Department of Human Services
Bureau of Human Service Licensing

January 22, 2021

DAVID MACKENZIE, PROGRAM DIRECTOR
MENTOR ABI LLC
6816 WEST LAKE ROAD
FAIRVIEW, PA 16415

RE: NEURORESTORATIVE
PENNSYLVANIA
6816 WEST LAKE ROAD
FAIRVIEW, PA, 16415
LICENSE/COC#: 44663

Dear Mr. MacKenzie,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/09/2020, 10/13/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Suzy Quinn

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *NEURORESTORATIVE PENNSYLVANIA* **License #**: *44663* **License Expiration Date**: *10/30/2020*
Address: *6816 WEST LAKE ROAD, FAIRVIEW, PA 16415*
County: *ERIE* **Region**: *WESTERN*

Administrator

Name: *Dave Mackenzie* **Phone**: *8144741977* **Email**: *DAVID MACKENZIE@NEURORESTORATIVE.com*

Legal Entity

Name: *MENTOR ABI LLC*
Address: *6816 WEST LAKE ROAD, FAIRVIEW, PA, 16415*
Phone: *8144741977* **Email**: *DAVID.MACKENZIE@NEURORESTORATIVE.COM*

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: **Total Daily Staff**: *10* **Waking Staff**: *8*

Inspection

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:
Reason: *Complaint* **Exit Conference Date**: *10/13/2020*

Inspection Dates and Department Representative

10/09/2020 - On-Site: Lori Gillette

10/13/2020 - On-Site: Lori Gillette

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8* **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: *8* **Are 60 Years of Age or Older**: *2*
Diagnosed with Mental Illness: *6* **Diagnosed with Intellectual Disability**: *0*
Have Mobility Need: *2* **Have Physical Disability**: *8*

Inspections / Reviews

10/09/2020 - Partial

Lead Inspector: *Lori Gillette* **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *11/29/2020*

12/10/2020 - POC Submission

Lead Reviewer: *Suzy Quinn* **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *12/15/2020*

1/8/2021 - POC Submission

Lead Reviewer: *Suzy Quinn* **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *01/18/2021*

1/22/2021 - Document Submission

Lead Reviewer: *Suzy Quinn* **Follow-Up Type**: *Not Required*

15a - Resident Abuse Report

1. **Requirements**

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 10/3/2020 at approximately 12:00 PM in the dining room, staff person B and staff person C heard staff person A say "Are you [redacted]," to resident #1 then staff person A said to staff person B, "I think [redacted]." Later that day staff person C heard staff person A say to resident #1 "Are you [redacted], you're supposed to be telling us," in response to finding resident #1 [redacted] bedroom. However, these incidents were not reported to the local Area Agency on Aging until 10/5/2020 at 4:00 PM.

Plan of Correction **Accept**

The allegation of abuse occurred on 10/3/2020 at approximately 12:00pm. The event was reported to APS on 10/5/20 at 4:00pm.
The Program reviewed Allegations of Abuse Procedures with the staff member that overheard the alleged abuse on 10/5/20. Additionally, reporting of Allegations of Abuse Procedures were reviewed with all of the staff of Cabin #3.
Attached is a copy of the staff signatures related to the Allegation of Abuse Procedures as well as the documents that were reviewed.
A copy of the documents were placed in the staff Communication Log for future references and as a reminder to staff of the importance of reporting immediately.
Beginning on 10/6/20, the administrator or a designated staff person will review all reported incidents monthly for 1 year, to ensure any allegations of abuse of a resident are reported in accordance with 2600.15 (a).

Completion Date: *10/06/2020*

Document Submission **Implemented**

Documents attached.

16c - Written Incident Report

1. **Requirements**

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 10/3/2020 at approximately 12:00 PM in the dining room, staff person B and staff person C heard staff person A say "Are you [redacted]," to resident #1 then staff person A said to staff person B, "I think [redacted]." Later that day staff person C heard staff person A say to resident #1 "Are you [redacted], you're supposed to be telling us," in response to finding resident #1 [redacted] bedroom. However, these incidents were not reported to the Department until 10/5/2020 at 4:00 PM.

16c - Written Incident Report *(continued)*

Plan of Correction **Accept**

The allegation of abuse occurred on 10/3/20 at approximately 12:00pm. The program reported the event to DHS on 10/5/20 at approximately 4:00pm.
The Program reviewed Allegations of Abuse Procedures with the staff member that overheard the alleged abuse on 10/5/20. Additionally, reporting of Allegations of Abuse Procedures were reviewed with all of the staff of Cabin #3. Attached is a copy of the staff signatures related to the Allegation of Abuse Procedures as well as the documents that were reviewed.
A copy of the documents were placed in the staff Communication Log for future references and as a reminder to staff of the importance of reporting immediately.
Beginning on 10/6/20, the administrator or a designated staff person will review all reported incidents monthly for 1 year, to ensure any allegations of abuse of a resident are reported in accordance with 2600.16 (c).

Completion Date: *10/06/2020*

Document Submission **Implemented**

Documents attached

23a - Activities of Daily Living Assistance

1. **Requirements**

2600.
23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #2's assessment and support plan, dated 9/14/2020, indicates requires physical assistance with transferring from bed to wheelchair using a gait belt and is a one person transfer. On 10/5/2020 resident #2 fell from bed to the floor when attempted to transfer from bed to wheelchair. Staff person D was in the room but failed to provide physical assistance or use a gait belt and instead, stood behind the resident's wheelchair. Resident #2 indicated this staff never assists to transfer.

Plan of Correction **Accept**

Resident #2's assessment and support plan, dated 9/14/20, indicates requires physical assistance with transferring from bed to wheelchair using a gait belt and is a one person transfer. During the inspection it was noted that staff failed to provide physical assistance or use a gait belt, instead, staff stood behind the resident's wheelchair.
The program further investigated the incident and found that the participant routinely refuses the use of the gait belt. The program PT completed an assessment and provided new instruction related to transferring the participant. The participant's RASP has been updated to indicate refusals and the updated instructions for transferring (see attached).
Moving forward staff will notify the supervisor any time that a participant is refusing care as stated in the RASP. The supervisor will ensure the team is aware so that the plan can be reviewed. This will be reviewed with all staff via the Com Log. All staff for trained and education was completed 11/23/20.

Completion Date: *11/23/2020*

Document Submission **Implemented**

Documents attached.

42c - Treatment of Residents

1. **Requirements**

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 10/3/2020 at approximately 12:00 PM in the dining room, staff person B and staff person C heard staff person A say "Are you [redacted]," to resident #1 then staff person A said to staff person B, "I think [redacted]" Later that day staff person C heard staff person A say to resident #1 "Are you [redacted], you're supposed to be telling us," in response to finding resident #1 [redacted] bedroom.

Plan of Correction — **Directed**

On 10/3/20 at approximately 12:00pm in the dining room, staff person B and staff person C heard staff person A say "Are you [redacted]" to resident #1 then staff person A said to staff person B, "I think [redacted]". Later that day staff person C heard staff person A to resident "1 "Are you [redacted], you're supposed to be telling us," in response to finding resident #1 [redacted] bedroom.
Following the completion of an internal investigation by the Quality Improvement Specialist, it program concluded that it was more likely than not that staff person B spoke to Resident #1 in a non-therapeutic manner and showed a lack of dignity and respect. Upon reviewing the findings with staff person B, [redacted] chose to resign from [redacted] position.
The program will complete a Dignity and Respect training with the staff at the next staff meeting. Attached are the materials to be reviewed. Dignity and Respect training was completed with all staff on 12/2/20.
Case manager or designee will complete private interviews with 1 participant once a week for once a month and then once a month for six months. These interviews will be reviewed during the monthly safety meeting to ensure there are no concerns. Documentation will be kept.

(Directed)-
Weekly resident interviews indicated above shall be conducted to ensure residents are treated with dignity and respect. ***S.Q. 1/8/21***

Completion Date: *12/02/2020*

Document Submission — **Implemented**

First set of interviews conducted, documents attached.

185a - Implement Storage Procedures

1. **Requirements**

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.

185a - Implement Storage Procedures *(continued)*

Description of Violation

The home's "Medication Management Medication Facilitation and Training, Procedure for Administration" indicates "...Staff will remove the medicine from the container...Staff observe/monitor the participant swallow the medication with water...Document on MAR according to protocol...Deviations from the above protocol require the sanction of the local Medical Manager/Program Nurse..."

Resident #3 is prescribed [redacted] tablet - take 1 tab by mouth once weekly on Friday. However, during a cart audit on 9/6/2020, staff discovered 8 doses of this medication were in the the medication cart, not administered and documented on the resident's medication administration record (MAR) as administered.

Plan of Correction **Accept**

Resident #3 is prescribed [redacted] tablet- take 1 tab by mouth once weekly on Friday. However, during a cart audit on 9/6/20, staff discovered 8 doses of this medication were in the medication cart, not administered and were documented on the resident's medication administration record as administered.
The program has a policy related to the storage procedures of medications (attached). The cart audit found a medication error on behalf of the med tech. The program supervisor completed a conversation record with the staff member (attached).
Staff members are to follow the proper techniques related to passing meds; the steps to follow are hung near the medication cart as a reminder (attached). The steps to follow will be reviewed with all Med Tech's in the program by 12/31/20.

Nursing completed an audit of the med cart on 10/23/20, the purpose of this audit was to ensure medications were passed per orders (attached). The nursing staff worked to ensure their were no errors following the med techs med pass.

Moving forward nursing will complete a monthly cart audit. Part of the audit will be ensuring that all orders have been correctly posted and verified with prescription labels. A copy of the audit that will be used is attached.

Completion Date: *12/31/2020*

Document Submission **Implemented**

Documentation attached.

187d - Follow Prescriber's Orders

1. **Requirements**

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

Description of Violation

Resident #3 is prescribed [redacted] tablet - take 1 tab by mouth once weekly on Friday. However, during a cart audit on 9/6/2020, staff discovered 8 doses of this medication were in the the medication cart, not administered and documented on the resident's MAR as administered.

187d - Follow Prescriber's Orders *(continued)*

Plan of Correction **Accept**

Resident #3 is prescribed [redacted] tablet- take 1 tab by mouth once weekly on Friday. However, during a cart audit on 9/6/20, staff discovered 8 doses of this medication were in the medication cart, not administered and were documented on the resident's medication administration record as administered.
Nursing completed an audit of the med cart on 10/23/20, the purpose of this audit was to ensure medications were passed per orders (attached). The nurse was specifically ensuring this Med Tech passed meds as ordered.
Moving forward nursing will complete a monthly cart audit. Part of the audit will be ensuring that all orders have been correctly posted and verified with prescription labels. A copy of the audit that will be used is attached.

Completion Date: *10/23/2020*

Document Submission **Implemented**

Documents attached.