

Department of Human Services  
Bureau of Human Service Licensing

May 12, 2022

[REDACTED], QUALITY ASSURANCE  
[REDACTED]

RE: NEURORESTORATIVE  
PENNSYLVANIA  
BUILDING 2, 6816 WEST LAKE RD  
FAIRVIEW, PA, 16415  
LICENSE/COC#: 44205

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/14/2022, 02/15/2022 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 #: *44205* License Expiration: *06/16/2022*  
Address: *BUILDING 2, 6816 WEST LAKE RD, FAIRVIEW, PA 16415*  
County: *ERIE* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *05/30/1974* Issued By: *Dept. of Labor & Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *10* Waking Staff: *8*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *02/14/2022*

**Inspection Dates and Department Representative**

02/14/2022 - On-Site: [REDACTED]  
02/15/2022 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *16* 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: *2* Are 60 Years of Age or Older: *0*  
Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *3* Have Physical Disability: *1*

**Inspections / Reviews**

**02/14/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/11/2022*

Inspections / Reviews (*continued*)

04/13/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *04/20/2022*

05/12/2022 - Document Submission

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

34 Pa.Code Chapter 3, known as the Boilers and Unfired Pressure Vessels regulations, indicates if a home has a boiler it must have a valid "Certificate of Boiler or Pressure Vessel Operation" issued by the PA Department of Labor and Industry. Upon expiration of the certificate, boilers must be inspected and if they pass inspection, they will be issued a new certificate. The home's boiler certificate expired 1/16/22.

Plan of Correction

Accept

During the site visit maintenance scheduled to have the boilers inspected. The inspection was completed on February 25, 2022.

Moving forward the Boiler Certificate expiration date has been added to the monthly maintenance survey to ensure compliance. The new survey will begin during the month of March.

The program will review the monthly maintenance survey's during the monthly safety committee meeting.

Completion Date: 03/15/2022

Document Submission

Implemented

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 1/30/22, 1/31/22, 2/3/22, 2/6/22 and 2/10/22 from 11pm to 7am there were 7 residents present in the home. During this time staff person A was the only staff present in the home and [redacted] does not have current First Aid/CPR certification.

Plan of Correction

Accept

The PD or designee will review staff files for the program. Any staff that do not have current CPR/FA certifications will be scheduled to attend a class by March 31, 2022.

Moving forward the HR department will send a report monthly showing staff credentials. The RSs will review this report on a monthly basis during the weekly supervisor meeting. At that time the RSs will ensure all staff are appropriately scheduled for all required credentials/ trainings. The first review is scheduled for March 17, 2022.

The PD or designee will conduct an audit one time monthly x 3 months to ensure compliance. During the weekly RS meeting the team will ensure no staff without current credentials are working alone in the program.

Completion Date: 03/15/2022

Document Submission

Implemented

88a - Surfaces

1. Requirements

2600.

**88a - Surfaces (continued)**

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

**Description of Violation**

*The caulking around the bathtub edge and along the shower wall seams in the bathroom of bedroom #1 was coated with a black substance.*

*The caulking along the shower wall seams and most of the shower floor in the bathroom of bedroom #6 was covered with a black substance.*

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

*During the site survey Maintenance was notified of the concerns with the bathroom and a maintenance request was submitted.*

*As of 2.21.22 all old caulking had been removed from the tubs/ showers, the tubs were cleaned with mildew cleaner and new caulking was placed.*

*The program has implemented daily cleaning/ inspection checklists that include checking the tubs/ showers for any black substances or mold or mildew. The new forms will begin 3.21.22.*

*Moving forward the RS will review the daily cleaning/ inspection checklists during the weekly program walk through to ensure they are being completed and all areas are compliant.*

**Completion Date:** 03/15/2022

**Document Submission****Implemented****102h - Toilet Paper****1. Requirements**

2600.

102.h. Toilet paper shall be provided for every toilet.

**Description of Violation**

*On 2/14/22 at approximately 10:45am, there was no toilet paper for the toilet in the bathroom of bedroom #6.*

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

*During the site inspection toilet paper was placed in the participants bathroom.*

*The program has implemented a daily cleaning and inspection checklist. These will begin on 3.21.22.*

*Moving forward the RS will review the daily cleaning/ inspection checklists during the weekly program walk through to ensure they are being completed and all areas are compliant.*

**Completion Date:** 03/15/2022

**Document Submission****Implemented****141a 1-10 Medical Evaluation Information****1. Requirements**

2600.

141a 1-10 Medical Evaluation Information *(continued)*

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department’s request.

**Description of Violation**

*Resident #1's initial medical evaluation, dated [REDACTED] does not include weight and pulse rate.*

**Plan of Correction**

**Accept**

*The PCP was notified of the error on the participants DME. The PCP reviewed the vitals from the participant visit that day and approved adding them to the DME. The DME was updated and now includes all necessary information. The HSS will audit all other participant records by 3.31.22 and ensure all DMEs are compliant and all areas are completed.*

*The program completes monthly chart audits utilizing an audit form. This form has been updated to include ensuring all areas of the DME are completed.*

**Completion Date:** 03/15/2022

**Document Submission**

**Implemented**

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 in vehicle #4, a dodge caravan used to transport residents, does not include a thermometer or eye coverings.*

**Plan of Correction**

**Accept**

*Following the site visit a thermometer and eye coverings were added to the vehicle first aide kit.*

*Education was provided to the transportation staff on ensuring all kits include the required items noted on the first aide checklist.*

*Moving forward the team will review the vehicle checklists and ensure all kits are up to date and compliant.*

**Completion Date:** 03/15/2022

**Document Submission**

**Implemented**