE MED ADMINISTRATION TRAINING AND WILL RECEIVE THE APPROPRIATE LEVEL OF COUNSELLING FROM [REDACTED] SUPERVISOR. THE TRAINING AND COUNSELLING WILL BE COMPLETED BY 7/15/2016.

Within 30 days of receipt of the plan of correction – all staff persons who are qualified to administer medications will receive education in medication administration which includes following the prescriber's orders. Documentation of the education will be kept. *n.w. 7/29/16*

Within 30 days of receipt of the plan of correction – the administrator will monitor medication administration and the MAR weekly to ensure that medications are given in accordance with the prescriber's orders. *n.w. 7/29/16*

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Carole Jones Program Director* Date *6-29-2016*

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The above plan of correction was approved by n.w.
(Initials)