

Department of Human Services  
Bureau of Human Service Licensing

June 21, 2021

, PROGRAM DIRECTOR

RE: NEURORESTORATIVE  
PENNSYLVANIA  
10589 NORTH EDGEWOOD DRIVE  
LAKE CITY, PA, 16423  
LICENSE/COC#: 44796

Dear Mr. MacKenzie,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 05/28/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,



Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing

June 21, 2021

[REDACTED], PROGRAM DIRECTOR

RE: NEURORESTORATIVE  
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Sincerely,  
[REDACTED]

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 #:** 44796      **License Expiration Date:** 05/19/2022  
**Address:** 10589 NORTH EDGEWOOD DRIVE, LAKE CITY, PA 16423  
**County:** ERIE      **Region:** WESTERN

**Administrator**

**Name:** [REDACTED]      **Phone:** [REDACTED]      **Email:** [REDACTED]

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

**Type:** R-3      **Date:** 08/08/2016      **Issued By:** L&I

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 6      **Waking Staff:** 5

**Inspection**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal      **Exit Conference Date:** 05/28/2021

**Inspection Dates and Department Representative**

05/28/2021 - On-Site: Josh Hoover

**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:** 1      **Are 60 Years of Age or Older:** 1  
**Diagnosed with Mental Illness:** 5      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 1      **Have Physical Disability:** 0

**Inspections / Reviews**

05/28/2021 - Full

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 06/18/2021

Inspections / Reviews (*continued*)

6/21/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Document Submission*Follow-Up Date: *06/24/2021*

6/25/2021 Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

20b8 - Quarterly Account

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

The home provides assistance with financial management and holds funds for residents #1, #2, #3, and #4. However, a quarterly itemized account of financial transactions is not given to the residents and their designated persons. Financial transactions are reviewed during the residents "team meetings," which are held semi annually.

Plan of Correction

Accept

The program will provide education for the CMs regarding the requirement that financial statements are to be completed quarterly and not semi-annually.

Moving forward the CMs will complete quarterly financial statements to the participant/ guardian. The statement will be kept in the chart.

To prevent the violation from reoccurring the chart audit form has been updated to include a statement requiring the chart be reviewed to ensure the quarterly statement review is in the chart.

Completion Date: 06/18/2021

Document Submission

Implemented

CM education completed 6.18.21

Chart audit form updated 6.18.21

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

The following direct care staff persons, who have worked more than 40 hours in the home, did not receive orientation training on the reporting of reportable incidents and conditions:

- Staff person A, hired [REDACTED]
- Staff person B, hired [REDACTED]

Plan of Correction

Accept

Staff person A and staff person B will receive the missed training on reportable incidents and conditions.

The program has updated the Orientation checklist to include training on reportable incidents and conditions to ensure all future staff receive the training within the 40 scheduled working hours.

To ensure the violation does not occur the RS will review the checklist at the end of Orientation to ensure all items have been completed.

Completion Date 06/18/2021

65b - Rights/Abuse 40 Hours (*continued*)**Document Submission****Implemented**

*Training completed with Staff person A and B on 6.16.21.  
Orientation checklist updated 6.18.21.*

## 125a - Combustible Storage

**1. Requirements**

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

**Description of Violation**

*There was a large box of furnace filters and a single furnace filter in a plastic sleeve adjacent to and touching the right-hand gas furnace in the basement. Also, there were 2 boxes of filtration medium and an empty cardboard box adjacent to and touching left-hand furnace.*

**Plan of Correction****Accept**

*The items near the furnace were moved and corrected at the time of inspection.*

*The program has updated the monthly Environmental Survey to include ensuring no items are located near a heart source or a hot water heater; these will begin being utilized July 1, 2021.*

*To ensure the violation does not occur the RS will review the Environmental Survey upon submission to ensure all items are in compliance.*

**Completion Date:** 06/18/2021

**Document Submission****Implemented**

*New Environmental Survey to start July 1, 2021; all RSs are aware as of 6.18.21.*

## 162c - Menus Posted

**1. Requirements**

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**Description of Violation**

*The menu for the upcoming week was not posted in a conspicuous and public place in the home. Only the menu for the current week, dated 5/23/2021-5/29/2021, was posted on the refrigerator.*

**Plan of Correction****Accept**

*During the inspection the following weeks menu was posted.*

*The program RS or designee will check weekly to ensure both menus are posted.*

*To ensure the violation does not occur the Monthly Regulatory Compliance Checklist has been updated to include ensuring the menu is posted for the current week and the following week. The RS will review the checklist upon submission to ensure all items are in compliance.*

**Completion Date:** 06/18/2021

**Document Submission****Implemented**

*Regulatory Compliance Checklist updated 6.18.21 and will begin with the July 1, 2021 checks; all RSs aware of the change 6.18.21.*

171b5 - First Aid Kit

1. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit for the home's vehicle, a Ford Transit, did not include gloves, tape, scissors, a breathing shield, or eye coverings.

Plan of Correction

Accept

The missing items were added to the vehicles first aid kit at the time of inspection.

The PD will complete education with the maintenance man regarding the requirements of items to be included in the vehicle first aid kit.

The program will complete a first aid kit checklist as part of the monthly vehicle checks. The checklists will be reviewed at the monthly Safety Meeting to ensure all items are in the kit and in compliance.

Completion Date: 06/18/2021

Document Submission

Implemented

Education will be completed with the maintenance man upon return to the program; he has been out sick.

New checklists were completed 6.18.21 and will be implemented beginning in July 2021.

187b Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #2 is ordered [redacted] take 1 tab three times a day. This medication was not administered at [redacted] however, the resident's [redacted] Medication Administration Record (MAR) was initialed by staff person C as if the medication had been administered.

Plan of Correction

Accept

The RS will complete education with the Med Tech regarding the medication process.

The program will continue to monitor medication management as part of the Daily Stand Up process that includes running daily reports out of PCC.

The program has updated the weekly medication cart checklist to include reviewing all blister cards to ensure they have been administered; they will continue to complete these weekly.

Completion Date 06/18/2021

Document Submission

Implemented

Med counseling was completed with the staff person 5.25.21.

The new cart audit checklist was updated 6.18.21; these will begin being used July 2021.

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

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

**Description of Violation**

Resident #2 is ordered [REDACTED] take 1 tab three times a day; however, this medication was not administered at [REDACTED] on [REDACTED]

**Plan of Correction****Accept**

The RS will complete education with the Med Tech regarding the medication process.

The program will continue to monitor medication management as part of the Daily Stand Up process that includes running daily reports out of PCC.

The program will complete weekly cart audits and ensure all medications have been given as prescribed by the doctor.

Completion Date: 06/18/2021

**Document Submission****Implemented**

Med counseling was completed with the staff person 5.25.21.

The new cart audit checklist was updated 6.18.21; these will begin being used July 2021.