



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 25 2019

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 annual inspection on August 10, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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', written over a printed name and title.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

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

POH Name: NEURORESTORATIVE PENNSYLVANIA		License Number: 44667
Address: 6816 WEST LAKE ROAD Cabin 3, FAIRVIEW, PA 16415		County: Erie
Administrator: TYRONE OLDEN		Region: WEST
Legal Entity Name: MENTOR ABI LLC		
Legal Entity Address: 6816 WEST LAKE ROAD, FAIRVIEW, PA 16415		
Certificate(s) of Occupancy I-1 01/26/2015 Fairview Township		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 16	Waking Staff: 12
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/10/2018: Winters, Lynn; McConnell, Deb; Gillette, Lori		
Off-Site Inspection Dates and Inspectors, if Applicable 10/03/2018: Winters, Lynn		
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: 44683 - 08/10/2018 - Winters, Lynn
 PCH Name: NEURORESTORATIVE PENNSYLVANIA

1. REGULATION 56 Pa.Code §2600
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home

2a. DESCRIPTION OF VIOLATION
 The license inspection summary (LIS) dated 3/1/18 was not posted in a conspicuous and public place in the personal care home.

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 license inspection summary (LIS) dated 3/1/18 was posted at the time of inspection on 8/10/18. (see attached)

The Administrator was provided education that all current LIS need to be posted in a conspicuous and public place within the program

The Administrator or designee will ensure that a current LIS is posted as part of their weekly program walk-through and monthly environmental inspections.

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 *12/11/18*

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

The above plan of correction is approved as of 4/11/19
 (Date)

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

Plan of correction implementation status as of 4/11/19
 (Date)

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

Violation Report: 44663 - 08/10/2018 - Winters, Lynn
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

Confidential resident information for all residents of the home, including resident profiles and resident assessments and support plans were, unlocked, unattended, and accessible to anyone in the unlocked closet across from the supervisor's office.

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 records were moved from the storage closet to a lockable filing cabinet in the supervisor's office. The supervisor has moved their office to another location, so this office will be used primarily by the direct care staff. The staff have been educated on the importance of keeping the office door locked and protecting the confidentiality of resident records.

The Administrator or designee will ensure the office door is locked and resident records remained locked in the filing cabinet.

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DEC 17 2018

Violation Report: 44663 - 08/10/2018 - Winters, Lynn
 PCF Name: NEURORESTORATIVE PENNSYLVANIA

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

House Bill No. 1785, The Influenza Awareness Act of 2016, requires that preparation and publication of information relating to the influenza vaccine is posted in a public place in the facility year-round. This information was not posted in the home.

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 updated 2018/2019 influenza poster was posted in the program. (see attached)

The Administrator or designee will ensure the current influenza poster is posted as part of their weekly program walk-through and monthly environmental inspections.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dave Mackenzie - Program Director* Date: *12/11/18*

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Violation Report: 44663 - 08/10/2018 - Winters, Lynn
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

Staff person A, hired 10/31/16, did not receive instruction in the training topic Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration during the 2017 annual training year, which was from 1/1/17 to 12/31/17.

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.

Staff person A did not receive training associated with infection control and general cleanliness and hygiene in 2017. Staff person A is scheduled to complete this training on 12/20/18 at the program's staff meeting as part of the 2018 Training Plan. A copy of the training material and sign-in sheet will be available upon request.

The Administrator will audit trainings attendance to ensure all employees receive their required annual trainings. These audits will occur monthly and again at the end of the training year.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Dave Mackenzie - Program Director	12/11/18

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Violation Report: 44663 - 08/10/2018 - Winters, Lynn
PCH Name: NEURORESTORATIVE PENNSYLVANIA

1. REGULATION 55 Pa.Code §2600
2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION
Not all residents of the home, including resident #1 and resident #2, are assessed as able to safely use and avoid poisonous materials.
There was a ¼ full 6 oz. container of nail polish on the dresser in bedroom 1. The label indicates "contact poison control if swallowed."

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 bottle of nail polish was removed from bedroom #1 at the time of inspection. The nail polish will be stored in a secure location and available to the residents when staff are able to provide assistance and supervision.

The Administrator or designee will ensure all poisonous materials are locked and not accessible to residents as part of their weekly program walk-throughs and their monthly environmental inspections.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dave Mackenzie - Program Director* Date: *12/11/18*

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Violation Report: 44663 - 08/10/2018 - Winters, Lynn
PCH Name: NEURORESTORATIVE PENNSYLVANIA

1. REGULATION 55 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

There was no thermometer or scissors in the home's first aid kit.

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.

A thermometer and scissors were placed in the program's first aid kit. (see Attached)

The Administrator or designee will ensure that the program's first aid kit contains all required items as part of their weekly program walk-throughs and their monthly environmental inspections.

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 12/11/18

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Violation Report: 44663 - 08/10/2018 - Winters, Lynn
PCI Name: NEURORESTORATIVE PENNSYLVANIA

1. REGULATION 55 Pa.Code §2600
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
There was no operable source of light in bedroom 4 that could be turned off and on at bedside. The push light did not contain operable batteries.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attachments.)
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.

A lamp was placed on the bed-side table in bedroom #4. (see Attached) Batteries were added to push light as a back-up.
The Administrator or designee will ensure each resident has an operable source of light at their bedside as part of their weekly program walk-throughs and their monthly environmental inspections.

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Signature of Legal Entity Representative (Required on EVERY Page) <i>Dave Mackenzie</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Dave Mackenzie		Date 4/11/19	

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Violation Report: 44663 - 08/10/2018 - Winters, Lynn
 PCH Name: NEURORESTORATIVE PENNSYLVANIA

DEC 17 2018

1. REGULATION 55 Pa.Code §2600
 2600.103(d) - Food shall be stored off the floor.

2a. DESCRIPTION OF VIOLATION
 Four gallons of the home's emergency water supply were stored on the basement floor.

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 program's emergency water supply stored in the basement was moved from the floor and placed on top of blocks.

When the Administrator or designee checks to ensure the program has an adequate supply of emergency water, they will also ensure the water is being stored off the floor.

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Violation Report: 44663 - 08/10/2018 - Winters, Lynn
PCH Name: NEURORESTORATIVE PENNSYLVANIA

1. REGULATION 55 Pa.Code §2600
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F.
Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
The temperature in the upright freezer measured 4 degrees Fahrenheit at 10:52 AM and 11 degrees Fahrenheit at 4:45 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.

After the inspection the program staff emptied the freezer and allowed it to defrost. The freezer was able to maintain a temp below 0°F, even after food was added back in. (see Attached)

The program staff were educated about checking the temperatures of the program's fridge and freezer routinely throughout their shift and report any issues. The Administrator will ensure program staff are following through.

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Violation Report: 44663 - 08/10/2018 - Winters, Lynn
 PCH Name: NEURORESTORATIVE PENNSYLVANIA

1. REGULATION 65 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

The home routinely staffs 2 persons overnight from 11:00 PM to 7:00 AM. However, the home has not completed a fire drill with only 2 staff persons on duty. The minimum number of staff participating in the last 12 months of fire drills was 3 staff persons.

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 person completing the program's fire drills was utilizing a person from a neighboring program to assist with the evacuation of the residents. The staff was educated on the importance of conducting the fire drills with the accurate number of staff participating to ensure we can meet the evacuation needs of the program in an emergency.

The Administrator and Quality Improvement Specialist will ensure that all future drills are being conducted with the accurate number of program staff.

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* *Up to 12/11/18*

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Violation Report: 44663 - 08/10/2018 - Winters, Lynn
 PCH Name: NEURORESTORATIVE PENNSYLVANIA

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #2's Loperamide Cap 2 mg, give 1 capsule via peg tube every 6 hours as needed for diarrhea, was discontinued as of 6/4/18, when a liquid version of the medication was ordered. However, this medication was still on the medication cart on 8/10/18

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 #2's loperamide 2 mg. was removed from the medication cart at time of inspection.

The RN Supervisor will ensure that all discontinued and expired meds are removed from the med cart during their monthly medication cart audit. Additionally, this will be reviewed each month when the Pharmacy completes their monthly cycle fill.

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Violation Report: 44663 - 08/10/2018 - Winters, Lynn
 PCI Name: NEURORESTORATIVE PENNSYLVANIA

1. REGULATION 55 Pa.Code §2600
 2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
 A current weekly activity calendar was not posted in a conspicuous and public place in the home.

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.

A monthly activity calendar has been pasted each month since the time of inspection. A picture of December's Activity Calendar posting is attached.

The program's Team leads will be responsible for creating and pasting the Activity Calendar each month. The Administrator will ensure the calendar is posted and the activities meets the needs of the residents.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 44663 - 08/10/2018 - Winters, Lynn
 PCF Name: NEURORESTORATIVE PENNSYLVANIA

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The following diagnoses were indicated on resident #1's annual medical evaluation dated 2/15/18; however, they were not addressed on the resident's annual assessment dated 3/16/18.

- *insomnia
- *chronic UTI
- *chronic hemorrhoids

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 RASP was updated to include the diagnosis of insomnia, chronic UTI, and chronic hemorrhoids. (see Attached)

The program has created a Annual Physical Checklist to ensure that diagnosis are captured as part of the annual DMF. The program has also created an Annual Nursing Assessment to ensure information from the DMF is reflected on the RASP. (see Attached)

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