



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

DEC 21 2017

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

RE: Neurorestorative Pennsylvania  
4155 Roxbury Road  
Erie, Pennsylvania 16506  
Certificate #: 446960

Dear Mr. McKenzie:

As a result of the Department of Human Services' annual licensing inspection on October 19, 2017, 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.

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](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  
License Inspection Summary

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

PCH Name: NEURORESTORATIVE PENNSYLVANIA		License Number: 44696
Address: 4155 ROXBURY DRIVE, ERIE, PA 16506		County: Erie
Administrator: Amy Franco		Region: WEST
Legal Entity Name: MENTOR ABI LLC		
Legal Entity Address: 6816 WEST LAKE ROAD, FAIRVIEW, PA 16415		
Certificate(s) of Occupancy R-4 08/21/2015 Millcreek Twp.		
Staffing Hours Resident Support: 0	Total Daily Staff: 5	Waking Staff: 4
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/19/2017: Marini, Michael		
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: 6 Number of Residents Served: 5 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: 5 Are 60 Years of Age or Older: 0 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

250-411/500

NOV 22 2017

Violation Report: 44696 - 10/19/2017 - Marini, Michael  
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  
At 1:00 PM, the basement freezer measured 6 degrees Fahrenheit.

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 setting on the freezer was adjusted at the time of inspection. Attached is a picture of the thermometer from that freezer measuring below 0°F.

Staff will ensure all frozen food will be stored below 0°F by performing daily checks to ensure all freezers are measuring below 0°F. The Staff will notify the Administrator or designee if there is any issue related to food storage temperatures.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deve Mackenzie Program Director*      Date *11/28/17*

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

The above plan of correction is approved as of *11/28/17* (Date)

Plan of correction implementation status as of *11/28/17* (Date)

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

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

NOV 22 2017

Violation Report: 44696 - 10/19/2017 - Marini, Michael  
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 #1's prescribed Ammonium Lactate 12% was discontinued on 4-6-17 and the medication was in the medication cart.

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 medication was removed from the medication cart at the time of inspection.

Moving forward, nursing staff will ensure that any expired or discontinued medication is removed from the medication cart as part of their monthly med cart audits.

Also, staff will be provided directions on what to do if they find expired or discontinued meds. This information will be reviewed at upcoming staff meetings.

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Dave McKenzie Program Director*      Date *11/22/17*

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(Date)

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

Plan of correction implementation status as of 11/28/17  
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44696 - 10/19/2017 - Marini, Michael  
PCH Name: NEURORESTORATIVE PENNSYLVANIA

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 was prescribed Melatonin 3mg-1 tablet by mouth at bedtime. However, the label on resident #2's Melatonin indicates the resident takes the medication as needed.

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 pharmacy provided the program with an updated label to ensure the medication matched the prescription.

The Nursing Department will check to ensure that all pharmacy labels match prescriptions as part of their monthly medication cart audits.

At the next staff meeting, med Tech's will receive information about contacting Nursing Staff or Administrator any time a label does not match a prescription.

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 *11/22/17*

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Violation Report: 44696 - 10/19/2017 - Marini, Michael  
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 #3's glucometer was not set to the current date and time.

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 #'3's glucometer was set to the correct date and time at the time of inspection.

Nursing Staff will check to ensure all glucometers are calibrated (date & time) as part of their monthly medication cart audits.

Staff will also receive Glucometer Training in the December 2017 staff meeting. This training has been presented at other licensed programs and covers storage, calibration, cleaning, and proper use of glucometers.

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Dave Mackenzie Program Director*      Date *11/28/17*

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