



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 02 2019

Mr. Dave McKenzie
Program Director
Mentor ABI, LLC
6816 West Lake Road, Bldg. 3&4
Fairview, Pennsylvania 16415

RE: Neurorestorative Pennsylvania
Certificate #: 447100

Dear Mr. McKenzie:

As a result of the Department's Bureau of Human Services Licensing annual inspection on October 9, 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".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

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: 6816 WEST LAKE ROAD, FAIRVIEW, PA 16415		
Certificate(s) of Occupancy		
R-3 10/02/2015 Fairview Township (Bldg 3)	R-3 10/02/2015 Fairview Township (Bldg 4)	
Staffing Hours		
Resident Support: 3	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		
10/09/2018: Gillette, Lori		
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: 0 ✓ Are 60 Years of Age or Older: 1 ✓ Have Mental Illness: 0 ✓ Have an Intellectual Disability: 0 ✓ Have a Mobility Need: 6 ✓ Have a Physical Disability: 3 ✓	

Violation Report: 44710 - 10/09/2018 - Gillette, Lori
 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 9:50am, the License Inspection Summary, dated 10/17/17, posted in the common area of Cabin 1, included the resident privacy coding document.

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 resident privacy coding document was removed from the license Inspection Summary at the time of inspection.

The Program Director reviewed with the Administrators that the privacy coding documents should be removed from the HIS prior to posting.

The Administrator or designee will ensure all posted HIS's have the privacy coding document removed as part of their monthly environmental inspections.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Dave Mackenzie - Program Director</i>	Date <i>1/4/19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 3/6/19
 (Date)

Plan of correction implementation status as of 3/6/19
 (Date)

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

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

Violation Report: 44710 - 10/09/2018 - Gillette, Lori
 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

Staff person A did not receive annual training in Fire Safety completed by a fire safety expert or a staff person trained by a fire safety expert, or the Older Adult Protective Services Act during the 2017 training year.

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 Fire Safety Training or OAPSA Training in 2017. Staff Person A was scheduled to take these trainings in November and December of 2018, but failed to attend due to a conflict with another job.

The Administrator will meet with Staff Person A to conduct the OAPSA Training by 1/31/19. A copy of this Training will be provided to DHS upon completion.

The program is currently working to set-up a Train-the-Trainer model for Fire Safety Training. All program Administrators will be trained as Fire Safety experts so they can train their staff. It is anticipated that all program staff, including Staff Person A, will have completed Fire Safety Training by 3/31/19. This training information will be sent to DHS upon completion.

See Below

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/17/2017
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Joe Mackenzie*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Dave Mackenzie - Program Director* Date *1/11/19*

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

The above plan of correction is approved as of <u>3/6/19</u> (Date)	Plan of correction implementation status as of <u>3/6/19</u> (Date)
The above plan of correction was approved by <u><i>JW</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JW</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

The fire safety expert will be conducting fire safety training on 3/11/19. *JW* 3/6/19

JW

Violation Report: 44710 - 10/09/2018 - Gillette, Lori
 PCH Name: NEURORESTORATIVE PENNSYLVANIA

1. REGULATION 55 Pa.Code §2600

2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION

The 2017 record of direct care staff training for staff person A does not include the content or length of the courses.

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.

For the 2018 Training Year, the program started using the attached sign-in sheet to capture the content and times for trainings. The information is then entered and stored into the program's Learning Management System (LMS). This information can be provided at time of inspection and will include the content and length of the training courses.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

Dave Mackenzie - Program Director

Date 1/4/19

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 (Date)

Plan of correction implementation status as of 3/6/19
 (Date)

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

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

Violation Report: 44710 - 10/09/2018 - Gillette, Lori
 PCH Name: NEURORESTORATIVE PENNSYLVANIA

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

The glucometer for resident #5 was not calibrated to the correct date and time of day.

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 Nursing Supervisor calibrated resident #5's glucometer to the correct date and time at the time of inspection.

Starting in 2019, the program added checking date and time to the medication Cart Checklist which is completed monthly by the Nursing Supervisor or designee.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Dave Mackenzie - Program Director* Date *1/4/19*

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 (Date)

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