



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 13 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' annual licensing inspection on July 18, 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.

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: 44153
Address: 6816 WEST LAKE ROAD, FAIRVIEW, PA 16415		County: Erie
Administrator: Destiny Carlson		Region: WES
Legal Entity Name: MENTOR ABI LLC		RECEIVED
Legal Entity Address: 6816 WEST LAKE ROAD, FAIRVIEW, PA 16415		
Certificate(s) of Occupancy I-1 01/26/2015 Fairview Township		OCT 02 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 15	Waking Staff: 11
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 07/18/2017: 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: 08 Number of Residents Served: 08 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: 1 Are 60 Years of Age or Older: 2 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 7 Have a Physical Disability: 7

OCT 02 2017

Violation Report: 44663 - 07/18/2017 - Marini, Michael
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600 65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

The home's staff training year is 1-1 to 12-31. Direct care staff person A, who was hired on 8-11-06, did not receive training on care for residents with dementia and cognitive impairments in training year 2016.

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 is no longer employed with the Program. The administrator and HR Coordinator are in the process of auditing all training files for 2016 to ensure that other staff received their required trainings. Any staff who missed required trainings will need to make these up in conjunction with their 2017 training requirements. Moving forward, the administrator will work with the HR Coordinator to complete monthly audits of training files to ensure all staff receive their required trainings.

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 10/2/17

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

The above plan of correction is approved as of 10/13/17
(Date)

Plan of correction implementation status as of 10/13/17
(Date)

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

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

OCT 02 2017

Violation Report: 44663 - 07/18/2017 - Marini, Michael
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(h) - Food shall be thawed either in the refrigerator, microwave, under cool water or as part of the cooking process.

2a. DESCRIPTION OF VIOLATION

A package of frozen bacon was left on the kitchen counter to thaw from 11:30 AM to 2:08 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.

The package of bacon was placed into the refrigerator at the time of the inspection. The Administrator reviewed proper food storage and food preparation during the program's staff meeting on 8/23/17, see attached agenda. The program's Team Lead will ensure proper food storage and preparation guidelines are adhered to as part of their daily program walk-throughs. The program Administrator meets with the Team Lead weekly to identify areas for improvement and compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

DK Mackenzie

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

Dave Mackenzie - Program Director

Date 10/2/17

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(Date)

Plan of correction implementation status as of 10/12/17
(Date)

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

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

Violation Report: 44663 - 07/18/2017 - Marini, Michael
PCH Name: NEURORESTORATIVE PENNSYLVANIA

OCT 02 2017

WEST REGION FIELD OFFICE
Human Services Licensing

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's glucometer was not set to the current date and time.

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 #1's glucometer was set to the correct date and time at the time of inspection. The program's nursing staff have created a Glucometer Training. The Glucometer Training covers proper calibration (date & time), cleaning and storage requirements, and accurate documentation of readings. Staff in this program will receive this training by the end of October 2017. Nursing staff will provide ongoing checks of glucometers to ensure calibration as part of their weekly MAR and Med Cart Audit.

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 10/2/17

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