



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 11 2017

Ms. Carole Jones,
Program Director
Mentor ABI, LLC
6726 Walnut Creek Drive
Fairview, Pennsylvania 16415

RE: NeuroRestorative Pennsylvania
License #: 446950

Dear Ms. Jones:

As a result of the Department of Human Services' annual licensing inspection on October 20, 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.

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: 44695
Address: 6726 WALNUT CREEK DRIVE, FAIRVIEW, PA 16415		County: Erie
Administrator: Carole Jones		Region: WEST
Legal Entity Name: MENTOR ABI LLC		
Legal Entity Address: 6726 WALNUT CREEK DRIVE, FAIRVIEW, PA 16415		RECEIVED
Certificate(s) of Occupancy R-3 08/19/2015 Fairview Township		JAN 10 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 5	Waking Staff: 4
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/20/2016: McConnell, Deb; Pfaff, Vicki		
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: 4 Number of Residents Served: 4 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: 0 Have Mental Illness: 1 Have an Intellectual Disability: 1 Have a Mobility Need: 1 Have a Physical Disability: 1

Violation Report: 44695 - 10/20/2016 - McConnell, Deb
PCH Name: NEURORESTORATIVE PENNSYLVANIA

1. REGULATION 55 Pa.Code §2600
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
The home does not have a Certificate of Operation from the Pennsylvania Department of Labor and Industry for the wall-mounted boiler in the basement.

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.

[REDACTED] COMMISSIONED BOILER INSPECTOR, CONDUCTED THE INSPECTION ON JANUARY 05, 2017. I HAVE ATTACHED THE INFORMATION PROVIDED BY NEURORESTORATIVE'S MAINTENANCE SUPERVISOR. [REDACTED] DID NOT PROVIDE DOCUMENTATION OF THE INSPECTION ON THIS DATE. HE RELAYED THAT WE WOULD RECEIVE THIS INFORMATION WITHIN 2 WEEKS. I WILL FORWARD TO BHSL UPON RECEIPT. ALL OF HIS RECOMMENDATIONS WILL BE FOLLOWED, THAT DOCUMENTATION WILL ALSO BE FORWARDED. THE BOILER WILL BE INSPECTED EVERY 2 YEARS PER STATE REGULATIONS.

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 *January 10, 2017*

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

The above plan of correction is approved as of 1/25/17
(Date)

Plan of correction implementation status as of 1/25/17
(Date)

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

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

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JAN 10 2017

Page 3 of 7

Violation Report: 44695 - 10/20/2016 - McConnell, Deb
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
The contract, dated 12/17/15, for resident #1, is not signed by the resident.

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 CONTRACT WAS SIGNED BY RESIDENT #1. (ATTACHED)
CASE MANAGERS WILL REVIEW ALL CURRENT RESIDENT CONTRACTS TO ENSURE ALL SIGNATURES HAVE BEEN SECURED.
ANY CONTRACT LACKING A REQUIRED SIGNATURE WILL BE CORRECTED W/IN 2 WEEKS OF DISCOVERY. THIS REVIEW WILL BE COMPLETED BY 2/14/2017 WITH RESULTS SUBMITTED TO THE PROGRAM DIRECTOR BY 2/15/2017.

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
JANUARY 10, 2017

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The above plan of correction is approved as of 1/25/17
(Date)

Plan of correction implementation status as of 1/25/17
(Date)

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

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

RECEIVED

JAN 10 2017

Violation Report: 44695 - 10/20/2016 - 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 A 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 training year 2015.

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 2015 TRAINING YEAR COMPLETION. WE ARE CURRENTLY WORKING WITH THE FAIRVIEW FIRE AND RESCUE DEPARTMENT TO ESTABLISH TRAINING DATES FOR THIS CURRENT YEAR (2017) ONCE THE DATES OF THE THE FIRE SAFETY EXPERT CONDUCTED TRAINING ^{ARE} ESTABLISHED, THEY WILL BE ADDED TO OUR ANNUAL TRAINING CALENDAR. WE WILL OFFER AT LEAST 2 SESSIONS OF TRAINING.

Immediately: Staff person A will receive fire safety training by a fire safety expert or by a staff person trained by a fire safety expert. *sp 1/24/17*

Within 15 days of receipt of the plan of correction: The administrator will review all current staff training records to ensure all staff persons have received training in the required topics in accordance with regulation 2600.65(g) to include, fire safety training by a fire safety expert or by a staff person trained by a fire safety expert. Any staff person identified through this review process that has not received training in any of the required topics will immediately receive training not completed. Documentation of training shall be maintained in the staff record. *sp 1/23/17*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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, Prog. Director*

Date
JANUARY 10, 2017

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The above plan of correction is approved as of 1/25/17
(Date)

Plan of correction implementation status as of 1/25/17
(Date)

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

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

Violation Report: 44895 - 10/20/2016 - 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 were open and unsealed foods in the kitchen refrigerator, including a quart-sized container with a red sauce and 2 pieces of cream cheese.

The following foods were open and unsealed in the top cupboard to the right of the refrigerator:

- * 26 ounce box of instant mashed potatoes
- * 10 ounce bag of flour
- * 42 ounce box of instant rice

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 OPEN / UNSEALED FOOD ITEMS WERE EITHER DISPOSED OF OR PROPERLY SEALED AT THE TIME OF THE LICENSING INSPECTION.

RESIDENTIAL SUPERVISORS WILL CONDUCT ROUTINE INSPECTIONS TO ENSURE FOOD SAFETY MEASURES ARE IMPLEMENTED

THE ATTACHED DOCUMENTS ARE POSTED IN THE KITCHEN AREA OF THE HOME.

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

JANUARY 10, 2017

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The above plan of correction is approved as of

1/25/17
(Date)

Plan of correction implementation status as of

1/25/17
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *SND*
- Partially Implemented - inadequate Progress
- Not Implemented

The above plan of correction was approved by

SND
(Initials)

Violation Report: 44695 - 10/20/2016 - McConnell, Deb
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 home's fire drill evacuation time on 3/17/16, at 1:10 a.m. was 2 minutes and 51 seconds. The home does not have a safe evacuation time designated in writing from a fire safety expert.

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 CAN NOT BE CORRECTED. ANY FUTURE DRILL THAT IS NOT COMPLETED WITHIN 2 1/2 MINUTES WILL BE ANALYZED TO DETERMINE A ROOT CAUSE. ADDITIONAL DRILLS WILL BE CONDUCTED TO ENSURE ALL RESIDENTS CAN EVACUATE WITHIN THE 2 1/2 MINUTES.

On 11/30/16, at 4:27 p.m., a fire drill was conducted with an evacuation time of 2 minutes.
On 12/27/16, at 3:25 a.m., a fire drill was conducted with an evacuation time of 1 minute and 1 second.
sg 1/25/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *JANUARY 10, 2017*

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

JAN 10 2017

Violation Report: 44695 - 10/20/2016 - McConnell, Deb
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

On 10/19/16, staff person B administered Zolpidem 10mg to resident #2 at 10 p.m. However, staff person B did not initial the medication record as having administered the medication.

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.

STAFF PERSON B IS NO LONGER EMPLOYED AT NEURORESTORATIVE. WE ARE NOW USING ELECTRONIC MARS. NEURORESTORATIVE HAS A NURSING DEPARTMENT. THE NURSES MONITOR THE E MARS THROUGHOUT THE SHIFTS. ALL MEDICATIONS THAT ARE NOT DOCUMENTED WILL BE LISTED ON THE E-MAR. NURSING WILL ENSURE PROPER MEDICATION ADMINISTRATION HAS OCCURRED. SUPERVISORY PERSONNEL WILL BE NOTIFIED, SIGNATURES OR INITIALS SECURED, AND DISCIPLINARY ACTION WILL BE GIVEN FOR FAILURE TO FOLLOW PROPER MED ADMINISTRATION PROTOCOLS.

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 *JANUARY 10, 2017*

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

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