

Department of Human Services
Bureau of Human Service Licensing

December 22, 2021

[REDACTED]

RE: NEURORESTORATIVE
PENNSYLVANIA
1331 DUTCH ROAD
FAIRVIEW, PA, 16415
LICENSE/COC#: 44818

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/01/2021 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 #: *44818* License Expiration:
Address: *1331 DUTCH ROAD, FAIRVIEW, PA 16415*
County: *ERIE* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *814-449-4203* Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *R-3* Date: *10/24/2016* Issued By: *Fairview Township*

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/01/2021*

Inspection Dates and Department Representative

09/01/2021 - On-Site [REDACTED]

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: *5* Are 60 Years of Age or Older: *1*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *1* Have Physical Disability: *1*

Inspections / Reviews

09/01/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/26/2021*

11/10/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/18/2021*

Inspection Dates and Department Representative (*continued*)

12/09/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/16/2021*

12/22/2021 - Document Submission

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

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

The black enabler on resident #1's bed was not securely attached to the bed. The enabler measured approximately 18" x 40" and was attached to the bed using 2 ratchet-straps; however, one of the straps was tied with a knot, rather than being secured through the tie down and both straps were extremely loose, causing the enabler to shift approximately 6-inches laterally and horizontally, posing an entrapment/fall hazard.

Plan of Correction**Accept**

Maintenance to secure the enabler to the bed correctly utilizing the Manufacturer recommendations. This was completed on 9/9/21.

The physical therapist and maintenance were provided education on the requirements on utilizing bed enablers.

They were provided education via phone on 9/2/21. Formal education was provided on 11/11/21.

Moving forward Blackburn's will complete a monthly inspection on all DME equipment to ensure it is clean, in good repair and free from hazards. These inspections began 10/2021.

Weekly inspections to ensure the enabler is properly secured were added to the participants MAR as a task to begin 11/11/21.

Completion Date: 11/11/2021

Document Submission**Implemented**

Documentation attached

Completion Date: 11/11/2021

92 - Windows

1. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

There were numerous windows in the home that did not contain screens, to include the following:

- 4 windows in resident #1's bedroom*
- 2 windows in the bathroom attached to resident #1's bedroom*
- 2 windows in the bathroom near resident #2's bedroom*
- 1 window near the bed in resident #2's bedroom*
- 1 window in the staff work area in the kitchen*

Plan of Correction**Accept**

Maintenance to install screens to all windows missing them. Maintenance will replace all window screens by 11/14/21. For any windows missing a screen maintenance will obtain measurements and send them to Fairview Hardware to have the customized screens created. Any that need to be customized will be installed as soon as they are completed.

Maintenance and program staff will be educated on the requirements for all windows and doors to have screens.

Education was completed on 11/11/21.

92 - Windows (continued)

To prevent this from occurring again the requirement of screens will be added to the monthly Maintenance Survey that is completed by the staff. This will be reviewed by the Residential Supervisor to ensure compliance. The monthly survey was completed on 11/11/21 and reviewed with maintenance. The updated survey will begin being utilized on 12/1/21.

Completion Date: 11/11/2021

Document Submission

Implemented

documentation attached

Completion Date: 12/21/2021

95 - Furniture and Equipment**1. Requirements**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

Plan of Correction

Accept

There is no description noted on the violation.

Completion Date: 09/28/2021

Document Submission

Implemented

Violation withdrawn

Completion Date: 11/09/2021

98a - Indoor Activity Space**1. Requirements**

2600.

98.a. The home shall have indoor activity space for activities such as reading, recreation and group activities.

Description of Violation

There are signs throughout the home that indicate, "Common areas closed from 10:00p.m. until 6:00a.m. Common areas include : Living Room, Kitchen, Dining Room," restricting resident access to the home's indoor activity space, lounge area, television, and radio.

Plan of Correction

Accept

All signs were removed restricting access to the indoor activity space. These were removed on 9/1/21.

Education will be provided to the program regarding the requirement of space to be available to the participants for activities. Education provided to the program on 11/11/21.

The monthly Regulatory Checklist was updated to include ensuring no signs are posted restricting activities. The checklist was updated on 11/11/21 and will begin being used for the 11/21 monthly inspection.

Completion Date: 11/11/2021

Document Submission

Implemented

Documentation attached

Completion Date: 11/11/2021

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #2 does not have a source of light that can be turned on/off from bedside. Staff person A, [REDACTED], indicates that resident #2 sleeps exclusively in his/her recliner; however, the lamp near the recliner was not plugged in and was not operational when plugged in.

Plan of Correction

Accept

The lamp was replaced in the participants bedroom. This was replaced on 9/2/21.

Education will be provided to the program related to ensuring that an operable bed side lamp be available at all times. Education was provided on 11/11/21.

The program completes a monthly Environmental Survey, ensuring that all bed side lamps are operable was added to the survey on 9/28/21 to begin utilization in October.

The program will review all participant bedside lamps to ensure they are operable weekly. This will begin on 11/14/21 and be documented on the MAR.

Completion Date: 11/11/2021

Document Submission

Implemented

documentation attached.

Completion Date: 11/11/2021

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 chest freezer in the laundry room.

Plan of Correction

Accept

The thermometer in the chest freezer in the laundry room was replaced. This was replaced on 9/1/21.

Education was provided to the program on ensuring a thermometer is in place and being utilized daily. Education was provided on 11/11/21.

The program keeps a daily tracker of temperatures, verbiage will be added to notify the supervisor immediately if it is noted that the thermometer is missing. This was updated on 11/11/21 and will begin being used 12/1/21.

This will be checked additionally during the monthly Environmental Survey. This was added on 9/28/21 and began being utilized 10/21.

Completion Date: 11/11/2021

Document Submission

Implemented

documentation attached

Completion Date: 11/11/2021

121a - Unobstructed Egress

1. Requirements

121a - Unobstructed Egress (continued)

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

Both the emergency exit at the rear of the main floor and the emergency exit in the basement required numerous attempts and significant force to be opened by an Agent of the Department.

There was a nylon grill cover containing rainwater and leaves lying on the 2nd through 6th steps from the top on the stairwell that leads up and out of the basement emergency exit.

Plan of Correction**Accept**

Maintenance will check the doors to determine the problem and have it corrected. The doors were shaved with a planer and fixed on 9/9/21. The nylon grill cover was picked up at the time of inspection.

Education will be provided to the maintenance team on ensuring all routes of egress are unblocked and fully operable at all times. Education will be provided to the program on ensuring no routes of egress are blocked at any time. Education was provided on 11/11/21.

The program utilizes a monthly Maintenance Checklist to ensure compliance in multiple areas; this requirement was added to the checklist. This was updated on 11/11/21 and will begin being utilized 12/21.

Daily monitoring of egress routes was added to the daily cleaning and inspection checklist on 11/11/21. This will begin utilization on 11/21/21.

Completion Date: 11/11/2021

Document Submission**Implemented**

documentation attached.

Completion Date: 11/11/2021

227a - Support Plan 30 Days**1. Requirements**

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

The support plan for resident #1, dated [REDACTED], does not address the use of the bedside enabler that is attached to resident #1's bed to assist the resident with transferring.

Plan of Correction**Accept**

The participants RASP will be updated to include the bed enabler with appropriate instructions. This was updated on 11/11/21.

Education will be provided to the Case Manager on the requirements for ensuring all aspects of a persons needs are included on the RASP. Education was provided on 11/11/21.

A RASP Checklist was created for utilization to ensure key requirements are met, this checklist includes ensuring all DME is on the RASP.

All RASPs of the program will be reviewed by the team to ensure they are accurate and complete. This will be completed by 12/11/21.

Completion Date: 11/11/2021

227a - Support Plan 30 Days (continued)**Document Submission*****Implemented****documentation attached***Completion Date: 11/11/2021**