



pennsylvania
DEPARTMENT OF HUMAN SERVICES

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

Mr. James Para-Cremer, Executive Director
Mentor ABI, LLC
639 Granite Street, Suite 215
Braintree, Massachusetts 02184

RE: Neurorestorative Pennsylvania
6816 West Lake Road, Bldg. 3&4
Fairview, Pennsylvania 16415
447100

Dear Mr. Para-Cremer:

As a result of the Department of Human Services' licensing inspection on February 11, 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" followed by a stylized initial or mark.

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		RECEIVED		License Number: 44710
Address: 6816 WEST LAKE ROAD, FAIRVIEW, PA 16416			County: Erie	
Administrator: DESTINY CARLSON			Region: WEST	
Legal Entity Name: MENTOR ABI LLC		WEST PENNSYLVANIA FIELD OFFICE Director of Civil/Health Licensing		
Legal Entity Address: 639 GRANITE STREET SUITE 215, BRAINTREE, MA 2184				
Certificate(s) of Occupancy				
R-3		R-3		
10/02/2015		10/02/2015		
FAIRVIEW TOWNSHIP		FAIRVIEW TOWNSHIP		
Staffing Hours				
Resident Support: 0		Total Daily Staff: 8		Waking Staff: 6
Type of Inspection: Full		BHA Docket Number:		Notice: Unannounced
Reason(s) for Inspection(s)				
Renewal				
On-Site Inspections Dates and Department Representatives On-Site				
02/11/2016: Garrigan, Laurie; Hullquist, 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: 8		Number of Residents who:		
Number of Residents Served: 8		Receive Supplemental Security Income: 0		
Secured Dementia Care Unit in Home: No		Are 60 Years of Age or Older: 0		
Area:		Have Mental Illness: 2		
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: 0		
Number of Hospice Residents in past year: 0				

Violation Report: 44710 - 02/11/2016 - Garrigan, Laurie
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

The following resident record documents were unlocked and accessible in the following locations:

Cabin #3 in the kitchen cabinet above the sink:

- * Resident #1 and #2's Individual Daily Activity Plans, Progress reports, Assessments, Support Plans and shower schedules
- * Resident #3's Individual Daily Activity Plans from 1/1/16 to 2/10/16
- * Resident #4's Individual Daily Activity Plans from 1/2/16 to 2/10/16
- * Shift report binder for cabin #3 residents from 1/1/16 to 2/10/16

Cabin #4 in the kitchen cabinet above the sink:

- * Resident #5's Individual Daily Activity Plan from 1/1/16 to 2/10/16, shower verification sheets from 12/21/15 to 2/7/16 and preadmission screening form
- * Resident #6's Assessment dated 6/5/14, Support Plan dated 6/16/14, Individual Daily Activity Plan from 1/2/16 to 2/10/16
- * Resident #7's Individual Daily Activity Plans
- * Resident #8's Individual Daily Activity Plans from 1/1/16 to 2/9/16, Assessment dated 8/15/14, Support Plan dated 8/26/16 and shower verification sheets
- * Shift report binder for cabin #4 residents from 11/9/15 to 2/10/16

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.

Resident records were immediately removed and placed in a locked cabinet(see attached). All resident records will be kept in a locked cabinet at all times. Residential Supervisors or designee will complete the attached Environmental Inspection effective 8/1/16 on a monthly basis to ensure resident records are kept confidential.

Immediately - a designated staff person will check both buildings covered by this license, at least weekly, to ensure that all resident records, including all documentation relating to resident care needs, are stored in a confidential manner and are inaccessible to visitors and residents. - J.W. 7/27/16

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 *7/27/16*

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

The above plan of correction is approved as of

7/27/16
(Date)

Plan of correction implementation status as of

7/27/16
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *J.W.*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

J.W.
(Initials)

Violation Report: 44710 - 02/11/2016 - Garrigan, Laurie

PGH Name: NEURORESTORATIVE PENNSYLVANIA

WEST PENNSYLVANIA FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Codo §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, start date [redacted] 7/15, 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 a different residence. Training has been completed see attached. We have implemented a new form to be completed prior to working in a new residence. See attached. Residential Supervisors will be responsible to complete this with staff prior to working in any of the residence effective immediately.

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. *D.C.* 7/27/16

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

7/27/16

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

The above plan of correction is approved as of

7/27/16
(Date)

Plan of correction implementation status as of

7/27/16
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *DC*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

DC
(Initials)

Violation Report: 44710 - 02/11/2016 - Garrigan, Laurie
 PCH Name: NEURORESTORATIVE PENNSYLVANIA WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 65 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, start date [redacted] 5, 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 a different residence. Training has been completed see attached.
 We have implemented a new form see attached. Residential Supervisors will be responsible for completing this with staff working in a new residence within 40 working hours. This form will be implemented immediately.

With 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. 7/27/16

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 *7/27/16*

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

The above plan of correction is approved as of 7/27/16 (Date)

Plan of correction implementation status as of 7/27/16 (Date)

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

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

RECEIVED

Violation Report: 44710 - 02/11/2016 - Garrigan, Laurie
PCH Name: NEURORESTORATIVE PENNSYLVANIA

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

WEST PENNSYLVANIA FIELD OFFICE
Human Services Monitoring

2a. DESCRIPTION OF VIOLATION

At 10:05 a.m., there were no paper towels, mechanical air blower, individual cloth towels or other means of safe hand drying in cabin #4's bathroom next to resident #5's bedroom.

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.

Paper towels were immediately replaced in the paper towel dispenser. Staff will check the paper towel dispensers every evening while completing the cleaning checklists. Residential Supervisors will ensure the checklist is completed daily. Residential Supervisors will review the checklist monthly when completing the Environmental Inspection attached 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

7/27/16
(Date)

Plan of correction implementation status as of

7/27/16
(Date)

The above plan of correction was approved by

DC
(Initials)

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

Violation Report: 44710 - 02/11/2016 - Garrigan, Laurie
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
Nursing Certification Licensing

1. REGULATION 55 Pa.Code §2800
2800.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

At 10:00 a.m., the hot water temperature in cabin #4's bathroom sink between resident #6's and #7's bedroom measured 132.4 degrees Fahrenheit, and at 10:17a.m. it measured 139.1 degrees Fahrenheit.
At 10:05 a.m., the hot water temperature in cabin #4's bathroom sink outside resident #5's bedroom measured 133.3 degrees Fahrenheit.
At 10:25 a.m., the hot water temperature in cabin #4's kitchen sink measured 138.1 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 adjusted immediately. Hot water temperatures will be checked according to the attached. 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 temperature will be adjusted immediately if it exceeds 120° Fahrenheit.

J.U.
7/27/16

Repeat Violation: No	Date(s) of Previous Violation(s):			
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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 7/27/16
(Date)

Plan of correction implementation status as of 7/27/16
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *J.U.*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44710 - 02/11/2016 - Garrigan, Laurie
POH Name: NEURORESTORATIVE PENNSYLVANIA

WEST PENNSYLVANIA FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.106(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

At 11:35 a.m., there was a 1/4 inch accumulation of lint in the lint traps of the Maytag and Whirlpool dryers in cabin #3's laundry room.

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 washer and dryer have been removed from both cabins. Laundry is done in another location. Attached is the dryer lint form to be completed after each use. Residential Supervisors will review the dryer lint form monthly when completing the attached Environmental Inspection 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 7/27/16
(Date)

Plan of correction implementation status as of 7/27/16
(Date)

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

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

Violation Report: 44710 - 02/11/2016 - Garrigan, Laurie		WEST LEBANON FIELD OFFICE	
PCH Name: NEURORESTORATIVE PENNSYLVANIA		Human Services Licensing	
<p>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.</p>			
<p>2a. DESCRIPTION OF VIOLATION At 9:47 a.m., the home's emergency preparedness plan for cabin #3 was in the kitchen cabinet above the sink which was not a conspicuous and public place in the home.</p> <p>Neither cabin #3 nor cabin #4 had the municipality's emergency preparedness plan posted in a conspicuous and public place in the home.</p>			
<p>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.</p> <p>Emergency Procedures were immediately posted in the common area on a cork board. See attached. Both cabins have the municipality procedures and NeuroRestorative procedures. Residential Supervisors will use the attached Environmental Inspection every month to make sure both are posted in the common area accessible to staff and participants. Effective 8/1/16.</p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Destiny Carlson</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Destiny Carlson Administrator</i>			Date <i>7/27/16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>7/27/16</u> (Date)		Plan of correction implementation status as of <u>7/27/16</u> (Date)	
The above plan of correction was approved by <u><i>DC</i></u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>DC</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	