



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 13 2017

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

RE: Neurorestorative Pennsylvania
License #: 446630

Dear Ms. Jones:

As a result of the Department of Human Services' annual licensing inspection on September 16, 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: 44663
Address: 6816 WEST LAKE ROAD, FAIRVIEW, PA 16415	County: Erie
Administrator: Destiny Carlson	Region: WEST
Legal Entity Name: MENTOR ABI LLC	
Legal Entity Address: 6816 WEST LAKE ROAD, FAIRVIEW, PA 16415	

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OCT 28 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Certificate(s) of Occupancy

I-1
01/26/2015
Fairview Township

Staffing Hours	Total Daily Staff: 11	Waking Staff: 8
Resident Support: 0	BHA Docket Number:	Notice: Unannounced
Type of Inspection: Full		

Reason(s) for Inspection(s)

Renewal

On-Site Inspections Dates and Department Representatives On-Site

09/16/2016: Williams, Jason

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 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: 0

Are 60 Years of Age or Older: 2

Have Mental Illness: 0

Have an Intellectual Disability: 0

Have a Mobility Need: 3

Have a Physical Disability: 0

OCT 28 2016

Violation Report: 44663 - 09/16/2016 - Williams, Jason
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
The current license, the most recent license inspection summary, dated 8/5/15, and the 55 Pa. Code Chapter 2600 regulations were not posted in a conspicuous and public place 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.

- THE CURRENT LICENSING INSPECTION SUMMARY AND A COPY OF THE REGULATIONS WERE PLACED IN A CONSPICUOUS AND PUBLIC PLACE AT THE TIME OF THIS INSPECTION.
- AN ADJUSTED WEEKLY CHECKLIST WILL BE CREATED BY THE PROGRAM DIRECTOR SPECIFICALLY ADDRESSING THE REQUIREMENTS OF THIS REGULATION.
- THIS CHECKLIST WILL GO INTO EFFECT ON 11/01/2016.
- THE RESIDENTIAL SUPERVISORS / ADMINISTRATORS WILL BE TRAINED ON THE EXPECTATIONS ON 10/31/2016 AT THE REGULARLY SCHEDULED MONTHLY SUPERVISOR MEETING.
- CHECKLISTS WILL BE SUBMITTED TO THE PROGRAM DIRECTOR THE FIRST WEEK OF EVERY MONTH TO ENSURE COMPLETION AND ONGOING COMPLIANCE.

Immediately the administrator or designated person will check the home at least weekly to ensure all required documentation including the most recent licensing inspection summary and a copy of 55 Pa. code chapter 2600 regulations are posted in a conspicuous and public place in the personal care home.

11/18/16

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

10-28-2016

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

The above plan of correction is approved as of 11/18/16
(Date)

Plan of correction implementation status as of 11/18/16
(Date)

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

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

Violation Report: 44663 - 09/16/2016 - Williams, Jason
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

According to resident #1's progress notes, the following incidents occurred in the home:

- * On 9/1/16, resident #1 was involved in an altercation with another resident, sustaining a scratches over the left eye, the left cheek and scrapes to the right upper arm
- * On 7/4/16, resident #1 engaged in an altercation with another resident, which involved the residents, "hitting each other in the face"
- * On 5/19/16, resident #1 punched another resident in the shoulder then yelled at and chased a staff person trying to attack him/her
- * On 5/18/16, resident #1 hit 2 peers then ran off into the woods
- * On 5/14/16, resident #1 punched another resident in the face
- * On 5/6/16, resident #1 got into a physical altercation with another resident, punching the other resident in the head multiple times

None of these incidents were reported to the Department.

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 INCIDENTS WERE SUBMITTED TO THE DEPARTMENT AT THE TIME OF THE LICENSING INSPECTION. WE CANNOT CORRECT THE 24 HOUR REPORTING REQUIREMENT
 - ALL RESIDENTIAL SUPERVISORS AND ON-CALL EMPLOYEES RECEIVED THE ATTACHED MEMO DATED 10/21/2016 INDICATING THE IMMEDIATE REQUIREMENT OF REPORTING PARTICIPANT ABUSE FOLLOWING DEPARTMENT GUIDELINES. IN ADDITION, THIS MEMO WAS PLACED IN THE ON-CALL BINDER.
 - ALL RESIDENTIAL EMPLOYEES WILL BE TRAINED ON THIS REQUIREMENT/EXPECTATION DURING NOVEMBER, 2016 TEAM MEETINGS. DOCUMENTATION OF THIS TRAINING WILL BE MAINTAINED IN EMPLOYEE FILES.
- Immediately - All staff persons will be educated on the home's policies and procedures for reportable incidents and conditions including the reporting requirements. Documentation of education shall be kept.
 Immediately - The administrator will review all reportable incidents and conditions at least weekly to ensure all reportable incidents and conditions are reported to the Department in accordance with regulation 2600.16c. R. 11/18/16

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

10-28-2016

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(Date)

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11/18/16
(Date)

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[Signature]
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
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- Not Implemented

Violation Report: 44663 - 09/16/2016 - Williams, Jason
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

*Staff person A, whose first day of work was [redacted] 16, did not receive orientation in general fire safety and emergency preparedness, to include all topics specified in 2600.65a, until 5/10/16.

*Staff person B, whose first day of work was [redacted] 16, did not receive orientation in general fire safety and emergency preparedness, to include all topics specified in 2600.65a.

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 AS BOTH EMPLOYEES SEVERED EMPLOYMENT WITH NEURO RESTORATIVE

EFFECTIVE IMMEDIATELY, ALL EMPLOYEES RESPONSIBLE FOR ORIENTATION AND INITIAL TRAININGS ARE REQUIRED TO UTILIZE THE ATTACHED TRAINING VERIFICATION CHECKLIST.

Immediately- the administrator or designated staff person will review all current staff person training records to ensure all direct care staff persons including ancillary staff persons, substitute personnel and volunteers have completed an orientation in general fire safety and emergency preparedness in accordance with regulation 2600.65a and documentation of training is kept.

Immediately- the administrator will develop and implement a tracking system for new hires to ensure all newly-hired staff persons receive the training required by this regulation on or before the first work day and documentation of training is kept.

R 11/18/16

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
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CAROLE JONES, PROGRAM DIRECTOR

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R
(Initials)

Violation Report: 44663 - 09/16/2016 - Williams, Jason
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION 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's lamp was inoperable. No other source of lighting that can be turned on from bedside was present.

Resident #2 does not have an operable lamp or other source of lighting that can be turned on at bedside.

Resident #3 does not have an operable lamp or other source of lighting that can be turned on at bedside.

Resident #4 does not have an operable lamp or other source of lighting that can be turned on at 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.

- TOUCH LAMPS HAVE BEEN INSTALLED ON EACH RESIDENT'S HEADBOARD ENSURING COMPLIANCE WITH 2600.101
 - TOUCH LAMPS ARE BEING INSTALLED ON EVERY RESIDENT OF NEURORESTORATIVE HEADBOARD TO ENSURE ONGOING COMPLIANCE.
 - THIS VIOLATION REPORT WILL BE REVIEWED WITH ALL EMPLOYEES WORKING UNDER LICENSE # 44663 BY 11/30/2016 TO ENSURE KNOWLEDGE AND UNDERSTANDING OF THIS REGULATION. THIS WILL BE DOCUMENTED VIA A TEAM MEETING AGENDA W/ SIGN-IN SHEET.
- Immediately - A designated staff person on each shift will check the home daily to ensure each resident has an operable source of lighting that can be turned on/off from bedside.
- [Signature]*
11/18/16

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *CAROLE JONES, PROGRAM DIRECTOR* Date *10-28-2016*

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Violation Report: 44663 - 09/16/2016 - Williams, Jason
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 10:05am, the temperature of the white freezer chest, located in the storage room next to the laundry room, was 20 degrees Fahrenheit.

* At 10:08am, the temperature of the freezer section of the refrigerator/freezer, located in the storage room next to the laundry room, was 8 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.

• THERMOSTATS ON BOTH FREEZERS WERE ADJUSTED IMMEDIATELY TO ENSURE COMPLIANCE.

• DIRECT CARE STAFF HAVE BEEN INSTRUCTED TO CHECK TEMPERATURES WEEKLY AND DOCUMENT ON APPROPRIATE LOG. THIS RESPONSIBILITY HAS ALSO BEEN PLACED ON THE RESIDENTIAL SUPERVISION WEEKLY CHECKLIST.

• THIS VIOLATION REPORT WILL BE REVIEWED WITH ALL EMPLOYEES WORKING UNDER LICENSE # 44663 BY 11/30/2016 TO ENSURE KNOWLEDGE AND UNDERSTANDING OF THIS REGULATION. THE ADMINISTRATOR WILL DEMONSTRATE HOW TO ADJUST THE TEMPERATURE SETTING ON ALL REFRIGERATORS/FREEZERS IN THIS LOCATION. TRAINING WILL BE DOCUMENTED VIA A TEAM MEETING AGENDA WITH A SIGN-IN SHEET.

Immediately - A designated staff person will check thermometers at least twice daily to include the freezers cited to ensure food items are stored at safe temperatures. Documentation of temperatures shall be kept. Within 30 days of receipt of the plan of correction - the administrator will check twice weekly to ensure all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit. Documentation of checks shall be kept.

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/05/2015 et al 11/18/16

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 10-28-2016

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Plan of correction implementation status as of 11/18/16 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44663 - 09/16/2016 - Williams, Jason
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 66 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 municipality's emergency procedures are not posted in a conspicuous and public place 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.

- THE MUNICIPALITY'S EMERGENCY PROCEDURES WERE POSTED IN A CONSPICUOUS AND PUBLIC PLACE ON THE DAY OF THE LICENSING INSPECTION
- AN ADJUSTED WEEKLY CHECKLIST WILL BE CREATED BY THE PROGRAM DIRECTOR SPECIFICALLY ADDRESSING THE REQUIREMENTS OF THIS REGULATION.
- THIS CHECKLIST WILL GO INTO EFFECT ON 11/01/2016.
- THE RESIDENTIAL SUPERVISORS / ADMINISTRATORS WILL BE TRAINED ON THE EXPECTATIONS ON 10/31/2016 AT THE REGULARLY SCHEDULED MONTHLY SUPERVISOR MEETING.
- CHECKLISTS WILL BE SUBMITTED TO THE PROGRAM DIRECTOR THE FIRST WEEK OF EVERY MONTH TO ENSURE COMPLETION AND ONGOING COMPLIANCE.

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 *10-28-2016*

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Violation Report: 44663 - 09/16/2016 - Williams, Jason
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION

* A thick coating of lint was covering the rear panel and exhaust vent of the short, front-loader dryer farthest to the right in the laundry room. A layer of lint also covered the wall behind the dryer.

* 2 cardboard boxes were sitting directly on the furnace, located inside the backyard entrance to the home's cellar.

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 LINT WAS IMMEDIATELY REMOVED FROM THE DRYER AND THE BOXES WERE REMOVED FROM THE FURNACE AREA.
- STAFF WILL BE REQUIRED TO PULL THE DRYER AWAY FROM THE WALL TWICE WEEKLY TO REMOVE ANY BUILDUP. THIS WILL BE ADDED TO THE WEEKLY CHORE LIST AND BE COMPLETED DURING THIRD SHIFT. THE RESIDENTIAL SUPERVISOR ADDED RESPONSIBILITY TO THE CHORE LIST ON 10/21/2016. STAFF WILL BE RESPONSIBLE FOR DOCUMENTING COMPLETION.
- THIS VIOLATION REPORT WILL BE REVIEWED WITH ALL EMPLOYEES WORKING UNDER LICENSE # 44663 BY 11/30/2016 TO ENSURE KNOWLEDGE AND UNDERSTANDING OF THIS REGULATION. THIS WILL BE DOCUMENTED VIA A TEAM MEETING AGENDA WITH SIGN IN SHEET.
- THE MAINTENANCE DEPARTMENT HAS BEEN INSTRUCTED/TRAINED REGARDING REGULATION 55 Pa. CODE 2600.

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 10-28-2016

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(Date)

Plan of correction implementation status as of 11/18/16
(Date)

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(Initials)

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- Partially Implemented - Adequate Progress *f*
- Partially Implemented - Inadequate Progress
- Not Implemented

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Violation Report: 44663 - 09/16/2016 - Williams, Jason
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The home's fire drill records do not indicate the amount of time it took to evacuate the residents during the following fire drills:

- * 8/21/15 at 8:05am
- * 9/6/15 at 5:18am
- * 10/8/15 at 6:52pm
- * 11/24/15 at 6:58pm
- * 12/16/15 at 5:36am
- * 1/12/16 at 8:16pm
- * 2/2/16 at 7:02am

The home's fire drill records do not indicate the exit routes used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered or whether the fire alarm or smoke detectors were operable during the following fire drills:

- * 2/29/16 at 3:42pm
- * 3/18/16 at 6:18pm
- * 4/29/16 at 1:34pm
- * 5/13/16 at 4:16pm
- * 6/29/16 at 6:30am
- * 7/28/16 at 9:51am
- * 8/30/16 at 3:58pm

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 ENTIRE FIRE DRILL PROCEDURE IS BEING REVAMPED. CURRENTLY, THE MAINTENANCE MAN IS RESPONSIBLE FOR CONDUCTING ALL FIRE DRILLS FOR NEURORESTORATIVE. THIS WILL CONTINUE UNTIL 12/31/2016. WE WILL USE THE DHS APPROVED FIRE DRILL RECORD EFFECTIVE 1/1/2017. (ATTACHED)

EFFECTIVE 1/01/2017, THE RESIDENTIAL SUPERVISORS WILL BE RESPONSIBLE FOR CONDUCTING MONTHLY FIRE DRILLS. THEY WILL BE TRAINED ON REGULATION 55 PA. CODE 2600.132 ON 11/28/2016 AT THE REGULARLY SCHEDULED MONTHLY SUPERVISOR MEETING. A COPY OF THIS TRAINING WILL BE MAINTAINED IN THEIR PERSONNEL FILES. THE TRAINING WILL BE CONDUCTED BY THE PROGRAM DIRECTOR

for drills held on 9/28/16 at 5:13 AM and on 10/29/16 at 2:02 PM included all the contents required under regulation 2600.132c. 11/18/16

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 *10-28-2016*

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Violation Report: 44663 - 09/16/2016 - Williams, Jason
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The fire drill on 8/30/16 at 3:58pm was conducted in 3 minutes, 59 seconds; however, the home's maximum safe evacuation time, as specified in writing by a fire safety expert on 5/24/16, is 3 minutes. No other fire drills were conducted in August 2016.

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 TIME FRAME REQUIREMENTS
- ALL SUPERVISORS RECEIVED THE ATTACHED MLMG ON 10/25/2016 OUTLINING THE REQUIREMENTS FOR CONDUCTING REPEAT DRILLS WHEN FAILING TO EVACUATE IN THE MAXIMUM SAFE EVACUATION TIME.
- THIS WILL ALSO BE REVIEWED ON 11/25/2016 AT THE REGULARLY SCHEDULED SUPERVISOR MEETING.
- ALL FIRE DRILLS RESULTING IN A NON-COMPLIANCE WITH THE EVACUATION TIME WILL BE ANALYZED AND ADDRESSED BY THE PROGRAM DIRECTOR.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CAROL JONES Program Director* Date *10-28-2016*

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Violation Report: 44663 - 09/16/2016 - Williams, Jason
PCH Name: NEURORESTORATIVE 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

Resident #3 was admitted to the home on [redacted] 5 from another home licensed by the same legal entity; however, a new preadmission screening was not completed within 30 days of admission to the new licensed 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 [redacted] CURRENT PLACEMENT IS APPROPRIATE AND CAN MEET [redacted] NEEDS. THIS WILL BE DONE BY THE DIRECTOR OF NURSING BY 10/31/2014

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

Immediate by the administrator will develop and implement a tracking system for new residents to ensure all residents admitted to the home have a preadmission screening form completed within 30 days prior to admission and the home is capable of meeting the resident's care needs.

[Signature]
11/18/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carole Jones, Program Director* Date *10-28-2014*

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

The above plan of correction is approved as of 11/18/16 (Date)

Plan of correction implementation status as of 11/18/16 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44663 - 09/16/2016 - Williams, Jason
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

*The assessment, dated 11/19/15, for resident #3, is blank in the areas of securing & using transportation and managing finances; however, the resident's support plan, dated 11/21/15, indicates the resident requires assistance. Also, the assessment indicates that the resident is independent with ambulation; however, the resident's support plan indicates the resident requires physical assistance of 2 staff persons to assist with transferring.

*The assessment, dated 4/7/16, for resident #4, is blank in the areas of doing laundry and writing correspondence; however, the resident's support plan, dated 4/27/16, indicates the resident requires verbal cues and assistance.

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 CASE MANAGER WAS NOTIFIED (VIA THE ATTACHED E-MAIL) ON 10/25/2016 TO MAKE THE NECESSARY CORRECTIONS TO BOTH RESIDENTS' ASSESSMENTS AND SUPPORT PLANS. SHE WAS INSTRUCTED TO COMPLETE THESE BY THURSDAY 10/27/2016. TRAINING ON THE RASP WILL BE CONDUCTED BY THE PROGRAM DIRECTOR (WITH INFORMATION OBTAINED DURING THE 100 HOUR ADMINISTRATOR'S COURSE) FOR ALL CASE MANAGERS BEFORE 12/31/2016. DOCUMENTATION OF THIS TRAINING WILL BE MAINTAINED IN THEIR PERSONNEL FILES.

The assessments for residents #3 and #4 have been revised. Within 30 days of receipt of the plan of correction - All staff persons involved with the completion of assessments will be educated regarding the requirement of a resident's assessment must be completed accurately and in its entirety within 15 days of admission. Documentation of training shall be kept. Within 30 days of receipt of the plan of correction and monthly thereafter - the administrator or designated staff person will review all new resident documentation to ensure an accurate assessment is completed for each resident within 30 days of admission and the assessment is completed in its entirety. Documentation of reviews shall be kept. *f 11/18/16*

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/05/2015 *efal*

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* Date *10-28-2016*

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

The above plan of correction is approved as of 11/18/16 (Date)

Plan of correction implementation status as of 11/18/16 (Date)

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

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

Violation Report: 44663 - 09/16/2016 - Williams, Jason
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

Resident #1's support plan, dated 8/31/16, was not signed and dated by the assessor. Also, the support plan was not signed by the resident and does not indicate the resident was unable to participate, declined to participate, refused to sign or unable to sign.

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 CASE MANAGER WAS NOTIFIED (VIA THE ATTACHED E-MAIL) ON 10/25/2016 TO MAKE THE NECESSARY CORRECTIONS TO THIS RESIDENT'S SUPPORT PLAN. SHE WAS INSTRUCTED TO COMPLETE THIS BY THURSDAY 10/27/2016.

TRAINING ON THE RASP WILL BE CONDUCTED BY THE PROGRAM DIRECTOR (WITH INFORMATION OBTAINED DURING THE 100 HOUR ADMINISTRATOR'S COURSE) FOR ALL CASE MANAGERS BEFORE 12/31/2016. DOCUMENTATION OF THIS TRAINING WILL BE MAINTAINED IN THEIR PERSONNEL FILES.

Resident #1's support plan was signed by the assessor and a notation made that the resident refused to sign the document. Within 30 days of receipt of the plan of correction - the administrator or designated staff person will review all completed support plans to ensure they are completed in their entirety to include required signatures.

11/18/16

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

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

The above plan of correction is approved as of 11/18/16 (Date)

Plan of correction implementation status as of 11/18/16 (Date)

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

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

FIRE DRILL RECORDS
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

PCH Name: NEURORESTORATIVE PENNSYLVANIA	Number: 446630
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Date	Time	Evac Time	Supervised by Fire Safety Expert
08/30/2016	03:58 PM	3 min 59 sec	
07/28/2016	09:51 AM	1 min 12 sec	
06/29/2016	06:30 AM	2 min 58 sec	
05/13/2016	04:16 PM	2 min 43 sec	
04/29/2016	01:34 PM	2 min 48 sec	
03/18/2016	06:18 PM	2 min 45 sec	
02/29/2016	03:42 PM	2 min 54 sec	
02/02/2016	07:02 AM	not recorded	
01/12/2016	08:16 PM	not recorded	
12/16/2015	05:36 AM	not recorded	
11/24/2015	05:58 PM	not recorded	
10/08/2015	06:52 PM	not recorded	