



**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  
4155 Roxbury Road  
Erie, Pennsylvania 16506  
Certificate #: 446960

Dear Mr. McKenzie:

As a result of the Department's Bureau of Human Services Licensing annual inspection on October 10, 2018 and October 11, 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](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: 44696 - 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 A, hired 9/1/15, 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 or OAPSA training in 2017. Staff person A was scheduled to attend these trainings in November and December of 2018, but was terminated from her position prior to attending the training. As of November 11/7/18, Staff Person A does not work for NeuroRestorative.

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

Immediately: The administrator will review staff person training as part of the quality management review process.

*JW* 3/6/19

*JW* 3/6/19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 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: 44696 - 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 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.

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

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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Violation Report: 44696 - 10/10/2018 - Gillette, Lori  
 PCH Name: NEURORESTORATIVE PENNSYLVANIA

1. REGULATION 55 Pa.Code §2600  
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

On 10/11/18 at 9:40am, a loaf of bread, with an expiration date of 9/28/18, was being stored in the home's kitchen cupboard to the left of the stove on the second shelf. The bread had a spot of dark green mold on it approximately 3" by 3".

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 loaf of bread was removed from cabinet and thrown in trash at the time of inspection.

Program Staff reviewed proper food storage at their next Staff meeting. Staff are required to check for expired or spoiled food throughout their shift.

The Program Administrator or designee will also check for expired or spoiled food as part of their weekly environmental inspection.

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

*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 *JW*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*JW*  
 (Initials)