



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: August 5, 2016

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

RE: Neurorestorative Pennsylvania
4155 Roxbury Road
Erie, Pennsylvania 16506
446960

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: 44896
Address: 4155 ROXBURY DRIVE, ERIE, PA 16506		County: Erie
Administrator: TINA SMITH		Region: WEST
Legal Entity Name: MENTOR ABI LLC		WEST PENNSYLVANIA OFFICE Human Services Licensing
Legal Entity Address: 6816 WEST LAKE ROAD, FAIRVIEW, PA 16415		
Certificate(s) of Occupancy R-4 08/21/2016 MILLCREEK 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		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 6	Number of Residents who:	
Number of Residents Served: 6	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 0	
Area:	Have Mental Illness: 1	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
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: 0	
Number of Hospice Residents in past year: 0		

Violation Report: 44696 - 02/10/2016 - Garrigan, Laurie
PCH Name: NEURORESTORATIVE PENNSYLVANIA

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, B, C, and D, all hired on [redacted] 15, did not receive orientation 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.

This staff member transferred from another residence. Training has been completed. See attached. We have implemented the attached form to be completed prior to working in a new residence. See attached. Residential Supervisors will be responsible for completing these with staff prior to working in a new residence effective immediately.

employee A is no longer employed.

Within 30 days of receipt of the plan of correction - a designated staff person will review all staff person records to ensure that all staff persons, including staff persons who have transferred from another licensed facility, have received an orientation in general fire safety and emergency preparedness that includes all of the topics required by regulation 2600.65a. JW 7/29/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Destiny Carlson

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

Destiny Carlson Administrator

Date *7/21/16*

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)

Fully Implemented

Partially Implemented - Adequate Progress *JW*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

JW
(Initials)

Violation Report: 44696 - 02/10/2016 - Garrigan, Laurie
PCH Name: NEURORESTORATIVE PENNSYLVANIA WEST REGION FIELD OFFICE
Within 30 working hours

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, B, C, and D, all hired on [redacted] 15, did not receive orientation in any topics under regulation 2600.65b to include resident rights, the emergency medical plan, and mandatory reporting of abuse and neglect under OAPSA.

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.
This staff member transferred from another residence. Training has been completed see attached. We have implemented the attached form to be completed by Residential Supervisors immediately for any staff that works in a new residence within 40 working hours.

employee A is no longer employed.

Within 30 days of receipt of the plan of correction - a designated staff person will review all staff person records to ensure that all staff persons, including staff persons who have transferred from another licensed facility, have received an orientation within 40 working hours that includes all of the topics required by regulation 2600.65b.
DW 7/29/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Destiny Carlson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Destiny Carlson Administrator* Date *7/21/16*

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 DW (Initials)

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

Violation Report: 44898 - 02/10/2016 - Garrigan, Laurie
PCH Name: NEURORESTORATIVE PENNSYLVANIA

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

At 2:55 p.m., the hot water temperature in the bathroom sink across from bedroom #6 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.

The hot water temperature was immediately adjusted. Hot water temperatures will be checked according to the attached log. Residential Supervisors will review the water temperature logs monthly when completing the attached Environmental Inspection effective 8/1/16.

Immediately - a designated staff person will check hot water temperatures, in areas accessible to residents at least weekly to ensure that hot water temperatures do not exceed 120° Fahrenheit. Water temperatures will be adjusted immediately if it exceeds 120° Fahrenheit. JN 7/29/16

RECEIVED

Repeat Violation: No	Date(s) of Previous Violation(s):	WEST DEPT. FIELD OFFICE Human Services Licensing
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
<i>Destiny Carlson</i>		<i>7/21/16</i>
Printed Name and Title of Legal Entity Representative <i>Destiny Carlson Administrator</i>		

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

The above plan of correction is approved as of <u>7/29/16</u> (Date)	Plan of correction implementation status as of <u>7/29/16</u> (Date)
The above plan of correction was approved by <u>JN</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JN</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44696 - 02/10/2016 - Garrigan, Laurie
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST PENNSYLVANIA FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
Resident #1 does not have a source of light that can be turned on/off from bedside.

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.

Lamps were replaced with lights fixed to the headboard see attached.

These will be checked monthly by the Residential Supervisors when completing the attached Environmental Inspection Effective 8/1/16.

Immediately - a designated staff person will check the home, at least weekly, to ensure that each resident has a source of lighting that can be turned on/off at bedside. p.u. 7/29/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Destiny Carlson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Destiny Carlson Administrator* Date *7/29/16*

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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 DC
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *p.u.*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44686 - 02/10/2016 - Garrigan, Laurie
PCH Name: NEURORESTORATIVE PENNSYLVANIA

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

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

There were three 5-gallon jugs of water stored on the floor of the dining room closet.
There were two 1-gallon jugs of water stored on the basement floor.

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.

Gallons of water have been removed from the floor and are now stored off the floor on a shelf see attached.
Residential Supervisors will check monthly to make sure food is stored properly when completing the attached Environmental Inspection form effective 8/1/16

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Destiny Carlson*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Destiny Carlson Administrator* Date *7/21/16*

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 *DC*
(Initials)

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