



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 09 2019

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

RE: NeuroRestorative Pennsylvania  
1331 Dutch Road  
Fairview, Pennsylvania 16415  
Certificate #: 448180

Dear Mr. MacKenzie:

As a result of the Department's Bureau of Human Services Licensing annual inspection on January 22, 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](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,

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report

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

PCH Name: NEURORESTORATIVE PENNSYLVANIA		License Number: 44818
Address: 1331 DUTCH ROAD, FAIRVIEW, PA 16415		County: Erie
Administrator: Dave Mackenzie		Region: WEST
Legal Entity Name: MENTORABI LLC		
Legal Entity Address: 6816 WEST LAKE ROAD, FAIRVIEW, PA 16415		
<b>Certificate(s) of Occupancy</b> R-3 10/24/2016 Fairview Township		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 5	Waking Staff: 4
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
01/22/2019: Gillette, Lori;		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<p align="center"><b>Resident Demographic Data as of Inspection Dates</b></p>		
Licensed Capacity: 5 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	<b>Number of Residents who:</b> Receive Supplemental Security Income: 5 ✓ Are 60 Years of Age or Older: 1 - Have Mental Illness: 1 ✓ Have an Intellectual Disability: 1 - Have a Mobility Need: 0 ✓ Have a Physical Disability: 1 ✓	

Violation Report: 44818 - 01/22/2019 - Gillette, Lori  
 PCH Name: NEURORESTORATIVE PENNSYLVANIA

**1. REGULATION 55 Pa.Code §2600**

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

**2a. DESCRIPTION OF VIOLATION**

The resident-home contract for resident #1, dated 11/9/15, was not signed by the resident.

**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 Residency Agreement Addendum signed by Resident #1, which acknowledges he is in agreement with the Residency Agreements signed by his legal Guardian on 11/9/15 and 2/13/18.

Attached is an updated Admission Checklist which now includes that all Residency Agreements are to be signed by the Guardian And Resident.

Within 30 days of receipt of the plan of correction: A designated staff person will check all resident-home contracts to ensure each is signed by the administrator or designee, the resident and the payer, if different from the resident.

*JW* 4/23/19

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) *Dave Mackenzie - Program Director* Date *4/1/19*

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

The above plan of correction is approved as of 4/23/19  
 (Date)

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

Plan of correction implementation status as of 4/23/19  
 (Date)

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

Violation Report: 44818 - 01/22/2019 - Gillette, Lori  
 PCH Name: NEURORESTORATIVE PENNSYLVANIA

**1. REGULATION 55 Pa.Code §2600**

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

**2a. DESCRIPTION OF VIOLATION**

The first aid kit in the closet across from the office does not include scissors.

**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.*

Scissors were placed back in the First Aid Kit at the time of inspection.

The Administrator or designee will ensure that the program's First Aid Kit contains all the required items as part of their weekly program walk-throughs and monthly safety audits. Attached is a picture of the First Aid Kit with scissors taken during the March audit.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/26/2018		
-----------------------	-----------------------------------	------------	--	--

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

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

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

The above plan of correction is approved as of 4/23/19  
 (Date)

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

Plan of correction implementation status as of 4/23/19  
 (Date)

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

Violation Report: 44818 - 01/22/2019 - Gillette, Lori  
 PCH Name: NEURORESTORATIVE PENNSYLVANIA

**1. REGULATION 55 Pa.Code §2600**

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**2a. DESCRIPTION OF VIOLATION**

The assessment for resident #2, dated 11/13/18, does not include the diagnoses of Migraines, Dysphasia, Speech Disturbance, Gait Disturbance, Receptive/Expressive Aphasia or Dysarthria as indicated on the medical evaluation, dated 12/6/18.

**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 an updated Resident Assessment and Support Plan from 1/24/19, which includes the diagnoses indicated on the medical Evaluation dated 12/6/18.

Attached is an updated Nursing Assessment form. Moving forward, this form will be completed After the Medical Evaluation is completed, which will ensure all diagnoses from the medical Evaluation are included on the RASP.

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) <i>Dave Mackenzie - Program Director</i>	Date <i>4/1/19</i>
--	--------------------

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

The above plan of correction is approved as of 4/23/19  
 (Date)

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

Plan of correction implementation status as of 4/23/19  
 (Date)

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