



DEC 21 2017

Mr. Dave McKenzie
Program 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. McKenzie:


As a result of the Department of Human Services' annual licensing inspection on October 17, 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,



Handwritten signature of Jacqueline L. Rowe in black ink, appearing as a stylized cursive script.

Jacqueline L. Rowe
Director

Enclosure
License 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: Katy 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. (Bldg 3)	R-3 10/02/2015 Fairview Twp. (Bldg 4)	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 9	Waking Staff: 7
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/17/2017: Marini, Michael		
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: 6 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: 3 Are 60 Years of Age or Older: 1 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 3 Have a Physical Disability: 0	

Violation Report: 44710 - 10/17/2017 - Marini, Michael
 PCH Name: NEURORESTORATIVE PENNSYLVANIA

1. REGULATION 55 Pa.Code §2600
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION

The home's training year is 1-1 to 12-31. Staff person A was hired on 9-1-15. Staff person A received 7 hours of training 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 training files for 2016 to ensure staff received their required trainings. Any staff who missed required trainings will need to make those up in addition to 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. The program is also implementing a learning management system (LMS) to assist with scheduling and tracking training compliance.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Dave MacKenzie - Program Director* Date *11/20/17*

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

The above plan of correction is approved as of 11/28/17
 (Date)

Plan of correction implementation status as of 11/28/17
 (Date)

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

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

Violation Report: 44710 - 10/17/2017 - Marini, Michael
 PCH Name: NEURORESTORATIVE PENNSYLVANIA

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 training year is 1-1 to 12-31. Staff person A was hired on 9-1-15. Staff person A did not receive training on the following topics in training year 2016:

- Medication self-administration training.
- Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- Personal care service needs of 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.

Staff person A is no longer employed with the program. The Administrator and HR Coordinator are auditing training files for 2016 to ensure staff received their required trainings. Any staff who missed specific training topics will be required to make up those trainings in addition to their 2017 training requirements.

Moving forward, the Administrator and HR Coordinator will complete monthly audits of training files to ensure all staff receive their required trainings. The program is also implementing a LMS to assist with tracking training compliance.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *David McKenzie - Program Director* Date *11/20/17*

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 (Initials)

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 (Date)

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

Violation Report: 44710 - 10/17/2017 - Marini, Michael
PCH Name: NEURORESTORATIVE PENNSYLVANIA

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
The home's training year is 1-1 to 12-31. Staff person A was hired on 9-1-15. Staff person A did not receive training on the following topics in training year 2016:
• Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
• Emergency preparedness procedures and recognition and response to crises and emergency situations.
• Resident rights.
• The Older Adult Protective Services Act.

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. Staff person A did receive the Fire Safety training in 2017. See attached sign-in sheet.
The Administrator and HR Coordinator are auditing 2016 training files to ensure staff received their required trainings. Any staff who missed specific training topics will be required to make-up those trainings in addition to their 2017 training requirements.
Moving forward, the Administrator and HR Coordinator will complete monthly audits of training files to ensure all staff receive their required trainings. The program is also implementing a LMS to assist with tracking training compliance.

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/18/2016

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *David Mackenzie - Program Director* Date *11/20/17*

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(Initials)
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(Date)
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 Partially Implemented - Adequate Progress *BS*
 Partially implemented - Inadequate Progress
 Not Implemented

Violation Report: 44710 - 10/17/2017 - Marini, Michael
 PCH Name: NEURORESTORATIVE PENNSYLVANIA

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Mupirocin 12%-Apply to skin daily. However, the label on resident #1's Mupirocin indicates the medication is administered twice daily.

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 pharmacy provided the program with an updated label to ensure the medication matched the prescription.

The nursing department will check to ensure that all pharmacy labels match prescriptions as part of their monthly medication cart audits.

Med Tech staff will also receive training to ensure they report to nursing staff any time a label does not match the prescription.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Dave McKenzie - Program Director* Date *11/20/17*

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