

Department of Human Services
Bureau of Human Service Licensing

August 16, 2022

[REDACTED], PROGRAM DIRECTOR

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/28/2022, 03/10/2022 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 #: *44796* License Expiration: *05/19/2023*
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: *07/12/2016* Issued By: *Dept. of Labor & Industry*

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: *03/10/2022*

Inspection Dates and Department Representative

02/28/2022 - On-Site: [REDACTED]
03/10/2022 - Off-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: *1* Are 60 Years of Age or Older: *2*
Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

02/28/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/27/2022*

Inspections / Reviews (*continued*)

04/20/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *04/27/2022*

05/24/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/01/2022*

08/16/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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

There was an approximate 1' x 2' tear in the seat cushions of the living room couch, exposing the internal foam.

There were four approximate 3" x 6" tears in the seat cushions of the living room loveseat, exposing the internal foam.

Plan of Correction**Accept**

The furniture was removed from the home and will not be replaced. The room will be repurposed as there is already a living room and this space wasn't utilized by the participants.

Staff were provided education on 4/21/22 on how to complete the monthly environmental survey and ensuring they report any furniture or equipment not in good repair.

The RS will review the monthly Environmental Survey and ensure maintenance requests are submitted appropriately.

Completion Date: 04/21/2022

Document Submission**Implemented**

Education provided 4.21.22, see attached.

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

At 9:35am the temperature in the kitchen refrigerator was 44 degrees Fahrenheit and at 2:44pm it was 40 degrees Fahrenheit.

Plan of Correction**Accept**

The thermometer was placed in an appropriate space during the inspection.

Education will be provided to the staff at the program on appropriately placing the thermometer to the back of the fridge to get an accurate reading.

Staff will continue to log fridge/freezer temps on a daily basis.

RSs will continue to do weekly program walk throughs. They will now be responsible for reviewing the fridge/ freezer temp logs and doing a spot temperature check during the walk through.

Completion Date: 04/06/2022

Document Submission**Implemented**

Education was completed 4.21.22, see attached.

RS completed weekly walk throughs, see attached.

121a - Unobstructed Egress

1. Requirements

2600.

121a - Unobstructed Egress (continued)

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

Description of Violation

At 9:25am, there was approximately 1" of snow and ice on the home's rear porch along with a 2' by 5' piece of anti-skid material that had blown across the exit area and froze to the porch, blocking egress from the rear exit to the back porch.

Plan of Correction**Accept**

The obstructions were removed at the time of the inspection.

Moving forward, staff will complete a walk through of the program one time daily on second shift to ensure that there are no blocked egress areas. Staff will document the completion of the walk through on shift report.

The RS or designee will ensure these are completed and review them to ensure compliance

Completion Date: 04/21/2022

Document Submission**Implemented**

Staff are completing daily checks of egress routes, see attached.

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 home's menu for the week of 2/27/22-3/5/22 was posted. However, the future week was not posted.

Plan of Correction**Accept**

The following weeks menu was posted the day of the inspection.

Education will be provided to the program on the requirements for a current menu and the following weeks menu to be posted in the home. Education was provided on 4/21/22.

The RS will complete weekly walk throughs of the home and ensure the menu's are posted accordingly.

Completion Date: 04/21/2022

Document Submission**Implemented**

Education was completed 4.21.22, see attached.

RS completed weekly walk throughs, see 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.

Description of Violation

Resident #1 is prescribed [REDACTED] apply thin layer topically to affected area as needed.

However, on 2/28/22 this medication was not available in the home.

Plan of Correction**Accept**

Following the inspection the medication was located at the TRAC program.

185a - Implement Storage Procedures (continued)

Education was provided to the staff regarding transporting medications and ensuring medications are always available in the home on 4/21/22.

The home will complete a weekly med cart audit as well as a monthly cart audited to be completed by nursing to ensure all medications are available and in the home.

Completion Date: 04/21/2022

Document Submission**Implemented**

Education was completed 4.21.22, see attached.

Weekly med cart audits are completed by staff, see attached.

Monthly med cart audits are completed by nursing, see attached.

187d - Follow Prescriber's Orders**1. Requirements**

2600.

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

Description of Violation

Resident #1 is prescribed speech therapy 1 time per week for 30-60 minutes. However, from December 2021 - February 2022 resident #1 received speech therapy only 7 times out of 13 weeks.

Plan of Correction**Accept**

The home has an order on file for speech therapy as indicated. The participant was recommended 30 to 60 minutes per week. Due to a staffing crisis and mandated trainings the SLP was unable to meet with the participant weekly. In an effort to combat the missed session the therapists did increase the time of sessions that did occur.

Education was provided to the therapy team on 4/21/22 on appropriate reasoning for canceling sessions and rescheduling to ensure participants are getting the recommended therapy time.

Moving forward the team will review therapy recommendations during the monthly participant review call to ensure the needs of the participant are being met.

During the reporting period the CM will review the progress summary to ensure compliance.

Completion Date: 04/21/2022

Document Submission**Implemented**

Education was completed on 4.21.22, see attached.

Therapy recommendations are now being reviewed during the monthly call, see attached.