



MAILING DATE: November 20, 2019

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

RE: Neurorestorative Pennsylvania  
Certificate #: 447100

Dear Mr. McKenzie:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 10, 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, appearing to read "L. Mazza".

Larry Mazza  
Human Services Licensing Supervisor

Enclosure  
<Licensing Inspection Summary>

11/12/2019

## Violation Report

Western Region Field Office  
Bureau of Human Services Licensing

## Facility Information

Name: *NEURORESTORATIVE PENNSYLVANIA*License Number: *44710*Address: *6816 WEST LAKE ROAD,, FAIRVIEW, PA 16415*County: *ERIE*Region: *WESTERN*

## Administrator

Name: *Emily Brown*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: *10/02/2015*Issued By: *Fairview Township*Type: *R-3*Date: *10/02/2015*Issued By: *Fairview Township*

## Staffing Hours

Resident Support Staff: *0*Total Daily Staff: *4*Waking Staff: *3*

## Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*Reason: *Renewal*

## Inspection Dates and Department Representative

*10/10/2019 - On-Site: Michael Marini*

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: *8*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: *4*Are 60 Years of Age or Older: *0*Diagnosed with Mental Illness: *2*Diagnosed with Intellectual Disability: *0*Have Mobility Need: *0*Have Physical Disability: *1*

183d - Prescription Current

Regulations

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 6-29-19, resident #1 was prescribed Mupirocin 2%-Apply to affected area 3 times daily for 7 days. However, on 10-10-19, this medication was still 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.)

- Resident #1's Mupirocin 2% was removed from the cart at time of inspection.
- Attached is the Residential Medication Cart Checklist. This checklist includes a check to ensure all discontinued or expired meds have been removed from the cart. This checklist is completed weekly by a designated Med Tech and turned in to the Administrator.
- During the program's next staff meeting on 11/14/19, the Health Services Supervisor will review the checklist with staff to ensure they are completing it each week.

Legal Entity Representative

*Dave Mackenzie*  
Signature

Dave Mackenzie  
Printed Name and Title

11/8/19  
Date

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

The above plan of correction is approved as of

11/12/19  
(Date)

Plan of correction implementation status as of

11/15/19  
(Date)

The above plan of correction was approved by

*PM*  
(Initials)

Implemented

Not Implemented

185a - Implement Storage Procedures

Regulations

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.

Description of Violation

Resident #1's glucometer was not calibrated to the current date and time.

REPEAT VIOLATION: 10-9-2018

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's glucometer was calibrated to the correct date and time at the time of the inspection.
- The Nursing Monthly Medication Cart Checklist now reflects checks of program glucometers which include calibration to current date and time. These checklists are turned in monthly to the QIS for review.
- During the program's next Staff Meeting on 11/14/19, the Health Services Supervisor and Administrator will review with Staff the importance of ensuring the glucometers are calibrated to the correct date and time at each medication pass. Attached is the checklist a med Tech will complete each week.

Legal Entity Representative

*Joe Mackenzie*  
Signature

Dave Mackenzie P.D.  
Printed Name and Title

11/8/19  
Date

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The above plan of correction is approved as of 11/12/19  
(Date)

Plan of correction implementation status as of 11/15/19  
(Date)

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

Implemented  
 Not Implemented

187d - Follow Prescriber's Orders

Regulations

2600.  
187.d. The home shall follow the directions of the prescriber.

Description of Violation

On 6-29-19, resident #1 was prescribed Mupirocin 2%-Apply to affected area 3 times daily for 7 days. However, this medication was not applied to the resident at all during the 7 days.

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 Health Services Supervisor (R.N.) assessed Resident #1 to ensure there were no ongoing concerns related to Resident #1 not receiving the Mupirocin 2% in June/July of 2019.
- The attached Nursing monthly Medication Cart Checklist includes checks to ensure all prescribed medication are in the MAR and Cart and are being administered per orders. This checklist is turned into the QIS for review
- The Health Services Supervisor will also review new orders to ensure they arrived from pharmacy and are being passed and signed off on.

Legal Entity Representative

Dave Mackenzie  
Signature

Dave Mackenzie P.D.  
Printed Name and Title

11/8/19  
Date

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

The above plan of correction is approved as of 11/12/19  
(Date)

Plan of correction implementation status as of 11/15/19  
(Date)

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

Implemented  
 Not Implemented