



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: March 17, 2017

Ms. Carol Jones
Program Director
Mentor ABI, LLC
6816 West Lake Road
Fairview, Pennsylvania 16415

RE: NeuroRestorative Pennsylvania
#446630

Dear Ms. Jones:

As a result of the Department of Human Services' licensing inspection on May 9, 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
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 44663 - 05/09/2016 - Bedford, Katie
PCH Name: NEURORESTORATIVE PENNSYLVANIA

1. REGULATION 55 Pa.Code §2600

2600.57(a) - At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services.

2a. DESCRIPTION OF VIOLATION

On 4/20/16 Cabin 1 did not have staff present during the 11pm to 7am shift, at least 1 resident was in the home at the time.

On 5/1/2016, Cabin 2 did not have staff present during the 11pm to 7am shift, at least 1 resident was in the home at the time.

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.

- 1) Schedules will be reviewed by the Residential Managers / Administrators daily to ensure coverage on all shifts ^{At no time will residents be left alone in the home without a staff person present.}
- 2) Neurorestorative policy # 9.01(C) was distributed to all Residential Supervisors / Administrators on 4/14/2016 for review w/ all employees. 3/16/17
- 3) Staff will be trained on all appropriate policies + procedures annually.
- 4) All agency employees who handle on-call responsibilities will receive a copy of this policy w/ the expectation that it is to be implemented immediately.
- 5) Any employee violating this policy will receive disciplinary action up to and including termination of employment.

(SIGN-IN SHEET ATTACHED; STILL NEED 2 MORE ON-CALL EMPLOYEES TO TRAIN AND SIGN; WILL COMPLETE BY 11-18-2016

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 Director*

Date *11-14-2016*

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

The above plan of correction is approved as of 3/16/17
(Date)

Plan of correction implementation status as of 3/16/17
(Date)

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

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

Carole Jones, Program Director 11-14-2016

Violation Report: 44663 - 05/09/2016 - Bedford, Katie
PCH Name: NEURORESTORATIVE PENNSYLVANIA

1. REGULATION 55 Pa.Code §2600

2600.42(u) - A resident has the right to remain in the home, as long as it is operating with a license, except as specified in § 2600.228 (relating to notification of termination).

2a. DESCRIPTION OF VIOLATION

On 3/1/16, Resident #1 did not attend day program; however [redacted] was moved to another building on campus for the day, which operates under a different license due to no staff available in the home.

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.

1. Neurorestorative policy # 9.01(c) has been amended to include the requirements on PA Code 2600.42. It was distributed to all Residential Supervisors/ Administrators on 11/14/2016 for review with all employees (attached)
2. Staff will be trained on all appropriate policies and procedures annually.
3. This policy has been implemented.
4. All agency employees who handle on-call responsibilities will receive a copy of this policy with the expectation that it is to be implemented immediately
5. Any employee violating this policy will receive disciplinary action up to and including termination of employment

(SIGN-IN SHEET ATTACHED - STILL NEED 2 MORE ON-CALL EMPLOYEES TO TRAIN AND SIGN - WILL COMPLETE BY 11-18-2016)

Immediately - Residents will be informed that they have the right to remain in the home and staff shall not ask any residents to voluntarily go to another home under the same license or any other home owned or operated by the home's legal entity. Documentation of notification shall be kept. MS 3/16/17

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 *11/14/2016*

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Carole Jones, Program Director - 11/14/2016