

Department of Human Services
Bureau of Human Service Licensing

November 2, 2021

[REDACTED] CKENZIE, PROGRAM DIRECTOR

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/11/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

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 #: *44663* License Expiration Date: *10/30/2021*
Address: *6816 WEST LAKE ROAD, FAIRVIEW, PA 16415*
County: *ERIE* Region: *WESTERN*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *01/26/2015* Issued By: *Fairview Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *14* Waking Staff: *11*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *08/11/2021*

Inspection Dates and Department Representative

08/11/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8* Residents Served: *7*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *7* Are 60 Years of Age or Older: *1*
Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *7* Have Physical Disability: *7*

Inspections / Reviews

08/11/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/19/2021*

10/4/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/07/2021*

10/12/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/20/2021*

11/2/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. The home has a fossil-burning furnace in the basement crawl space, however, the carbon monoxide alarm is approximately 2' from the device.

Plan of Correction

Accept

Maintenance will work with Wilkins (the alarm company) to have Carbon Monoxide Alarms moved to the appropriate placement.

Maintenance will be provided education on the Carbon Monoxide detector requirements.

The requirement will be added to the monthly maintenance check form to ensure Carbon Monoxide detectors are appropriately placed.

██████████ came the week of 10/4/21 to complete the change.

Completion Date: 10/08/2021

Document Submission

Implemented

Education was provided to maintenance following the survey.

██████████ completed the move of the Carbon Monoxide alarms.

The new Maintenance Checklist went in to effect the month of October, form attached.

26b - Quality Management Plan Content

1. Requirements

2600.

- 26.b. The quality management plan shall address the periodic review and evaluation of the following:

1. The reportable incident and condition reporting procedures.
2. Complaint procedures.
3. Staff person training.
4. Licensing violations and plans of correction, if applicable.
5. Resident or family councils, or both, if applicable.

Description of Violation

The home's quality management plan and review, dated 1/19/21, does not include the development and implementation of measures to address reportable incidents and conditions, complaint procedures, staff training plan, and licensing violations and plans of corrections and the plan does not include the frequency of the periodic review.

Plan of Correction

Accept

A copy of the QM plan was sent to the department review. The current QM plan reviews all required components.

Completion Date: 09/17/2021

Document Submission

Implemented

Violation was removed.

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care agency staff person A, hired [REDACTED], does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction**Accept**

Staff person A is no longer employed by the program.

An email was sent to [REDACTED] the agency company, reviewing the documents required prior to a staff member working at the program.

A checklist was created for the program Supervisors to use on an on-going basis when utilizing agency staff. The supervisor will audit the personnel files of agency staff to ensure compliance. This will be completed by 10/15/2021.

Completion Date: 10/12/2021

Document Submission**Implemented**

The audit of the personnel files is currently being conducted by QI due to some staffing changes. The audit will be fully completed by 11/2/21.

60a - Staff/Support Plan

1. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

The home's staffing schedule indicates that only 2 staff persons work on the 11:00 p.m.-7:00 a.m. shift, including on 8/1/21, 8/5/21, and 8/8/21. In the event of an emergency evacuation, the home's night staffing is inadequate to meet the supervision/evacuation needs of the residents. The home serves 7 residents and has identified all residents as physically immobile, including 5 residents that require 2-person assistance in transferring for safety. The home has no interior safe area established by a fire safety expert.

60a - Staff/Support Plan (continued)

Plan of Correction**Accept**

The Residential Supervisor attends a weekly meeting with the Program Director and the other RSs. During this meeting the schedule of the program will be reviewed to ensure the program has at least 3 people working on 3rd shift to meet the needs of the participants.

The program has implemented a 3rd shift wage differential to assist with recruitment and retention staff.

The Program Director will continue to meet with the supervisors weekly to review the schedules and ensure compliance with the requirements of 3rd shift staffing.

Additionally, the Program Director has met with the on-call team to review 3rd shift staffing ratios in the home; they are to ensure that the building always has 3 staff members present on 3rd shift. If this requirement is unable to be met, the on-call supervisor is to reach out to the Program Director for assistance.

Completion Date: 09/17/2021

Document Submission**Implemented**

All pieces were implemented as of 9/17/21.

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 8/1/21, from 11:00 p.m.-7:00 a.m., 7 residents were present in the home. During this time no staff persons were present in the home who were trained in first aid and certified in obstructed airway techniques and CPR.

On 8/6/21, from 7:00 a.m.-8:00 a.m., 7:00 p.m.-11:00 p.m., and 11:00 p.m.-7:00 a.m., 7 residents were present in the home. During this time no staff persons were present in the home who were trained in first aid and certified in obstructed airway techniques and CPR.

On 8/8/21, from 11:00 p.m.-7:00 a.m., 7 residents were present in the home. During this time no staff persons were present in the home who were trained in first aid and certified in obstructed airway techniques and CPR.

Plan of Correction**Accept**

The program has a CPR/FA class scheduled for 9/29/21 with the American Red Cross to certify all staff in CPR/FA. The program has identified 3 Administrative staff to take the CPR/FA train the trainer course that will take place in October 2021.

The RS meets with the other supervisors and the PD weekly to review schedules. During the weekly meeting the supervisors will review the schedules to ensure at least one certified staff member is working on each shift.

Completion Date: 09/17/2021

Document Submission**Implemented**

The meetings include reviewing CPR needs as of 9/17/21.

65d - Initial Direct Care Training

1. Requirements

2600.

65d - Initial Direct Care Training (continued)

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care agency staff person A, hired on [REDACTED], provided unsupervised ADL services on [REDACTED] on the 11:00 p.m.-9:00 a.m. shift and [REDACTED], on the 11:00 p.m.-7:00 a.m. shift. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction**Accept**

Staff person A is no longer employed by the program.

An email was sent to [REDACTED] the agency company, reviewing the documents required prior to a staff member working at the program.

A checklist was created for the program Supervisors to use on an on-going basis when utilizing agency staff. The supervisor will audit the personnel files of agency staff to ensure compliance. This will be completed by 10/15/2021.

Completion Date: 10/12/2021

Document Submission**Implemented**

The audit of the personnel files is currently being conducted by QI due to some staffing changes. The audit will be fully completed by 11/2/21.

The attached checklist will be used for all oncoming agency staff.

81b - Resident Personal Equipment**1. Requirements**

2600.

- 81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #1 has full size uncovered bedrails on both sides of the bed that measures approximately 47" length x 17" height. There are multiple opens that measures approximately 29 1/2" length x 5" height and 45" length x 5" height that can cause a potential entrapment hazard.

Plan of Correction**Accept**

Prior to the inspection a new bedrail cover was ordered for the participant; it had been soiled and needed to be discarded. It has been replaced at this time. Additionally, back up covers were ordered to ensure that a participant always has access to a bed rail cover.

The Residential Supervisor completed a check of all bed rails in the home to ensure they all had covers.

Education will be provided to the staff regarding the requirements of a bed rail cover and ensuring one is in place at all times the participant is in bed.

To ensure the participant isn't without a cover the requirement to ensure it is in place has been added to the MAR.

Completion Date: 10/12/2021

Document Submission**Implemented**

Education was provided to the staff on the requirements and all bedrails currently have covers.

85d - Trash Receptacles

1. Requirements

2600.

- 85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 8/11/21, at 10:22 a.m., there was a half full, uncovered, unattended trash can in the kitchen.

Plan of Correction

Accept

Trash can lids were replaced.

Education will be provided to the staff regarding the requirement of having a trash can lid at all times.

The program will utilize a monthly Regulatory Compliance Checklist to ensure all trash cans have lids. This will be reviewed by the supervisor.

Completion Date: 09/17/2021

Document Submission

Implemented

Education was provided to the staff on the requirements and all trash receptacles currently have lids.

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the cordless telephone in the kitchen.

Plan of Correction

Accept

Emergency telephone numbers were posted at the time of inspection.

Education will be provided to the staff on the requirement for emergency telephone numbers to be posted next to all phones.

The program will utilize a monthly Regulatory Compliance Checklist to ensure all phones have emergency numbers posted next to them. This will be reviewed by the supervisor.

Completion Date: 09/17/2021

Document Submission

Implemented

Education was provided to the staff on the requirements and all phones currently have an emergency phone list posted by them.

96a - First Aid Kit

1. Requirements

2600.

- 96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the hallway closet did not include eye coverings.

96a - First Aid Kit (continued)

Plan of Correction**Accept**

Eye coverings were placed in the FA kit at the time of the inspection.

Education will be provided to the staff on the requirements for a FA kit.

The program will utilize a monthly FA checklist to ensure all required items are within the FA kit. This will be reviewed by the supervisor.

Completion Date: 09/17/2021

Document Submission**Implemented**

All staff have been provided education on the requirements and all first aid kits are currently in compliance.

103f - Refrigerator/Freezer Temps

1. Requirements

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

There was no thermometer in the freezer in the kitchen.

Plan of Correction**Accept**

The thermometer was replaced at the time of the inspection.

Education will be provided to the program staff on the requirement for refrigeration and freezers in the program.

The program will utilize a monthly Regulatory Compliance Checklist to ensure the requirement is met, the checklist will be reviewed by the supervisor.

Completion Date: 09/17/2021

Document Submission**Implemented**

All staff have been provided education on the requirements and all fridge/ freezers currently have thermometers.

123b - Emergency Procedures Posted

1. Requirements

2600.

- 123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home; the home's plan was in a binder in the hallway closet.

Plan of Correction**Accept**

The homes emergency procedures were posted on the bulletin board.

Education was provided to the supervisor and the staff on the requirement to ensure emergency procedures are posted at all times.

The program will utilize a monthly Regulatory Compliance Checklist to ensure this requirement is met, the checklist will be reviewed by the supervisor.

Completion Date: 09/17/2021

Document Submission**Implemented**

All staff have been provided education on the requirements and the emergency procedures are currently posted.