

Department of Human Services
Bureau of Human Service Licensing

October 4, 2022

[REDACTED], PROGRAM DIRECTOR

RE: NEURORESTORATIVE
PENNSYLVANIA
4155 ROXBURY DRIVE
ERIE, PA, 16506
LICENSE/COC#: 44696

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/29/2022 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 #: *44696* License Expiration: *11/05/2022*
Address: *4155 ROXBURY DRIVE, ERIE, PA 16506*
County: *ERIE* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *MENTOR ABI LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *R-4* Date: *08/21/2015* Issued By: *Millcreek 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: *06/29/2022*

Inspection Dates and Department Representative

06/29/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *6* Residents Served: *6*

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: *6* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *0* Have Physical Disability: *3*

Inspections / Reviews

06/29/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/25/2022*

Inspections / Reviews (*continued*)

08/26/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *09/02/2022*

10/04/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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 multiple dates to include [REDACTED], and [REDACTED], staff member A was the only staff member present in the home. However, staff member A's cardiopulmonary resuscitation (CPR) certification expired on [REDACTED].

Plan of Correction

Accept

The program has a CPR class scheduled for 8/24/22; staff member A is scheduled to complete the course at that time.

The program has 3 staff that are now certified to teach the American Red Cross Training on site; the program has classes scheduled monthly with hybrid courses available as appropriate.

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

Completion Date: 08/19/2022

Document Submission

Implemented

The program has a CPR class scheduled for 8/24/22; staff member A is scheduled to complete the course at that time.

The program has 3 staff that are now certified to teach the American Red Cross Training on site; the program has classes scheduled monthly with hybrid courses available as appropriate.

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

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

The was an uncovered unattended silver metallic garbage can that contained multiple discarded paper products in the common bathroom located next to resident room #3

The was an uncovered unattended silver metallic garbage can that contained approximately 6 discarded paper products in the common bathroom located next to resident room #5

Plan of Correction

Accept

Trash can lids were behind the garbage can; they were placed on the can on site.

Education will be provided to the staff regarding the requirement of having a trash can lid on at all times; education will be provided on 8.22.22.

The programs daily cleaning and inspection checklist was revised to include checking all trash receptacles for lids.

These checklists will begin 8.22.22

Completion Date: 08/19/2022

85d - Trash Receptacles (continued)**Document Submission****Implemented**

Trash can lids were behind the garbage can; they were placed on the can on site.

Education will be provided to the staff regarding the requirement of having a trash can lid on at all times; education will be provided on 8.22.22.

The programs daily cleaning and inspection checklist was revised to include checking all trash receptacles for lids.

These checklists will begin 8.22.22

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 ordered to have [REDACTED] glucose blood sugar level taken once weekly on Wednesdays in the morning. On 6/29/22 at 6:30 a.m., a blood glucose reading of 167 was measured, however, a blood glucose reading of 164 was documented in the resident's medication administration record.

Plan of Correction**Accept**

Education was provided to the Med Tech's of the home on the importance of documenting accurately on the MAR.

The nursing department conducts monthly cart audits. The cart audit checklist has been updated to include checking Glucometer reading with the MAR to ensure accuracy. These will begin being utilized September 2022.

Completion Date: 08/19/2022

Document Submission**Implemented**

Education was provided to the Med Tech's of the home on the importance of documenting accurately on the MAR.

The nursing department conducts monthly cart audits. The cart audit checklist has been updated to include checking Glucometer reading with the MAR to ensure accuracy. These will begin being utilized September 2022.