



pennsylvania
DEPARTMENT OF HUMAN SERVICES

December 28, 2017

Mr. Dave MacKenzie,
Program Director
Mentor ABI LLC
6816 Westlake Road
Fairview, Pennsylvania 16415

RE: Neurorestorative Pennsylvania
6726 Walnut Creek Drive
Fairview, Pennsylvania 16415
Certificate #: 446950

Dear Mr. McKenzie:

As a result of the Department of Human Services' annual licensing inspection on October 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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 44605 - 10/18/2017 - Marini, Michael
 PCH Name: NEURORESTORATIVE PENNSYLVANIA

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

At 11:05 AM, empty blister packs of resident #1's Montelukast, Citalopram, Quetiapine, and Lamictal were left unattended and accessible to residents on a shelf in the old medication storage closet. The blister packs included the original pharmacy labels for these medications.

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 blister packs were removed from storage closet and placed in a secure shredding container at the time of inspection.

The program Administrator or designee will check for any violations of confidentiality as part of their weekly program walk-throughs.

Additionally, the program will review with staff, as part of an upcoming staff meeting, the proper procedure for discarding empty blister packs.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Dave Mackenzie - Program Director* Date *11/21/17*

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

The above plan of correction is approved as of <u>11/28/17</u> (Date)	Plan of correction implementation status as of <u>11/28/17</u> (Date)
The above plan of correction was approved by <u>DBB</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>DBB</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented