



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: June 26, 2018

Mr. David MacKenzie
Program Director
Mentor ABI, LLC
6816 West Lake Road
Fairview, Pennsylvania 16415

RE: Neurorestorative Pennsylvania
Certificate #: 446630

Dear Mr. MacKenzie:

As a result of the Department's Bureau of Human Services Licensing inspection on March 1, 2018, 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,

A handwritten signature in black ink that reads "Larry Mazza".

Larry Mazza
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: NEURORESTORATIVE PENNSYLVANIA		License Number: 44663
Address: 6816 WEST LAKE ROAD, FAIRVIEW, PA 16415		County: Erie
Administrator: Tyrone Olden		Region: WEST
Legal Entity Name: MENTOR ABI LLC		RECEIVED
Legal Entity Address: 6816 WEST LAKE ROAD, FAIRVIEW, PA 16415		MAY 29 2018
Certificate(s) of Occupancy I-1 01/26/2015 Fairview Township		WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 16	Waking Staff: 12
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 03/01/2018: Rahuba, Matt		
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: 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: 0 Are 60 Years of Age or Older: 3 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 8 Have a Physical Disability: 0	

Violation Report: 44663 - 03/01/2018 - Rahuba, Matt
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(b) - At a minimum, the procedures in § 2600.185(a) shall include:

- (1) Documentation of the receipt of controlled substances and prescription medications.
- (2) A process to investigate and account for missing medications and medication errors.
- (3) Limited access to medication storage areas.
- (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Methylphenidate HCL-20mg-Take one tablet by mouth every morning and at noon, which is a controlled substance. On the morning of 12/18/17, staff person A discovered that up to 12 doses of the resident's medication had been taken out of the blister pack by an unknown staff person and replaced with resident #2's Lisinopril-10mg and resident #3's Simvastatin-20mg, which are similar in color and size to resident #1's Methylphenidate HCL.

Resident #3 is prescribed Simvastatin-20mg-Take 1 tablet by mouth every day. From 11/25/17 through 12/29/17, staff person B documented 8 times that resident #3's Simvastatin was "awaiting pharmacy delivery" and staff person C documented 4 times that resident #3's Simvastatin was "awaiting pharmacy delivery" on resident #3's electronic medication administration records (E-MAR's). According to staff interviews, when a medication is dropped on the floor, staff persons contact the pharmacy, who will deliver a single dose of the medication to replace the dropped dose and staff persons document "awaiting pharmacy delivery" on the resident's E-MAR's.

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 attached

See Page 2A of 3

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Dave Mackenzie - Program Director* Date *5/25/18*

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

The above plan of correction is approved as of 6/5/18
(Date)

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

Plan of correction implementation status as of 6/5/18
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

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WEST REGION FIELD OFFICE
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2600.185 (b) (Page 2)

On the morning of 12/18/17, the Nursing Department immediately checked all remaining controlled medications in the program's medication cart to ensure no additional medication were missing and the integrity of each blister pack. There were no other issues found. Resident's #1, #2 and #3 were assessed, and corresponding physician(s) and guardian(s) were notified of the situation. A DHS Reportable Incident was submitted and a report was filed with the local State Police.

The Nursing Department attended the Program's Staff Meetings in January and February and reviewed the Controlled Medication Policy which included signing the Controlled Medication Log at all key exchanges and immediately reporting to the Administrator or On-Call any discrepancies or evidence of tampering. Staff were informed by the Administrator that failure to sign or report will result in disciplinary action.

Nursing Staff perform Monthly Medication Cart audits. Part of the audit now includes checking the integrity of the blister backs and ensuring the Controlled Medication Log is accurate and signed at all key exchanges. Nursing is also completing unplanned cart audits at off-scheduled times throughout the month. These unplanned cart audits will remain in place for the remainder of 2018. The program has also implemented a procedure where staff are initialing and dating every blister pack at the time of administration. This new procedure is allowing nursing to quickly identify and address any issues related to medication distribution.

Ace Markin 5/25/18

MAY 29 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44663 - 03/01/2018 - Rahuba, Matt
PCH Name: NEURORESTORATIVE PENNSYLVANIA

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, Simvastatin-20mg-Take one tablet by mouth ever day. From 11/25/17 through 12/29/17, resident #3's Simvastatin was documented on the resident's E-MAR's "awaiting pharmacy delivery". According to staff interviews, when a medication is dropped on the floor, staff persons contact the pharmacy, who will deliver a single dose of the medication to replace the dropped dose and staff persons document "awaiting pharmacy delivery" on the resident's E-MAR's. However, resident #3's E-MAR's were not updated to include the initials of the staff person who administered the medication, or the time the medication was administered on the following dates: 12/18/17, 12/17/17, 12/16/17, 12/15/17, 12/13/17, 12/2/17, 12/1/17, 11/30/17, 11/29/17, 11/26/17 and 11/25/17.

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 attached

See page 3A of 3

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 *5/25/18*

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

The above plan of correction is approved as of *6/5/18*
(Date)

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

Plan of correction implementation status as of *6/5/18*
(Date)

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

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2600.187 (b) (Page 3)

Anytime a medication is not administered, the Staff will record this on the MAR and note the reason why the medication was not administered, i.e. "refusal" or "awaiting pharmacy delivery". In addition, Staff will complete an Incident Report and notify the Nursing Department or the Program On-Call (24/7). The Nurse or On-Call will verify the reason the medication was not administered and will notify the pharmacy, physician, and participant/guardian depending on the specific reason.

The Nursing Department provided education to Staff at monthly Staff Meeting regarding the proper documentation process for any medication that is not administered. Nursing will continue to provide ongoing education and training for any Staff not complying with the Medication Administration and Documentation procedures.

The Nursing Department performs monthly MAR audits to ensure compliance with Medication Administration documentation. In addition to the Monthly MAR audits, the Nursing Department will conduct unplanned MAR audits to ensure the compliance with documentation procedures.

Joe Marking 5/25/18