



**pennsylvania**

DEPARTMENT OF HUMAN SERVICES

DEC 14 2017

Ms. Jody Crowley  
Vice President  
Mentor ABI, LLC  
6816 West Lake Road  
Fairview, Pennsylvania 16415

RE: Neurorestorative Pennsylvania  
Building #2  
License #: 442050

Dear Ms. Crowley:

As a result of the Department of Human Services' annual licensing inspection on March 31, 2017 and August 23, 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.

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: 44205
Address: BUILDING 2 6816 WEST LAKE RD, 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		
Certificate(s) of Occupancy C-2 LP 05/30/1974 LABOR AND INDUSTRY		<b>RECEIVED</b>  JUN 16 2017  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		
On-Site Inspections Dates and Department Representatives On-Site 03/31/2017: Bartlett, Patricia; Grace, Desmond		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
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: 2  Are 60 Years of Age or Older: 1  Have Mental Illness: 0  Have an Intellectual Disability: 0  Have a Mobility Need: 0  Have a Physical Disability: 0	

Violation Report: 44205 - 03/31/2017 - Bartlett, Patricia  
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 issued by the Department for June 16, 2016 to June 16, 2017, was not posted 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 hicense was posted at time of inspection (see attached picture). The administrator or designee will ensure the current hicense is posted as part of their weekly Environmental Inspection walk-throughs of the program.

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) *Dave Mackenzie - Program Director*      Date *6/1/17*

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

The above plan of correction is approved as of 10-25-17  
(Date)

Plan of correction implementation status as of 10-15-17  
(Date)

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

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

Violation Report: 44205 - 03/31/2017 - Bartlett, Patricia

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**

House Bill No. 1785, The Influenza Awareness Act 2016, requires that preparation and publication of information relating to the influenza vaccine is posted in a public place in the facility year-round. On 3/31/17, the Influenza Awareness information was not posted 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.*

Influenza Awareness posting (see attached) was posted in the program (see attached picture). The Administrator or designee will ensure that the Influenza Awareness postings remains posted as part of their weekly Environmental Inspection walk-throughs of the program.

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 *6/1/17*

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

The above plan of correction is approved as of *10-25-17*  
(Date)

Plan of correction implementation status as of *10-25-17*  
(Date)

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

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

AUG 18 2017

Violation Report: 44205 - 03/31/2017 - Bartlett, Patricia  
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2800  
2600.20(b)(3) - The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

2a. DESCRIPTION OF VIOLATION

The home did not obtain a written receipt from the residents' for cash disbursements to include:

Resident #1

- \* \$150.00 on 2/09/17
- \* \$150.00 on 2/22/17
- \* \$100.00 on 3/7/17
- \* \$100.00 on 3/14/17
- \* \$20.00 on 3/17/17
- \* \$10.00 on 3/18/17
- \* \$120.00 on 3/22/17

Resident #2

- \* \$10.00 on 2/22/17
- \* \$20.00 on 2/22/17
- \* \$20.00 on 2/22/17
- \* \$20.00 on 3/20/17
- \* \$20.00 on 3/20/17

Resident #3

- \* \$18.49 on 3/14/17
- \* \$12.63 on 3/21/17
- \* \$10.00 on 3/27/17

Resident #4

- \* \$16.00 on 3/1/17
- \* \$ 2.27 on 3/1/17
- \* \$32.13 on 3/14/17
- \* \$65.68 on 3/14/17
- \* \$41.15 on 3/23/17

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.

See pages 4A-4F18

See Attached

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Abc Mack*

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

Dave Mackenzie Program Director

Date

8/17/17

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(Date)

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(Date)

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(Initials)

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- Not Implemented

2600.20(b)(3)

Page 40 of 18

A signature was obtained for all outstanding cash disbursements noted in the violation report. The program also audited the remaining residents for the previous 6 months to ensure there was a signature obtained for all cash disbursements. The program Administrator or designee will audit the resident ledgers monthly to ensure there are signatures for each cash disbursement. All staff persons involved in cash disbursements received education on the requirements of 2600.20(b)(3)

Abe Muck 8/17/17

18-25-17

AUG 18 2017

Violation Report: 44205 - 03/31/2017 - Bartlett, Patricia

PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION

Resident #3's contract, dated 12/22/16, does not indicate a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services.

Resident #4's contract, dated 11/24/16, does not indicate a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services.

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.

An amendment to the contract was created for residents #3 and #4 to show a fee schedule that reflects the amount paid. Residents #3 and #4 signed the amendments, (see attached). The resident agreements have been updated to include a fee schedule, and the program checked the contracts for the other residents to ensure they had a fee schedule. The Administrator or designee will conduct weekly documentation audits to ensure the fee schedule is reflected on all contracts.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

*Joe Mackenzie*

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

Dave Mackenzie Program Director

Date 8/17/17

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Plan of correction implementation status as of 10-25-17 (Date)

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

The above plan of correction was approved by (Initials)

AUG 18 2017

Violation Report: 44205 - 03/31/2017 - Bartlett, Patricia  
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

Direct care staff person A started working in the home on [redacted]. However, direct care staff person A did not receive training on any of the required training topics in accordance with regulation 2600.65(a).

Direct care staff person B started working in the home on [redacted]. However, direct care staff person B did not receive training on any of the required training topics in accordance with regulation 2600.65(a).

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.*

Attached are completed training checklist for Staff Persons A and B which documents they received the trainings required under 2600.65(a). The program also audited Staff Training files to ensure all other staff received the required trainings. Any missed trainings were completed and documented. The program has revised it's staff orientation and training process to ensure all staff receive the required trainings. The Administrator or designee will ensure compliance as part of their monthly audit of employee training files.

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) *Dave MacKenzie Program Director*      Date *8/17/17*

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

The above plan of correction is approved as of 10-25-17 (Date)

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

Plan of correction implementation status as of 10-25-17 (Date)

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

AUG 18 2017

Violation Report: 44205 - 03/31/2017 - Barlett, Patricia		WEST REGION FIELD OFFICE	
PCH Name: NEURORESTORATIVE PENNSYLVANIA		Human Services Licensing	
<p>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:</p> <ol style="list-style-type: none"> <li>(1) Resident rights.</li> <li>(2) Emergency medical plan.</li> <li>(3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).</li> <li>(4) Reporting of reportable incidents and conditions.</li> </ol>			
<p>2a. DESCRIPTION OF VIOLATION</p> <p>Direct care staff person A started working in the home on [REDACTED] However, direct care staff person A did not receive training on the home's emergency medical plan within 40 scheduled working hours.</p> <p>Direct care staff person B started working in the home on [REDACTED] However, direct care staff person B did not receive training on the home's emergency medical plan within 40 scheduled working hours.</p>			
<p>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  <i>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></p> <p>Attached are the completed training checklist for Staff persons A and B which documents they received the trainings required under 2600.65(a). The program also audited Staff Training files to ensure all other staff received the required trainings. Any missed trainings were completed and documented. The program has revised it's Staff orientation and training process to ensure all staff receive the required trainings. The Administrator or designee will ensure compliance as part of their monthly audit of employee training files.</p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Dave McKenzie</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Dave McKenzie Program Director</i>		Date <i>8/17/17</i>	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>10-25-17</u> (Date)		Plan of correction implementation status as of <u>10-25-17</u> (Date)	
The above plan of correction was approved by <u>[Signature]</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 44205 - 03/31/2017 - Barlott, Patricia  
PCH Name: NEURORESTORATIVE PENNSYLVANIA

AUG 31 2017

1. REGULATION 55 Pa.Code §2600  
2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #5 is prescribed blood glucose measurements two times daily. However, resident #4's glucometer was used to measure resident #5's blood glucose levels as follows:

- \* 3/12/17 at 8:00 p.m.
- \* 3/13/17 at 8:00 a.m.
- \* 3/14/17 at 8:00 a.m. and 8:00 p.m.
- \* 3/15/17 at 8:00 a.m.

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 program notified the residents and their guardians of the potential for contamination due to the sharing of resident #4's glucometer. Resident #4's glucometer was disposed of and replaced at the program's expense. The program has ensured that each resident requiring a glucometer has their own individually labeled and stored glucometer, see attached picture. Nursing staff will perform weekly audits of glucometers to ensure the readings on the MAR match the readings stored in each residents glucometer. These checks will fade to monthly as part of their MAR and Cert audit in 2018 if the program maintains compliance. Nursing staff has also developed a Glucometer Training to ensure all staff are trained to calibrate a glucometer, store and label individually, and readings are recorded accurately and match the MAR. This training will be completed by all staff September 15<sup>th</sup> 2017.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Dee Muller</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Dave Mackenzie Program Director</i>	<i>8/30/17</i>

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

The above plan of correction is approved as of 10-25-17  
(Date)

Plan of correction implementation status as of 10-25-17  
(Date)

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

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

*Residents physician was notified of the glucometer sharing. 10-25-17*

AUG 18 2017

Violation Report: 44205 - 03/31/2017 - Bartlett, Patricia		WEST REGION FIELD OFFICE	
PCH Name: NEURORESTORATIVE PENNSYLVANIA		Human Services Licensing	
<b>1. REGULATION 55 Pa.Code §2600</b> 2800.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.			
<b>2a. DESCRIPTION OF VIOLATION</b> There were two full, large uncovered trash bags on the ground, approximately 10-15 feet from the kitchen fire exit door, and approximately 5 beverage cans and various paper litter around the bags on the ground.			
<b>3. PLAN OF CORRECTION (POC)</b> (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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>			
The trash was removed at the time of inspection. Program staff were educated that trash must be kept in covered receptacles and disposed of properly. The administrator or designee will ensure that trash is not stored outside of covered receptacles as part of their daily program walk-throughs.			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Dave McKenzie Program Director</i>			Date <i>8/17/17</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>10-18-17</u> (Date)		Plan of correction implementation status as of <u>10-25-17</u> (Date)	
The above plan of correction was approved by <u>[Signature]</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress ✓ <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 44206 - 03/31/2017 - Barlett, Patricia  
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 56 Pa. Code §2800

2800.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The basement floor measured approximately 36 feet by 36 feet and had a sump pump in the far right corner of the floor. At approximately 11:45 a.m., the concrete basement floor had cracks measuring up to approximately 24 feet long, in random patterns across the floor, with clear water bubbling from about 6 cracks in the floor. The entire basement floor was covered with banding streams of clear water measuring approximately 1 inch wide and sprawling across the floor.

There was a ring of a sticky brown substance, measuring approximately 12", surrounding the base of the toilet in resident #1's private bathroom.

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.

- Attached are estimates from a contractor to repair/replace the sump pump and drainage system to address the streams of water across the floor. This project is in process and expected to be completed by Friday 8/25/17.
- Attached is a picture of the floor around resident #1's toilet. The ring of sticky brown substance was cleaned.
- Staff were provided education on the need for the program to be clean, in good repair and free of hazards. Additionally, staff were instructed on the program's work-order system for instances when they notice work needs to be completed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Dee Neek*

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

Dee McKenzie Program Director

Date 8/17/17

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

The above plan of correction is approved as of

10-25-17  
(Date)

Plan of correction implementation status as of 10-25-17  
(Date)

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

The above plan of correction was approved by

*[Signature]*  
(Initials)

AUG 18 2017

Violation Report: 44205 - 03/31/2017 - Bartlett, Patricia  
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2800  
2800.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION

The soap dispenser in resident #2's private bathroom was empty, and there was no other means for the resident to follow sanitary hand washing practices.

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 soap dispenser in resident #2's bathroom was filled. The program also added a hand soap bottle to the bathroom as a back-up. (see Attached)  
Staff were educated that each resident bathroom needs soap located within reach of the sink.  
The administrator or designee will check each resident bathroom to ensure there is soap as part of their daily walk-throughs.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *See Muckin*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Dave MacKenzie Program Director*      Date *8/17/17*

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

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(Date)

Plan of correction implementation status as of 10-25-17  
(Date)

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

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

AUG 18 2017

Violation Report: 44205 - 03/31/2017 - Bartlett, Patricia

PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

2a. DESCRIPTION OF VIOLATION

Staff person C removed resident #1's medications from the original labeled containers, more than 2 hours in advance of the scheduled administration and placed the medications in a weekly pill packer for the resident to self-administer. Resident #1's medical evaluation, dated 3/16/17, indicates the resident needs assistance to store medications in a secure place and can self-administer some medications but not others. The following medications were removed from their original containers and placed in a pill packer, then given to resident #1 on or about 3/14/17:

- \* Aspirin 81mg
- \* Atenolol 100mg
- \* Citalopram Hydrobromide 40mg
- \* D3 Super Strength 2000U
- \* Gabapentin 300mg
- \* Levocetirizine Dihydrochloride 5mg
- \* Loratadine 10mg
- \* Melatonin 3mg
- \* Pantoprazole Sodium 40mg
- \* Quetiapine Fumarate XR 400mg
- \* Verapamil HCl 240mg

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.

Attached is an updated medical evaluation from 5/18/17 stating that resident #1 can store and administer his medications. Attached is also resident #1's RASP addendum which describes the procedure for staff to follow to assist resident #1 to self-administer his medications. Staff, including staff person C, have been educated on regulation 2600.183(a)(1) and the procedures to assist resident #1. Nursing staff will ensure compliance as part of their weekly audits of medication procedures.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Dave McKenzie*

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

Dave McKenzie Program Director

Date 8/17/17

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AUG 18 2017

Violation Report: 44205 - 03/31/2017 - Bartlett, Patricia

PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Ciprodex Otic 0.3 - 0.1 % suspension on 1/28/17, place three drops in the right ear, three times a day, for 2 months. The 3oz medication bottle is not dated with an open date or expiration date and there is approximately 1/2 of the medication remaining.

Resident #2 is prescribed Ciprodex Otic 0.3 - 0.1 % on 3/27/17, place three drops in the right ear three times a day for 1 week. There is a 1oz medication bottle that is not dated with an open date or expiration date, and there is approximately 1/4 of the medication remaining.

Resident #2 is prescribed Fluticasone Propionate Nasal Suspension 50mcg/act, use two sprays in each nostril every day. There is a 3oz medication bottle that is not dated with an open date or expiration date, and there is approximately 1/2 of the medication remaining.

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 program marks all medications with an open date, (see attached). Staff will be educated on the requirements of 2600.183(e). The nursing staff will ensure compliance as part of their weekly medication cart audits.

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) *Dave McKenzie Program Director* Date *8/17/17*

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

The above plan of correction is approved as of 10-25-17 (Date)

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

Plan of correction Implementation status as of 10-25-17 (Date)

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

AUG 18 2017

Violation Report: 44205 - 03/31/2017 - Bartlett, Patricia

PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2800.187(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

Resident #2 is prescribed Hydroxyzine HCl 20 mg every morning and 10mg every evening for anxiety. However, the dosage is not indicated on the resident's March 2017 MAR.

Resident #4 is prescribed Benzonatate capsule 100mg, take one or two capsules by mouth every 6 hours for cough. However, the dosage is not indicated on the residents March 2017 medication administration record (MAR).

Resident #4 is prescribed MPAP 650mg by mouth, every 6 hours as needed for pain. However, the dosage is not indicated on the resident's March 2017 MAR.

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.

Attached are the MARs that have been revised to include the dosages. Resident #4's MPAP has since been discontinued. NeuroRestorative has worked with our pharmacy to update all resident MARs to include the dosage. All med. Tech staff have been educated on the requirements of 2800.187(a) specifically the dosage. Nursing staff will monitor compliance as part of their weekly audits of medication documentation.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/11/2016	
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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 *8/17/17*

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

The above plan of correction is approved as of 10-25-17  
(Date)

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

Plan of correction implementation status as of 10-25-17  
(Date)

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

AUG 18 2017

Violation Report: 44205 - 03/31/2017 - Bartlett, Patricia  
 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**

Resident #3 is prescribed MedroxyProgesterone Acetate Intramuscular suspension syringe 160mg/ml every 12 weeks. The residents January 2017 medication administration record, dated January 2017 MAR indicated the medication was administered on 1/18/17. However, direct care staff person E actually administered the medication on 1/19/17.

**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 QuickMAR program has been set-up to alert all medication Technicians when a scheduled medication is not recorded at the time of administration. The program will not allow the user to proceed to the next screen without documenting an exception for why the medication was not administered or signed for. All med Tech staff have been educated on the requirements for correctly documenting medication administration. Nursing staff will ensure compliance as part of their weekly medication documentation and med cart Audits.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Dave Mackenzie Program Director</i>	Date <i>8/17/17</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 10-25-17  
 (Date)

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

Plan of correction implementation status as of 10-25-17  
 (Date)

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

Violation Report: 44205 - 03/31/2017 - Bartlett, Patricia  
PCH Name: NEURORESTORATIVE PENNSYLVANIA

AUG 18 2017

1. REGULATION 55 Pa.Code §2600  
2600.187(d) - The home shall follow the directions of the prescriber. WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #2 was prescribed Ciprodex Otic 0.3 - 0.1 % suspension, Instill three drops in the right ear three times a day for two months from 1/26/17 to 3/28/17. However, the medication was not available in the home and not administered on 3/1/17, 3/3/17, 3/7/17, 3/8/17, 3/10/17, 3/13, 3/15, 3/16, 3/17, 3/20, 3/21, and 3/22.

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 missed doses were to be administered at the TRAC program, however the medication was not sent to TRAC with Resident #2. An incident report was completed and sent to DHS, (see attached). Med. Tech staff were provided with education to ensure this situation does not occur in the future. Nursing staff will ensure compliance as part of their weekly medication cart audits. Additionally, the program will look to the prescribing doctor to alter administration times when possible to minimize medication that will be administered at TRAC.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Dee Mackenzie*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dee Mackenzie Program Director*

Date *8/17/17*

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

The above plan of correction is approved as of 10-25-17 (Date)

Plan of correction implementation status as of 10-25-17 (Date)

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

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

Violation Report: 44205 - 03/31/2017 - Bartlett, Patricia  
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION  
There was no activity calendar posted in the home for the week of 4/1/17 to 4/8/17.

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 activity calendar is posted each month in the program living room. Attached is a picture of the current month's activity calendar. The administrator or designee will ensure the correct activity calendar is posted as part of their weekly Environmental Inspections.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Abe Mackenzie*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dore Mackenzie Program Director*      Date *6/1/17*

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

The above plan of correction is approved as of 16-25-17 (Date)      Plan of correction implementation status as of 16-25-17 (Date)  
The above plan of correction was approved by [initials] (Initials)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented



Violation Report: 44205 - 08/23/2017 - Bartlett, Patricia  
PCH Name: NEURORESTORATIVE PENNSYLVANIA

OCT 24 2017

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed blood glucose monitoring daily at 8:00 a.m. The resident's glucometer was not calibrated to the current time. On 8/23/17 at 3:05 p.m., the glucometer indicated the time of 12:55 p.m.

On 8/17/17, resident #1's medication administration record (MAR) indicated a blood glucose reading 150. However, the glucometer reading indicated 159. Also,

On 8/14/17, resident #1's glucometer indicated a reading of 98. However, the reading was not indicated on the resident's blood glucose log on the MAR.

Resident #2 is prescribed blood glucose monitoring daily. The resident's glucometer was not calibrated to the current date and time. On 8/23/17 at 3:15 p.m., the glucometer indicated the date of 1/30 and a time of 12:08 p.m.

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.

- Residents' #1 and #2's glucometers were calibrated at the time of inspection.
- Nursing staff will ensure that Resident's glucometers are calibrated as part of their monthly MAR and med Cart Audits. Additionally, med Tech's will check calibration and adjust if needed on a daily basis.
- We have provided Staff Training related to glucometer use. The training covered the importance of not sharing, labeling, cleaning, ~~the~~ calibration of glucometers, and ensuring that readings in the MAR and glucometer match. The glucometer training for this program occurred on 10/18/17. see attached agenda and sign-in sheet

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Dee Mackenzie*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Dee Mackenzie - Program Director*

Date *10/20/17*

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

The above plan of correction is approved as of 10-21-17  
(Date)

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

Plan of correction implementation status as of 10-21-17  
(Date)

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