



October 3, 2019

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

RE: Neurorestorative Pennsylvania  
Building #2  
License #: 442050

Dear Mr. MacKenzie:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 2, 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,

A handwritten signature in black ink, appearing to read "Kevin Hancock", written over a light blue horizontal line.

Kevin Hancock  
Deputy Secretary  
Office of Long Term Living

Enclosure  
Violation Report

# Violation Report

## Facility Information

Name: *NEURORESTORATIVE PENNSYLVANIA*  
Address: *BUILDING 2 6816 WEST LAKE RD, FAIRVIEW, PA 16415*  
County: *ERIE* Region: *WESTERN*

License Number: *442050*

## Administrator

Name: *Michael Starocci* Phone: *8144741977* Email: *DAVID.MACKENZIE@NEURORESTORATIVE.COM*

## Legal Entity

Name: *MENTOR ABI LLC*  
Address: *6816 WESTLAKE ROAD, PA, 16415*

## Certificate(s) of Occupancy

Type: *C-2 LP* Date: *05/30/1974* Issued By: *Dept. of L & I*

## Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *8* Waking Staff: *6*

## Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*  
Reason: *Renewal*

## Inspection Dates and Department Representative

*05/02/2019 - Jan Cutter*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *16* Residents Served: *8*

### Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

### Hospice

Current Residents: *0*

### Number of Residents Who:

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *1*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *0* Have Physical Disability: *0*

65g - Annual Training Content

Regulations

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Staff person hired at this did not receive training in fire safety completed by a fire safety expert during the 2018 training year.

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.)

See Attached. (page 2a of 6)

Legal Entity Representative

*Dave Mackenzie*

Signature

Dave Mackenzie - Program Director 6/19/19

Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/16/19 (Date)

Plan of correction implementation status as of 8/16/19 (Date)

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

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

65(g) – Staff Person A did not receive Fire Safety Training in 2018. Staff Person A resigned from their position in May of 2019.

In March of 2019 all Program Administrators received Employee Fire Safety /Train the Trainer. (See attached)

Starting in March of 2019, the Program Administrators are completing Fire Safety Training as part of the Program's Annual Day Training. All Staff are scheduled to attend this training throughout the 2019 Training year.

Training needs are reviewed as part of the Program's Quality Management process.

*Joe Muck* 6/19/19

*JW* 8/16/19

88a - Surfaces

Regulations

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

There are 2 sections of floor tiles missing in resident #1's bathroom exposing the glue underneath which attracts dirt. One section, near the toilet, measures 1 inch by 8 inches. The other area, in front of the sink, measures 2 inches by 8 inches.

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.)

See Attached. (page 3a of 6)

Legal Entity Representative

*Joe Mackenzie*  
Signature

Dave Mackenzie - Program Director 6/19/19  
Printed Name and Title Date

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88.a

A work order was submitted following the licensing inspection. This missing floor tiles in Resident #1 bathroom were replaced. (See attached picture)

The Administrator or designee will ensure all resident rooms and bathrooms are clean and in good repair as part of their monthly maintenance and environmental program walk-throughs.

Dee Markin 6/19/19

JW 8/16/19

101j1 - Mattress Fire Retardant

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

- 1. A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. A legal entity with a personal care home license for the home as of October 24, 2005, shall be exempt from the requirement for a fire retardant mattress.

Description of Violation

There are 3 long cracks in the top surface of resident #1's mattress, each measuring approximately 10 inches long and are exposing the inner fibers of the mattress.

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.)

See Attached. (page 4a of 6)

Legal Entity Representative

*Joe Mackenzie*  
Signature

Dave Mackenzie - Program Director 6/19/19  
Printed Name and Title Date

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101 (j) – A new mattress was supplied to Resident #1. (See attached picture). All additional resident mattresses in the program were inspected to ensure they were in good repair.

The Administrator or designee will check to ensure all resident mattresses are in good repair as part of their monthly environmental inspections.

See Matrix: 6/19/19

JW 8/16/19

184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #3 is prescribed Lantus, inject 28 units subcutaneously daily at 6 pm; however, the medication label indicates Lantus, inject 24 units subcutaneously daily at 6 pm.

Resident #3 is prescribed Novolog, inject 12 units subcutaneously before each meal; however the medication label indicates inject 6 units subcutaneously before each meal.

Plan of Correction (POC)

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See attached. (Page 5a of 6)

Legal Entity Representative

*Dave Mackenzie*  
Signature

Dave Mackenzie - Program Director 6/27/19  
Printed Name and Title Date

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(Date)

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(Date)

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*JW*  
(Initials)

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184 (a) -

Resident #3's Lantus and Novolog dosage was changed by the prescriber. Following the inspection, the Pharmacy was contacted and new pharmacy labels were sent to reflect the change and match what was listed on the MAR.

The Nursing Department will ensure all medications orders in the MAR match the pharmacy label as part of their monthly medication cart audits. This will also occur anytime there is a prescription change.

Dec Mackin 6/27/19

JW

8/16/19

187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 is prescribed Simvastatin 40 mg, take 1 tablet by mouth at bedtime. According to the April 2019 medication administration records, the medication was not administered 4/10/19 - 4/15/19 because it wasn't available in the home.

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.)

See Attached. (page 6a of 6)

Legal Entity Representative

*See Mackenzie*  
Signature

*Dave Mackenzie - Program Director*  
Printed Name and Title

*6/27/19*  
Date

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187 (d) -

Resident #3's Simvastatin was not available from the pharmacy from 4/10/19 - 4/15/19. The home did contact the prescriber, but did not have documentation of the prescriber's instructions while the medication was unavailable.

The Nursing Department will ensure that all prescribed medications are available as part of their monthly cart audits. The program also continues to utilize a daily Stand Up Call. This call reviews a medication administration exception report generated by the electronic MAR, which includes any medication not available for administration. This daily call ensures timely resolution of identified issues.

If a medication is determined to be unavailable to administer, the Nursing Department or designee will place a call to the prescriber. The prescriber's specific instruction will be recorded and available to reference while the medication is unavailable.

Dee McKim 6/27/19

JW 8/16/19