



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: November 15, 2017**

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

RE: Neurorestorative Pennsylvania  
Certificate #: 446630

Dear Ms. Jones:

As a result of the Department of Human Services' licensing inspection on March 29, 2017, 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 "Jon Kimberland".

Jon Kimberland  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



REF: 10/27/17

OCT 27 2017

Violation Report: 44663 - 03/29/2017 - Bartlett, Patricia

PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEDNESDAY 10/27/2017  
HUMAN SERVICES DIVISION

1. REGULATION 55 Pa.Code §2600

2600.23(b) - A home shall provide each resident with assistance with instrumental activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

Resident #1 is diagnosed with Quadra paresis and aphasia, and requires assistance for all activities of daily living and all instrumental activities of daily living. Resident #1's assessment, dated 8/4/16, and support plan, dated 8/8/16, indicate the resident needs total physical assistance to attend all appointments. Resident #1 is prescribed speech therapy, occupational therapy, and physical therapy and is assessed daily, by nursing, to determine the resident's ability to attend the programs following acceptable criteria for resident #1 to not attend therapy sessions. Resident #1 was not provided assistance to attend the daily scheduled therapy sessions and as a result, resident #1 did not attend the following number of daily therapy sessions:

- \* January 2017, resident was scheduled for 20 days, but only attended 11 days.
- \* February 2017, resident was scheduled for 15 days, but only attended 9 days.
- \* March 2017, resident was scheduled for 21 days, but only attended 6 days.

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.

On 8/3/17 we held a Team Meeting with Resident #1's family and guardian. The meeting was to discuss potential changes to Resident #'s program in order to increase participation in scheduled therapies. The most significant change was to alter Resident #1's 1:1 hours and the staffing pattern. The family and guardian were in support of these changes. On September 4<sup>th</sup>, 2017 we implemented the proposed changes. The program no longer utilized the same staff to provide Resident #1 1:1 care M-F 8a-4p. Instead, the 1:1 hours have been reallocated to assist Resident #1 with ADL's and IADL's. Resident #1 is now transported to the Day Program on the same schedule as other participants. Since the change was implemented, we have seen an increase in [REDACTED] Resident #1's attendance at Day Program, and in turn, an increase in number of therapies attended. See attached Day Program attendance sheets showing hours attended.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Dave Mackenzie*

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

Dave Mackenzie - Program Director

Date 10/27/17

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

The above plan of correction is approved as of 10/3/17  
(Date)

Plan of correction implementation status as of 10/3/17  
(Date)

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

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

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NeuroRestorative PA  
License #446630  
Plan of Correction  
10/27/17

Page 2 of 2

On 8/3/17 we held a Team Meeting with Resident #1's family and guardian. The meeting outlined potential changes to Resident #1's program. The proposed changes were focused on increasing Resident #1's participation in scheduled therapies by altering the resident's 1:1 hours and staffing pattern. The family and guardian were in support of these proposed changes.

On 9/4/17 we implemented the new plan. The program no longer utilizes the same staff person to provide Resident #1's 1:1 care Monday through Friday 8a-4p. Instead, the 1:1 hours have been reallocated to assist Resident #1 with ADL's and IADL's. Resident #1 continues to receive [redacted] therapies at the Day Program. Resident #1 is now transported to the Day Program on the same schedule as the other residents in the program. Since the change was implemented, Resident #1's attendance at Day Program and scheduled therapies has increased. Attached is the attendance sheet for September showing the increased hours of attendance.

Moving forward, the Case Manager and Residential Supervisor will monitor Resident's #1's attendance at Day Program and scheduled therapies. This data will be presented to the family and guardian at the Resident's quarterly team meetings.

Dave MacKenzie

*Dave MacKenzie* 10/30/17

*10-30-17*