



July 3, 2019

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

RE: NeuroRestorative Pennsylvania
10589 North Edgewood Drive
Lake City, Pennsylvania 16423
Certificate #: 447960

Dear Mr. MacKenzie:

As a result of the Department's Bureau of Human Services Licensing annual inspection on March 19, 2019, 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 "J. Rowe". The signature is written in a cursive, flowing style.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 44796 - 03/19/2019 - Gillette, Lori
 PCH Name: NEURORESTORATIVE PENNSYLVANIA

1. **REGULATION 55 Pa.Code §2600**
 2600.42(o) - A resident has the right to freely associate, organize and communicate with others privately.

2a. DESCRIPTION OF VIOLATION

Resident #1 and resident #2, who each have private bedrooms, are not allowed to privately meet with each other in either of their bedrooms. They are required to keep the bedroom door open when they visit each other's bedrooms.

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 were educated on the program's policies for Visitation and Privacy. The policies are attached for review.

Since the inspection the program has clarified that Resident #1 and Resident #2 are allowed to privately in each others room with the door closed. This was reviewed at the program's monthly Staff meeting in April.

Resident #1 and Resident #2 have expressed a desire to live together in the Community. The program is working with the residents and their families to facilitate this transition. The transition is tentatively set for July of 2019.

* See below

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) *Dave Mackenzie - Program Director* Date *5/24/19*

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

The above plan of correction is approved as of <u>6/11/19</u> (Date)	Plan of correction implementation status as of <u>6/11/19</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 <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

*Immediately and monthly thereafter: A designated staff person will privately interview at least 2 residents to ensure the resident's right to privacy and to freely associate, organize and communicate with others is protected. *JW* 6/11/19

Violation Report: 44796 - 03/19/2019 - 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 and staff person B did not receive training in fire safety by a fire safety expert or staff person trained by a fire safety expert during the training year 2018.

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 and B did not receive Fire Safety Training in 2019. As of 5/1/19 Staff Person A and B are no longer employed by the program.

In March of 2019 all Program Administrators received Employee Fire Safety Training/Train the Trainer. See attached Training sheet. Starting in March of 2019 the Program Administrators are teaching a piece of Annual Day Training and training staff in Fire Safety.

Any staff who did not receive Fire Safety Training in 2018 are being placed into an Annual Day Training in the first half of 2019.

The administrator or designee shall review staff person training as part of the quality management process.

JW 6/11/19

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Violation Report: 44796 - 03/19/2019 - 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

Resident #1 is prescribed Migranal Nasal Solution 4mg/ml, spray in each nostril as directed - repeat in 15 minutes as needed. This medication is not available 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.

Resident #1's Migranal Nasal Solution is a PRN medication. Following the inspection, the medication was ordered and available for administration.

Cart Audits are being completed each month by the Program Nursing Staff or designee. See attached copy of the medication cart checklist. Once completed, the checklist is turned into the program's Quality Improvement Specialist and reviewed at the program's monthly Safety Committee meeting.

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