



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

Dear Mr. McKenzie:

As a result of the Department's Bureau of Human Services Licensing annual inspection on October 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 that reads "Jacqueline L. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 44695 - 10/10/2018 - Gillette, Lori
 PCH Name: NEURORESTORATIVE PENNSYLVANIA

1. REGULATION 55 Pa.Code §2600

2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION

The contract for resident #1, dated 4/17/17, does not include the fee for the room, board and services provided.

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.

Attached is a updated contract dated 10/12/18 which reflects the fee for the room, board, and services provided. This information was reviewed with Resident #1 and he signed the updated contract on 10/12/18.

An audit was conducted to ensure all contracts contained the fee for services provided. Moving forward, the Case Manager will ensure the contracts list the fee for services at time of admission and during their monthly chart audits.

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Dave MacKenzie - Program Director</i>	Date <i>1/4/19</i>
--	--------------------

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

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

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

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

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

Violation Report: 44695 - 10/10/2018 - 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 B, hired 12/19/16, 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 B did not receive Fire Safety or OAPSA training in 2017. Attached is a 2018 training checklist that verifies that staff person B received OAPSA training in December of 2018. Staff person B did not receive Fire Safety training from a fire safety expert in 2018

The program is currently working to set-up a Train-the-Trainer model for Fire Safety Training. All program Administrator's will be trained so they can then train their staff. It is anticipated that all program staff, including staff person B, will have completed Fire Safety training by 3/31/19. This will be forwarded to DHS upon completion

*See Below

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) <u>Dave Mackenzie</u>	Date <u>1/11/19</u>
--	---------------------

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
 Immediately: The administrator will review staff person training as part of the quality management review process *JW* 3/6/19

Violation Report: 44695 - 10/10/2018 - 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 training for staff person B 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.

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

Repeat Violation: No	Date(s) of Previous Violation(s):			
----------------------	-----------------------------------	--	--	--

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

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

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

Violation Report: 44695 - 10/10/2018 - Gillette, Lori
 PCH Name: NEURORESTORATIVE PENNSYLVANIA

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

There is no lid on the trash can in the shared bathroom on the west side of 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 trash can with a lid was placed in the bathroom. see attached picture.

The Administrator or designee will ensure that all program bathrooms contain trash cans with lids as part of their weekly program walk-throughs and monthly environmental/safety inspections.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

De McKenzie

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

Dave Mackenzie - Program Director

Date

1/4/19

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)