



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: September 25, 2017

Mr. James Para-Cremier
Executive Director
Mentor ABI, LLC
639 Granite Street, Suite 215
Braintree, Massachusetts 02184

RE: Neurorestorative Pennsylvania
6816 West Lake Road, Bldg. 3&4
Fairview, Pennsylvania 16415
Certificate #: 447100

Dear Mr. Para-Cremier:

As a result of the Department of Human Services' licensing inspection on May 18, 2017 and May 19, 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,


Brent Sutherland
Human Services Licensing Supervisor

Enclosure
Licensing 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: Katie Peterson		Region: WEST
Legal Entity Name: MENTOR ABI LLC		
Legal Entity Address: 639 GRANITE STREET SUITE 215, BRAINTREE, MA 2184		
Certificate(s) of Occupancy R-3 10/02/2015 Fairview Twp.		RECEIVED AUG 17 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 7	Waking Staff: 5
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 05/18/2017: Marini, Michael; Mulick, Cindy 05/19/2017: Marini, Michael; Mulick, Cindy		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 8 Number of Residents Served: 7 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: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 44710 - 05/18/2017 - Marini, Michael
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 5-3-17, when resident #1 refused to swallow his/her medications administered by staff person A, this staff person grabbed resident #1 by the chin, pulled his/her head to face him/her, and said in a loud, harsh tone, "Look at me when I'm talking to you and take your pills." The incident was witnessed by residents #2 and #3, who reported it to staff person B the same day. Later that day, resident #2 also reported the incident to staff person C. On 5/4/17 at 4:00 PM, staff persons D and E met with staff person A to discuss the aforementioned incident involving resident #1. Staff person A continued to work unsupervised as follows and was not suspended until 5/11/17:

- * 5/4/17 from 6:53 AM-4:16 PM
- * 5/5/17 from 6:53 AM-4:51 PM
- * 5/8/17 from 6:54 AM-3:25 PM
- * 5/9/17 from 6:53 AM-3:15 PM
- * 5/10/17 from 6:53 PM-5:20 PM

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 A was suspended from work on [redacted] 17 when the allegation of abuse was reported to DHS and Adult Protective Services. Since this incident, we have changed our procedures. All allegations of abuse will be immediately documented and reported to the Program Director (P.D.) or designee if the P.D. is unavailable. The P.D. or designee will work with the program's administrator to ensure the staff in question is suspended or a plan of supervision is implemented. This will occur immediately following an allegation of abuse. Key staff in this new procedure were provided education about the requirements and time frames following allegations of abuse. The program will review our process following allegations of abuse as part of our Quality Management Plan review to ensure we following our established procedures and meeting required time frames.

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>8/16/17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>9/20/17</u> (Date)	Plan of correction implementation status as of <u>9/20/17</u> (Date)
The above plan of correction was approved by <u>BS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>BS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

AUG 17 2017

Violation Report: 44710 - 05/18/2017 - Marini, Michael
 PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

On 5-3-17, when resident #1 refused to swallow his/her medications administered by staff person A, this staff person grabbed resident #1 by the chin, pulled his/her head to face him/her, and said in a loud, harsh tone, "Look at me when I'm talking to you and take your pills." The incident was witnessed by residents #2 and #3, who reported it to staff person B the same day. Later that day, resident #2 also reported the incident to staff person C. On 5/4/17 at 4:00 PM, staff persons D and E met with staff person A to discuss the aforementioned incident involving resident #1. Staff person A continued to work unsupervised as follows and was not suspended until 5/11/17:

- * 5/4/17 from 6:53 AM-4:16 PM
- * 5/5/17 from 6:53 AM-4:51 PM
- * 5/8/17 from 6:54 AM-3:25 PM
- * 5/9/17 from 6:53 AM-3:15 PM
- * 5/10/17 from 6:53 PM-5:20 PM

The incident was not reported to the Department until 5-11-17.

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 allegation of abuse was reported to DHS and Adult Protective Services on 5/11/17. Since this incident, we have changed our procedures. All allegations of abuse will be immediately documented and reported to the Program Director (P.D.) or designee if the P.D. is unavailable. The P.D. or designee will complete a reportable incident form and ensure the allegation is reported to DHS within 24 hrs. Staff who have an involvement in this new procedure were provided education about the reporting requirements following allegations of abuse. The program will review our process for allegations of abuse as part of our Quality Management Plan review to ensure we are following our established procedures and meeting required time frames.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dave Mackenzie Program Director* Date *8/16/17*

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SEP 19 2017

Violation Report: 44710 - 05/18/2017 - Marini, Michael
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
Human Services Licensing

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

On 5-3-17, when resident #1 refused to swallow his/her medications administered by staff person A, this staff person grabbed resident #1 by the chin, pulled his/her head to face him/her, and said in a loud, harsh tone, "Look at me when I'm talking to you and take your pills." The incident was witnessed by residents #2 and #3, who reported it to staff person B the same day. Later that day, resident #2 also reported the incident to staff person C. On 5/4/17 at 4:00 PM, staff persons D and E met with staff person A to discuss the aforementioned incident involving resident #1. Staff person A continued to work unsupervised as follows and was not suspended until 5/11/17:

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- * 5/8/17 from 6:54 AM-3:25 PM
- * 5/9/17 from 6:53 AM-3:15 PM
- * 5/10/17 from 6:53 PM-5:20 PM

The incident was not reported to Adult Protective Services until 5-11-17.

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 allegation of abuse was reported to DHS and Adult Protective Services on 5/11/17. Since this incident, we have changed our internal procedures. All allegations of abuse will be immediately documented and reported to the Program Director (P.D.) or designee if the P.D. is unavailable. The P.D. or designee will report the allegation of abuse to Adult Protective Services immediately. Staff involved in the new process were provided education about the reporting requirements following allegations of abuse. The program will review our process for reporting allegations of abuse as part of our Quality Management Plan review, to ensure we are following required reporting procedures and time frames.

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

9/18/17

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9/20/17
(Date)

Plan of correction implementation status as of

9/20/17
(Date)

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

The above plan of correction was approved by

BS
(Initials)

Violation Report: 44710 - 05/18/2017 - Marini, Michael
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 5-3-17, when resident #1 refused to swallow his/her medications administered by staff person A, this staff person grabbed resident #1 by the chin, pulled his/her head to face him/her, and said in a loud, harsh tone, "Look at me when I'm talking to you and take your pills."

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 A was suspended from work on [redacted] 17 pending the outcome of an investigation for an allegation of abuse. Based on the findings of the investigation from DHS and the program's conversations with Staff person A, it was determined they could return to work. A meeting was held on May 30, 2017 with Staff person A and her supervisors, Staff persons D and E. The meeting was to explain to Staff person A the preliminary results of the investigation and to review the specific Return to Work Guidelines that were to be implemented prior to Staff person A's return. Staff person A signed off that she understood and would adhere to the guidelines. Staff person A's schedule and job duties were adjusted so her supervisors could have more direct observation of her interactions with residents. To date, there have been no untherapeutic residents interaction during the 90-day probationary period. There will be a formal meeting scheduled for the end of August to review Staff person A's performance, resident interactions and set the expectations moving forward. (RTW Guidelines Attached)

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* Date *8/16/17*

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(Date)

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(Date)

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(Initials)

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