



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

OCT 14 2016

Mr. James Para-Cremer, Executive Director  
Mentor ABI, LLC  
6816 West Lake Road, Building 2  
Fairview, Pennsylvania 16415

RE: Neurorestorative Pennsylvania  
License #: 442050

Dear Ms. Crowley:

As a result of the Department of Human Services' annual licensing inspections on May 11, 2016 and May 12, 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, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

PCH Name: NEURORESTORATIVE PENNSYLVANIA		License Number: 44205
Address: BUILDING 2 6816 WEST LAKE RD, FAIRVIEW, PA 16415		County: Erie
Administrator: Destlly Carlson		Region: WEST
Legal Entity Name: MENTOR ABI LLC		
Legal Entity Address: 6816 WEST LAKE ROAD, FAIRVIEW, PA 16415		
Certificate(s) of Occupancy C-2 LP 05/03/1974 Labor and Industry		<b>RECEIVED</b> SEP 01 2016 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: NA	Total Daily Staff: 9	Waking Staff: 7
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 05/11/2016: Bedford, Katie; Flinner-Alman, Lisa 05/12/2016: Bedford, Katie; Flinner-Alman, Lisa		
<b>Off-Site Inspection Dates and Inspectors, If Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 16 Number of Residents Served: 8 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: 1 Are 60 Years of Age or Older: 0 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 0

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Violation Report: 44205 - 05/11/2016 - Bedford, Katie  
PCH Name: NEURORESTORATIVE PENNSYLVANIA

SEP 01 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION

On [redacted] 16, esident #1 moved into the home from another licensed home owned by the same legal entity. There was no addendum to the original home contract.

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.

CASE MANAGER WILL REVIEW ORIGINAL HOME CONTRACT AND ATTACH SIGNED ADDENDUM INDICATING MOVE DATE OF [redacted] 2016. THIS WILL BE COMPLETED BY 9/5/2016 AS WE WILL NEED TO SECURE THE GUARDIAN'S SIGNATURE.

10/01/2016 CASE MANAGERS WILL BE TRAINED ON REGULATION 55 PA. CODE 2600.25 RELATING TO RESIDENT RELOCATIONS, to ensure any resident who moves from one licensed home owned by the legal entity to another, has either an addendum completed for current contract or a new contract completed on the date of admission.

*[Handwritten signature]*

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: *9-01-2016*

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

The above plan of correction is approved as of 9/5/16 (Date)

Plan of correction implementation status as of 9/5/16 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

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

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Violation Report: 44205 - 05/11/2016 - Bedford, Katie  
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Cs.de §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  
On 5/11/16, the lamp for resident #4 in room #2 did not have a source of lighting than 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 date by which the steps will be completed.

THE LAMP WAS REPLACED ON 5/11/2016. IT HAD BEEN REMOVED BY THE RESIDENT.

10/31/2016 ALL RESIDENT ROOMS WILL BE EQUIPPED WITH TOUCH ACTUATED LIGHTS ATTACHED TO EITHER HEADBOARDS OR WALLS (AT BEDSIDE). WEEKLY ENVIRONMENTAL SURVEYS WILL INCLUDE A CHECK FOR BEDSIDE LIGHTING.

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: *9-01-2016*

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PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION  
The most recent fire safety inspection and fire drill conducted by a fire safety expert was completed on 4/9/15.

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 FIRE SAFETY INSPECTION AND FIRE DRILL CONDUCTED BY A FIRE SAFETY EXPERT WAS COMPLETED ON 5/24/2016.  
(ATTACHED)

THE PROGRAM DIRECTOR WILL ASSUME THE RESPONSIBILITY OF SCHEDULING THIS ANNUAL REQUIREMENT.

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

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(Required on EVERY Page) *Carole Jones*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *CAROLE JONES, PROGRAM DIRECTOR*      Date: *9-01-2016*

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PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The May 2016 medication administration record (MAR) for resident #1 does not include a diagnosis or purpose for Clonidine 0.2mg, Hydroxyzine HCL 10mg, Gabapentin 300mg, Escitalopram 20mg, Melatonin 3mg, Ursodiol 300mg, and Simvastatin 20mg.

The May 2016 MAR for resident #2 does not include a diagnosis or purpose for Phenobarbital 32.4mg, Mucinex 1200mg, Naproxen 500mg, Ranitidine 150mg, Ziprasidone 80mg, Divalproex 250mg, and Divalproex 500mg.

The May 2016 MAR for resident #3 does not include a diagnosis or purpose for Hydrochlorothiazide 25mg, Montelukast 10mg, Famotidine 20mg, Losartan 100mg, Amlodipine 10mg, Atenolol 50mg, Aripiprazole 10mg, and Citalopram 40mg.

The May 2016 MAR for resident #4 does not include a diagnosis or purpose for Simvastatin 40mg.

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 DIAGNOSES/PURPOSES FOR MEDS WERE ADDED TO MARs IN 5/2016. NR HAS IMPLEMENTED USE OF THE ELECTRONIC MED ADMINISTRATION RECORD. ONCE THIS INFORMATION IS INPUTTED IT REMAINS ON THE RECORD. THE DIRECTOR OF NURSING WILL ENSURE ONGOING COMPLIANCE VIA MONTHLY MAR AUDITS

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

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(Required on EVERY Page) *Carole Jones*

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

Date *9-01-2016*

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SEP 01 2016 Page 6 of 6

Violation Report: 44205 - 05/11/2016 - Bedford, Kalie  
PCH Name: NEUROREHABILITATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

On [redacted] 16, resident #1 moved into the home from another licensed home owned by the same legal entity; however, a new preadmission screening was not completed for admission to 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.

THIS VIOLATION CANNOT BE CORRECTED DUE TO THE TIME COMPONENT OF THE REGULATION. THE RESIDENT'S PRIOR SCREENING WILL BE REVIEWED TO ENSURE CURRENT PLACEMENT IS APPROPRIATE AND CAN MEET [redacted] NEEDS. THIS WILL BE DONE BY THE DIRECTOR OF NURSING BY 9/08/2016.

A PRE-ADMISSION SCREENING WILL BE COMPLETED WITHIN 30 DAYS PRIOR TO A RESIDENT'S RELOCATION AS IT MAY OCCUR (PRN)

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

9-01-2016

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(Date)

Plan of correction implementation status as of

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(Date)

The above plan of correction was approved by

*CJ*  
(Initials)

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