



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: [dave.mackenzie@neurorestorative.com](mailto:dave.mackenzie@neurorestorative.com)  
[katy.perterson@neurorestorative.com](mailto:katy.perterson@neurorestorative.com)

MAILING DATE: January 3, 2020

Mr. Dave McKenzie  
Program Director  
Mentor ABI, LLC  
6816 West Lake Road, Bldg. 3&4  
Fairview, Pennsylvania 16415

RE: Neurorestorative Pennsylvania  
6726 Walnut Creek Drive  
Fairview, Pennsylvania 16415  
Certificate #: 446950

Dear Mr. McKenzie:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 9, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Jon B. Kimberland".

Jon Kimberland  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

1/2/2020

## Violation Report

## Facility Information

Name: *NEURORESTORATIVE PENNSYLVANIA*  
 Address: *6726 WALNUT CREEK DRIVE,, FAIRVIEW, PA 16415*  
 County: *ERIE* Region: *WESTERN*

License Number: 44695

## Administrator

Name: *Amy Franco* Phone: *8144741977* Email:  
*DAVID.MACKENZIE@NEURORESTORATIVE.COM*

## Legal Entity

Name: *MENTOR ABI LLC*  
 Address: *6816 WEST LAKE ROAD, FAIRVIEW, PA, 16415*

## Certificate(s) of Occupancy

Type: *R-3* Date: *08/19/2015* Issued By: *Fairview Township*

## Staffing Hours

Resident Support Staff: Total Daily Staff: *4* Waking Staff: *3*

## Inspection

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

## Inspection Dates and Department Representative

*10/09/2019 - On-Site: Vicki Siegert*

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: *4* Residents Served: *4*

## 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: *0*  
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

93b - Railings

Regulations

2600.

93.b. Each porch must have a well-secured railing.

Description of Violation

At 10:50 a.m., there was no railing around the approximately 18'X14' cement patio in the back of the house that is used as the home's smoking area. There is a ramp leading from the home to the cement patio. However, there is a step down to the yard around the perimeter of the patio (except for the area that meets the ramp) which ranges from 3"-4" which presents a tripping/fall risk.

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 program will work with our contracted landscaping Company to add dirt to the perimeter of the patio to raise the ground level to reduce any tripping/fall risk. The work was completed on 12/30/19. Please see attached picture to verify the work was completed and the patio and ground-level are now even.

Legal Entity Representative

Abe Mackenzie  
Signature

Dave Mackenzie P.D.  
Printed Name and Title

12/27/19  
Date

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The above plan of correction is approved as of 1/2/2020  
(Date)

Plan of correction implementation status as of 1/2/2020  
(Date)

Fully Implemented

The above plan of correction was approved by [Signature]  
(Initials)

Not Implemented

103f - Refrigerator/Freezer Temps

Regulations

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.

Description of Violation

At 11:45 a.m., the temperature in the freezer section of the white refrigerator/freezer in the home's basement measured 2 degrees Fahrenheit.

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.)

Following the inspection it was determined the freezer was not able to maintain a temperature below 0°F when full of food. All food was removed from the freezer. Since this freezer was only used for extra storage, the program decided to no longer use the freezer. See attached picture with signage posted. The program will look to replace the fridge/freezer unit in FY20 if the need for extra food storage arises. Also attached is the program's Fridge/Freezer Temperature log used as a tool for Staff to monitor and record temperatures.

Legal Entity Representative

Abe Mackenzie  
Signature

Dave Mackenzie P.D. 12/27/19  
Printed Name and Title Date

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Fully Implemented

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Not Implemented

107b - Emergency Procedures

Regulations

2600.

107.b. The home shall have written emergency procedures that include the following:

- 1. Contact information for each resident's designated person.
- 2. The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
- 3. Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
- 4. Means of transportation in the event that relocation is required.
- 6. Alternate means of meeting resident needs in the event of a utility outage.

Description of Violation

The home's emergency preparedness plan did not include the following:

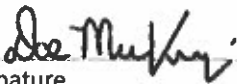
- (1) how to access contact information for each resident's designated person
- (2) the home's plan to provide emergency medical information for each resident that ensures confidentiality
- (3) contact telephone numbers of local and state emergency management and local resources for housing
- (4) means of transportation in the event that relocation is required
- (6) alternate means of meeting resident needs in the event of a utility outage

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 the program's updated Emergency Response Plan. All areas noted to not be included have been added or amended. Please see highlighted sections for changes. The QIS and PD will ensure Emergency Response plans contain all required information moving forward.

Legal Entity Representative

  
Signature

Dave Mackenzie P.D. 12/27/19  
Printed Name and Title Date

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141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

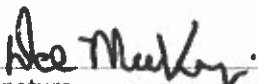
Resident #1 had a medical evaluation completed on 9/26/19. The documentation of the resident's medical evaluation did not include the resident's height, weight, pulse rate, blood pressure, temperature, and ability to self-administer medication. These sections were blank.

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 copy of Resident #1's medical Evaluation. The sections left blank were completed and documented on 10/24/19 by the program's R.N. Attached is also a script indicating Resident #1 can self-administer medications. Attached is the Medical Binder checklist which ensures all boxes in the MBE are filled in. These charts are audited quarterly.

Legal Entity Representative

  
Signature

Dave Mackenzie - P.D. 10/27/19  
Printed Name and Title Date

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181c - Self-administration Assessment

Regulations

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident # 1 self-administers his/her medication. However, the resident's medical evaluation documentation, dated 9/26/19, does not indicate that the resident is able to self-administer medications. This section is blank.

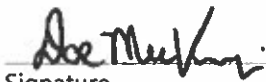
Plan of Correction (POC)

(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 Medical Evaluation for Resident #1 indicating he is able to self-administer medications. Attached is also a script indicating Resident #1 is able to self-administer medications.

Attached is an updated self-Administration of medications policy which details the steps and procedures when a resident starts the self-administration process. This new policy will start in January of 2020.

Legal Entity Representative

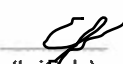
  
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224a - Preadmission Screen Form

**Regulations**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**Description of Violation**

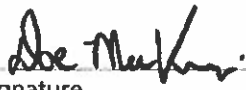
The preadmission screening for resident # 1, admitted 9/5/19, was completed on 9/26/19.

**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 transferred between 2 licensed programs within NeuroRestorative on 9/5/19. The program's Case Manager did not complete a pre-admission screen prior to the move. Attached is an updated Relocation Checklist. The checklist includes ensuring a pre-admission screen is completed within 30 days prior to a move. This checklist was reviewed with the program's case managers.

**Legal Entity Representative**

  
Signature

Dave Mackenzie P.D.  
Printed Name and Title

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227a - Support Plan 30 Days

**Regulations**

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

**Description of Violation**

Resident # 1's initial support plan completed 9/18/19 has the exact same Plan to Meet Medical Need in Section 2: Medical, Dental, Dietary, and Sensory Needs (page 6 of 12) for all medical diagnoses and Mental Health which is "Participant will attend all appointments as scheduled. Staff will transport to and attend all appointments as scheduled. Participant will have blood work as ordered. Participant will attend therapies as indicated." The plan to meet medical need is not specific to each diagnosis.

**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 RASP for Resident #1. On 10/15/19 new descriptions were added for each diagnosis so the plan to meet medical needs is specific for each section. Currents RASPs for the program were reviewed with Administrator and RN to ensure each diagnosis has a specific plan to meet the medical need. In addition to a review, education was provided on what information should be included under these sections.

**Legal Entity Representative**

  
Signature

Dave McKenzie P.D. 12/27/19  
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