



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: [tiffany.fellows@neurorestorative.com](mailto:tiffany.fellows@neurorestorative.com)  
[dave.mackenzie@neurorestorative.com](mailto:dave.mackenzie@neurorestorative.com)

MAILING DATE: May 19, 2020

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

RE: NeuroRestorative Pennsylvania  
10589 North Edgewood Drive  
Lake City, Pennsylvania 16423  
Certificate #: 447960

Dear Mr. MacKenzie:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 20, 2020, 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 "Jason Williams".

Jason Williams  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: *NEURORESTORATIVE PENNSYLVANIA*

License Number: *44796*

Address: *10589 NORTH EDGEWOOD DRIVE,, LAKE CITY, PA 16423*

County: *ERIE*

Region: *WESTERN*

## Administrator

Name: *KATY PETERSON*

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: *07/12/2016*

Issued By: *Labor & Industry*

## Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *6*

Waking Staff: *5*

## Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

## Inspection Dates and Department Representative

*02/20/2020 - On-Site: Cindy Mulick*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *5*

Residents Served: *5*

### Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

### Hospice

Current Residents: *0*

### Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *1*

Diagnosed with Mental Illness: *5*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *1*

Have Physical Disability: *0*

3c - Post Current License

Regulations

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

A copy of the Chapter 2600 regulations was not posted in a conspicuous and public place 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.)

A copy of the Chapter 2600 Regulations was located and posted in the program during the inspection. See attached picture.

The program Administrator located the regulations in the Staff Office and reposted. The Administrator as designee will ensure a copy of the regulations are posted as part of their monthly environmental surveys.

Legal Entity Representative

Dave Mackenzie  
Signature

Dave Mackenzie P.D.  
Printed Name and Title

4/20/2020  
Date

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

The above plan of correction is approved as of 5/14/20  
(Date)

Plan of correction implementation status as of 5/14/20  
(Date)

Implemented  
 Not Implemented

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

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 8. Frequency of administration.

Description of Violation

Resident #1 is prescribed Ibuprofen 800 MG, take 1 tablet by mouth three times a day as needed for pain. However the resident's February 2020 medication administration record indicates to take 1 tablet by mouth three times daily.

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 order for Ibuprofen was DC'd on the MAR on 2/20/20. A new order for Ibuprofen PRN was started on 2/21/20. Attached is Resident #1's February 2020 MAR which reflects these changes.

To ensure ongoing compliance, the program's Nursing Department completes a monthly Medication Cart Audit. This Audit includes a check to ensure all orders match what is in the MAR. Attached is the Audit checklist. This checklist is submitted to the Health Services Supervisor for review.

Legal Entity Representative

  
Signature

Dave Mackenzie P.D. 5/13/2020  
Printed Name and Title Date

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

The above plan of correction is approved as of 5/14/20  
(Date)

Plan of correction implementation status as of 5/14/20  
(Date)

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

- Implemented
- Not Implemented