



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUL 17 2017

Ms. Carole Jones,  
Program Director  
Mentor ABI, LLC  
6816 West Lake Road  
Buildings 3 and 4  
Fairview, Pennsylvania 16415

RE: Neurorestorative Pennsylvania  
License #: 447100

Dear Ms. Jones:

As a result of the Department of Human Services' annual licensing inspection on October 18, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

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: 44710
Address: 6816 WEST LAKE ROAD, FAIRVIEW, PA 16415		County: Erie
Administrator: Jason Gregory		Region: WEST
Legal Entity Name: MENTOR ABI LLC		
Legal Entity Address: 639 GRANITE STREET SUITE 215, BRAINTREE, MA 2184		<b>RECEIVED</b>
Certificate(s) of Occupancy		FEB 23 2017
R-3 10/02/2015 Fairview TWP - Building #3	R-3 10/02/2015 Fairview TWP - Building #4	WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
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, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 10/18/2016: McConnell, Deb		
Off-Site Inspection Dates and Inspectors, if Applicable		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
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: 3	
Area:	Have Mental Illness: 2	
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: 44710 - 10/18/2016 - McConnell, Deb  
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

Residents' "Individual Daily Activity Plan", including resident #1's, dated 10/5/16 and resident #2's, dated 10/5/16, were posted on the bulletin board behind the dining room table in building #3, unlocked and accessible to unauthorized persons.

Residents' "Individual Daily Activity Plan", including resident #3's, and resident #4's, were posted on the bulletin board near the dining room table in building #4, unlocked and accessible to unauthorized persons.

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 INDIVIDUAL DAILY ACTIVITY PLANS WERE REMOVED FROM THE BULLETIN BOARDS AT THE TIME OF THE LICENSING INSPECTION. THE RESIDENTIAL SUPERVISOR HAD PLACED THEM THERE TO SECURE STAFF SIGNATURES. THE SUPERVISOR WAS INFORMED THAT ALL RESIDENT RECORDS MUST BE SECURED AT ALL TIMES. FORMAL TRAINING WOULD HAVE BEEN COMPLETED WITH THAT SUPERVISOR BUT HE LEFT NEURO RESTORATIVE'S EMPLOYMENT WITHIN 1 WEEK OF THE INSPECTION. ALL EMPLOYEES ARE TRAINED ON THE CONFIDENTIALITY POLICY WHICH I HAVE ATTACHED. THIS POLICY WILL BE REVIEWED WITH EMPLOYEES DURING 3/2017 OR 4/2017 TEAM MEETING WHICH ARE HELD AT EACH LICENSED SITE. I HAVE ALSO ATTACHED THE E-MAIL SENT TO ALL RESIDENTIAL SUPERVISORS REQUESTING THAT THIS BE PUT ON THEIR TEAM MTG. AGENDAS. THOSE AGENDAS WILL BE AVAILABLE FOR BHSL REVIEW TO ENSURE COMPLIANCE WITH THIS CAP. Immediately - A designated staff person will check both buildings covered by the license at least twice weekly to ensure resident records, including individual daily activity plans, are stored in a confidential manner and are inaccessible to visitors and other unauthorized persons. ms 5/2/17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/11/2016
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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 *2/16/2017*

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

The above plan of correction is approved as of 5/2/17  
(Date)

Plan of correction implementation status as of 5/2/17  
(Date)

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

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

Violation Report: 44710 - 10/18/2016 - McConnell, Deb  
PCH Name: NEURORESTORATIVE PENNSYLVANIA

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

Resident #4, admitted on [redacted] 16, does not have a resident-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.

*THIS VIOLATION CANNOT BE CORRECTED DUE TO TIME FRAME ISSUES.*

*AN UPDATED RESIDENT-HOME CONTRACT <sup>ADDENDUM</sup> HAS BEEN COMPLETED AND IS ATTACHED.*

*THERE WERE SEVERAL MOVES MADE BETWEEN LICENSED PROGRAMS DURING 2015/2016. ALL CASE MANAGERS ARE NOW AWARE OF THE NEED TO PREPARE A NEW CONTRACT AND SECURE NECESSARY SIGNATURES. TRAINING DOCUMENTATION IS MAINTAINED IN PERSONNEL FILES*

*Immediately - A designated staff person will review all resident records to ensure there is a resident-home contract in place for each resident. ms 5/16/17*

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

*2/20/17*

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

The above plan of correction is approved as of 5/15/17  
(Date)

Plan of correction implementation status as of 5/15/17  
(Date)

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

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

Violation Report: 44710 - 10/18/2016 - McConnell, Deb  
 PCH Name: NEURORESTORATIVE PENNSYLVANIA  
 WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
 2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION  
 The telephone in the common sitting room in buildings #3 and #4 have a built-in intercom system that enables unauthorized audio monitoring within the home from any location on the grounds of the facility/campus.

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 PHONE SYSTEM WAS UPDATED ON 12/6/16 IN ALL LOCATIONS ON THE GROUNDS OF THE FACILITY/CAMPUS. THE NEW PHONES DO NOT HAVE THE INTERCOM CAPABILITIES.*

*Immediately - NO audio monitoring will be used in any location on the grounds.*  
*MS 5/12/17*

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 *2/17/17*

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

The above plan of correction is approved as of <u>5/12/17</u> (Date)	Plan of correction implementation status as of <u>5/12/17</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>MS</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44710 - 10/18/2016 - McConnell, Deb  
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE  
Human Services Licensing

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 10/13/16, from 9:10 a.m. through 11:15 a.m., resident #1 was present in the home. During this time, no staff person was present in the home. Also, the resident's assessment, dated 11/13/15, indicates the resident has moderate supervision needs.

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 # 7 WAS LEFT IN THE HOME BY A DAY PROGRAM EMPLOYEE. DISCIPLINARY ACTION WAS GIVEN TO THAT EMPLOYEE.

- ATTENDANCE IS TAKEN AT THE DAY PROGRAM.

Immediately - All staff persons will be educated to staffing requirements to include the presence of a direct care staff person in the home at all times one or more residents are present in the home. ms sk/17

Immediately - the administrator or designee will complete walk throughs of each building under this license at least twice daily to ensure compliance with regulation 2600.57a. ms sk/17

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Charles Jones, PROGRAM DIRECTOR*      Date *2/17/17*

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

The above plan of correction is approved as of 5/2/17 (Date)

Plan of correction implementation status as of 5/12/17 (Date)

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

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

Violation Report: 44710 - 10/18/2016 - McConnell, Deb  
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 B, whose first day of work was [redacted] 16, did not complete an orientation in general fire safety and emergency preparedness.

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 ORIENTATION CHECKLIST FOR THIS EMPLOYEE COULD NOT BE LOCATED. THE SUPERVISOR RESPONSIBLE FOR HIS TRAINING NO LONGER WORKS HERE (TO LOCATE THE INFO)

THIS VIOLATION CANNOT BE CORRECTED DUE TO THE TIME FRAME ISSUES. IMMEDIATELY - A DESIGNATED STAFF PERSON WILL REVIEW TRAINING RECORDS OF ALL STAFF PERSONS HIRED SINCE 10/18/16 TO ENSURE ALL REQUIRED TOPICS UNDER THIS REGULATION HAVE BEEN PROVIDED AND DOCUMENTATION OF TRAINING HAS BEEN MAINTAINED. MS 5/21/17

EMPLOYEE B WILL BE TRAINED ON GENERAL FIRE SAFETY AND EMERGENCY PREPAREDNESS BY 3/01/2017 BY THE CURRENT RESIDENTIAL SUPERVISOR. DOCUMENTATION OF THE TRAINING WILL BE MAINTAINED IN EMPLOYEE B'S PERSONNEL FILE FOR REVIEW. STAFF PERSON B COMPLETED THE TRAINING ON 2/26/17. MS 5/12/17

- THE ORIENTATION PROCESS IS NOW FORMALLY STRUCTURED w/ THE ATTACHED CHECKLIST USED BY ALL TRAINERS FOR ALL NEW EMPLOYEES.

IMMEDIATELY - THE ADMINISTRATOR WILL DEVELOP AND IMPLEMENT A TRACKING SYSTEM FOR NEW HIRES TO ENSURE ALL NEWLY HIRED STAFF RECEIVE THE TRAINING REQUIRED BY THIS REGULATION ON OR BEFORE THE FIRST DAY OF EMPLOYMENT AND DOCUMENTATION OF TRAINING IS KEPT. MS 5/6/17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/11/2016
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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 *2/20/17*

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The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress MS <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44710 - 10/18/2016 - McConnell, Deb  
 PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE  
 Human Services Licensing

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

Staff person B completed their 40th scheduled work hour on approximately [redacted] 16. However, this staff person did not complete any of the required orientation training including resident rights and emergency medical plan.

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.

I AM SUBMITTING DOCUMENTATION THAT INDICATES EMPLOYEE B COMPLETED THE TRAINING LISTED ABOVE (EXCEPT FOR THE EMERGENCY MEDICAL PLAN). STAFF PERSON B RECEIVED EMERGENCY MEDICAL PLAN TRAINING ON 2/26/17. MS 5/14/17 THE EMERGENCY MEDICAL PLAN TRAINING WILL BE COMPLETED BY THE CURRENT RESIDENTIAL SUPERVISOR BY 3/1/17. DOCUMENTATION OF THIS TRAINING WILL BE MAINTAINED IN THE EMPLOYEE'S PERSONNEL FILE

- THE ORIENTATION PROCESS IS NOW FORMALLY STRUCTURED W/ THE ATTACHED CHECKLIST USED BY ALL TRAINERS FOR ALL NEW EMPLOYEES.

Immediately the administrator will develop and implement a tracking system for new hires to ensure all newly hired staff receive the training required by this regulation within 40 scheduled working hours and documentation of training is kept. MS 5/12/17  
 Immediately - A designated staff person will review training records of all staff persons hired since 10/18/16 to ensure they have received training in all required topics of this regulation within 40 scheduled working hours and documentation of training is kept. MS 5/12/17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/11/2016
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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 *2/20/17*

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The above plan of correction is approved as of <u>5/10/17</u> (Date)	Plan of correction implementation status as of <u>5/10/17</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress MS <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

FEB 9 2017

Violation Report: 44710 - 10/18/2016 - McConnell, Deb  
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff person C did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during the 2015 training year.

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.

THERE WAS NO FIRE SAFETY TRAINING COMPLETED BY A FIRE SAFETY EXPERT IN 2015 - THIS CANNOT BE CORRECTED.

NEURO RESTORATIVE IS CURRENTLY WORKING WITH [REDACTED] (FAVORIED FIRE DEPARTMENT AT SETTING UP 2 TRAININGS TO BE COMPLETED THIS CALENDAR YEAR. THIS HAS NOT YET BEEN COMPLETED. THE DATES OF THE TRAININGS WILL BE PROVIDED TO BHSL IMMEDIATELY UPON RECEIPT FROM [REDACTED]

staff person C no longer works in the home, ms s/12/17

staff persons received fire safety training completed by a fire safety expert on 4/12/17. ms s/12/17

within 30 days of receipt of the plan of correction - the administrator or designated staff person will review all required staff training as part of the quality management review process to ensure all staff persons receive the required training in accordance with regulation 2600.65g to include fire safety training by a fire safety expert or by a staff person trained by a fire safety expert. ms s/12/17

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 *2/17/17*

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

The above plan of correction is approved as of <u>5/12/17</u> (Date)	Plan of correction implementation status as of <u>5/12/17</u> (Date)
The above plan of correction was approved by <u>ms</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>ms</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44710 - 10/18/2016 - McConnell, Deb  
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE  
Human Services Licensing

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 11:50 a.m., the hot water temperature at the kitchen sink in building #4 measured 124.3 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 MAINTENANCE MAN LOWERED THE TEMP ON THE HOT WATER TANK AT THE TIME OF THE INSPECTION.

- STAFF MAINTAIN A WATER TEMP LOG AND WILL NOTIFY MAINTENANCE WHEN THE TEMP EXCEEDS 120.0° F.  
(LOG ATTACHED)

Within 30 days of receipt of the plan of correction - All staff persons will be educated on safe water temperatures and the risk of unsafe water temperatures to residents. Documentation of training shall be kept. ms slk/17

Repeat Violation: Yes      Date(s) of Previous Violation(s): 02/11/2016

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 *2/17/17*

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

The above plan of correction is approved as of 5/12/17  
(Date)

Plan of correction implementation status as of 5/12/17  
(Date)

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

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

Violation Report: 44710 - 10/18/2016 - McConnell, Deb  
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The first aid kit in the kitchen in building #4 did not include adhesive tape.

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.

- ADHESIVE TAPE WAS PUT IN THE FIRST AID KIT AT THE TIME OF THE LICENSING INSPECTION.  
- THE ATTACHED CHECKLIST IS CURRENTLY USED TO ENSURE ALL REQUIRED ITEMS ARE AVAILABLE.

Immediately All staff persons will be educated on the required contents of the first aid KIT and the need to replenish items as used. Documentation of training shall be kept. MS 5/12/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Charles Jones*

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

Charles Jones, Program Director

Date

2/20/17

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

The above plan of correction is approved as of

5/12/17  
(Date)

Plan of correction implementation status as of

5/12/17  
(Date)

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

The above plan of correction was approved by

MS  
(Initials)

Violation Report: 44710 - 10/19/2016 - McConnell, Deb  
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The outside light bulb was burnt out at the kitchen door exit in building #3.

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 LIGHT BULB WAS REPLACED AT THE TIME OF THE LICENSING INSPECTION.

LIGHT BULBS WILL BE REPLACED WHEN THEY BURN OUT.

Immediately - A designated staff person will conduct a weekly assessment of the exterior of the 2 buildings covered under this license, building grounds and yard to ensure all areas are in good repair and free of hazards. MS 5/12/17

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

2/17/17

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

The above plan of correction is approved as of

5/12/17  
(Date)

Plan of correction implementation status as of

5/12/17  
(Date)

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

The above plan of correction was approved by

MS  
(Initials)

FEB 23 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44710 - 10/18/2016 - McConnell, Deb  
PCH Name: NEURORESTORATIVE PENNSYLVANIA

1. REGULATION 55 Pa.Code §2600  
2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.

2a. DESCRIPTION OF VIOLATION  
Resident #4, who resides in building #4, does not have a bedside table or a shelf.

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 RESIDENT DOES HAVE A BESIDE TABLE IN [REDACTED] ROOM.  
[REDACTED] FREQUENTLY REARRANGES [REDACTED] FURNITURE. THE TABLE  
IS CURRENTLY BETWEEN [REDACTED] BED AND [REDACTED] CHAIR.

Within 30 days of receipt of the plan of correction - A designated staff person will check all resident rooms at least twice per month to ensure each resident has a bedside table or shelf. MS 5/2/17

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, AD*

Date *2/21/17*

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

The above plan of correction is approved as of 5/2/17  
(Date)

Plan of correction implementation status as of 5/2/17  
(Date)

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

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

FEB 23 2017

Violation Report: 44710 - 10/18/2016 - McConnell, Deb  
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

There was no thermometer in the kitchen's deep chest freezer in building #3.

At approximately 10:00 a.m., the temperature of the freezer in the kitchen's side by side refrigerator/freezer in building #3 measured 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.

A THERMOMETER WAS PLACED IN THE CHEST FREEZER AT THE TIME OF LICENSING. IT HAD JUST BEEN PURCHASED, (THE FREEZER HAD JUST BEEN PURCHASED.)

REFRIGERATOR + FREEZER TEMPS ARE TAKEN + RECORDED DAILY USING THE ATTACHED FORMS. COMPLETED FORMS ARE MAINTAINED BY THE RESIDENTIAL SUPERVISORS. THEY ARE ALSO REVIEWED AT MONTHLY SAFETY MEETINGS

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 P.D.*

*2/21/17*

Date *2/21/17*

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(Initials)

FEB 23 2017

Violation Report: 44710 - 10/18/2016 - McConnell, Deb  
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

There was an opened and unsealed bag of sausage links in the kitchen's deep freezer chest in building #3. Also, the bag was not labeled or dated.

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 SAUSAGE LINKS WERE DISPOSED OF AT THE TIME OF THE LICENSING INSPECTION.  
- RESIDENTIAL SUPERVISORS CONDUCT ROUTINE INSPECTIONS OF FOOD ITEMS. ALL ITEMS NOT PROPERLY LABELED/DATED ARE DISPOSED OF.

Immediately - A designated staff person will check all food storage areas daily to ensure proper food storage including storing food in closed or sealed containers and labeling and dating leftover food. ms s/12/17

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, Prog. Director

Date

2/21/17

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5/12/17  
(Date)

Plan of correction implementation status as of

5/12/17  
(Date)

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MS  
(Initials)

FEB 23 2017

Violation Report: 44710 - 10/18/2016 - McConnell, Deb  
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGIONAL 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 #4 was admitted on [redacted]/16. However, no preadmission screening form was completed.

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 CANNOT BE CORRECTED DUE TO TIME FRAME REQUIREMENTS.

A CURRENT SCREENING HAS BEEN COMPLETED AND IS ATTACHED

NURSING HAS BEEN INSTRUCTED THAT SCREENINGS NEED TO BE COMPLETED FOR INTERNAL MOVES.

Immediately- the administrator or designee will review all resident records to ensure all residents have a preadmission screening form completed and the form includes a determination that the needs of the resident can be met by the services provided by the home. ms 5/2/17

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

2/21/17

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