

Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY PUBLIC

December 19, 2022

[REDACTED], QUALITY AND COMPLIANCE  
MENTOR ABI LLC  
6816 WEST LAKE ROAD  
FAIRVIEW, PA, 16415

RE: NEURORESTORATIVE  
PENNSYLVANIA  
6816 WEST LAKE ROAD  
FAIRVIEW, PA, 16415  
LICENSE/COC#: 44710

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/05/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *NEURORESTORATIVE PENNSYLVANIA* License #: *44710* License Expiration: *11/05/2022*  
 Address: *6816 WEST LAKE ROAD, FAIRVIEW, PA 16415*  
 County: *ERIE* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *MENTOR ABI LLC*  
 Address: *6816 WEST LAKE ROAD, FAIRVIEW, PA, 16415*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *R-3* Date: *10/02/2015* Issued By: *Fairview Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *7* Waking Staff: *5*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *08/09/2022*

**Inspection Dates and Department Representative**

*08/05/2022 - On-Site* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *8* Residents Served: *4*  
 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: *4* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *3* Have Physical Disability: *4*

**Inspections / Reviews**

**08/05/2022 Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/08/2022*

**12/03/2022 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *12/16/2022*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/09/2022*

Inspections / Reviews (*continued*)

## 12/14/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/16/2022

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/21/2022

## 12/19/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/16/2022

Reviewer: [REDACTED]

Follow Up Type: Not Required

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 resident telephone in the common living space area.

Plan of Correction

Accept ( ) - 12/14/2022

Emergency numbers have now been posted by the phone in the common area.

Staff will be educated on 9/22/22 on the requirement for posting phone numbers.

The monthly regulatory checklist has been updated to include verifying the emergency phone numbers are posted by each phone in the home. The RS will review these each month to ensure compliance. These will begin being used during the month of October.

Please indicate who posted the emergency numbers and when. August 8th by [redacted].

Please indicate who will be responsible for providing staff education. [redacted]; see attached education sheet.

Please indicate who updated the monthly regulatory checklist and when. Updated by [redacted] on 9/21/22; attached.

Please indicate the date in October that the RS began monthly reviews. Reviews began 11/5/22; see attached sheet.

Licensee's Proposed Overall Completion Date: 12/08/2022

Implemented ( ) - 12/19/2022

101j7 - Lighting/Operable Lamp

2. 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 #1 does not have access to a source of light that can be turned on/off at bedside.

Resident #2 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept ( ) - 12/14/2022

Residents rooms now have an operable source of lighting that can be reached at bedside.

Staff will be educated on 9/22/22 on the requirements for ensuring an operable lighting source can be turned on at the bedside.

The daily cleaning and inspection checklist has been updated to include ensuring an operable lighting source is available. These will begin being utilized 09/26/22.

Please indicate the date(s) resident #1 and resident #2 had an operable source of light that can be reached at bedside, and who the responsible party was. Operable lamps were placed at the bedside of both participants on August 8, 2022 by [redacted].

Please indicate who will educate staff. [redacted], see attached.

Please indicate the date the daily checklist was updated, and by whom. Daily checklist was updated by [redacted]

101j7 - Lighting/Operable Lamp (continued)

██████████ on 9.27.22; see attached.

Please indicate who will be responsible for use of the checklist. The LSTs of the home complete the daily checklists.

Licensee's Proposed Overall Completion Date: 12/08/2022

Implemented (██████████ - 12/19/2022)

101r - Bedroom - shades/drapes/window covering

3. Requirements

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

There are 3 missing slats in the venetian blind on the window in bedroom #3.

The top slat is partially missing and multiple bottom slats are cracked and taped together in the venetian blind on the window in bedroom #4.

Plan of Correction

Accept (██████████ - 12/14/2022)

The venetian blinds have been replaced in the home.

The staff will be educated on 9/22/22 on the requirement to ensure all window coverings must be clean and in good repair.

The program will begin utilizing an updated Monthly Environmental Survey to include language that they are to check blinds as well. These survey's will begin being used during the month of October.

Additionally, the program will have maintenance purchase additional blinds to have on site in the event one is broken.

Please indicate the date(s) the blinds were replaced, and by whom. The blinds were replaced by ██████████ on August 5, 2022.

Please indicate who will be responsible for staff education. ██████████; see attached.

Please indicate the date in October the surveys began to be used, and by whom. October 13, 2022 by ██████████

██████████ the date(s) maintenance purchased additional blinds, and specify quantity. ██████████ added 3 additional blinds to his inventory on August 5th.

Licensee's Proposed Overall Completion Date: 12/08/2022

Implemented (██████████ - 12/19/2022)

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

4. Requirements

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

**102d - Grab/Hand/Assist Bar/Slip-Resistant Surface (continued)****Description of Violation**

The left and right handles of the safety rail on the common bathroom's toilet are not securely attached and can be moved approximately 6" left and right, posing a fall hazard.

**Plan of Correction**

Accept (█) - 12/14/2022)

Maintenance was notified of the need to fix the rail at the time of inspection; this author verified it was fixed as of 9/22/22.

Staff will be educated by 9/30/22 on the requirement to ensure all grab bars are in good repair.

The daily cleaning and inspection checklist has been updated to include ensuring an operable lighting source is available. These will begin being utilized 10/3/22.

Please indicate the date maintenance was notified to fix the rail. Maintenance was notified during the inspection, August 5th, and fixed the rail prior to the inspector leaving site.

Please indicate the position/title of the author. █, Quality Improvement Specialist.

Please indicate who will provide education. █; see attached education sheet.

Please indicate when the checklist was updated, and by whom. █ updated the checklist on 9.27.22; see attached.

Please indicate who will utilize them. The LSTs of the home will utilize the checklists daily.

**Licensee's Proposed Overall Completion Date:** 12/08/2022

Implemented (█) - 12/19/2022)

**103f - Refrigerator/Freezer Temps****5. 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 11:00am the temperature in the upright freezer was 8 degrees Fahrenheit and at 4:18pm it was 5 degrees Fahrenheit.

There was no thermometer in the freezer portion of the kitchen's combination refrigerator/freezer.

**Plan of Correction**

Accept (█) 12/14/2022)

The thermometer was added to the freezer of the freezer portion of the kitchen's combination fridge/ freezer following the inspection. Maintenance was notified of the temperature concern of the upright freezer the day of inspection and adjusted the following day.

Staff will be educated by 9/30/22 on the requirement of ensuring a thermometer is available at all times and the requirement of appropriate temperatures.

The daily refrigerator/ freezer temp tracker was updated to include indicating if a thermometer is available and will begin being used on 10/1/22. To ensure compliance the supervisor weekly checklist has been updated to review as well.

Who added the thermometer and on what date/time? █ added the thermometer on August 8, 2022. We are unsure of the time of day as it was 4 months ago but was completed before the end of her shift at 5pm.

103f Refrigerator/Freezer Temps (continued)

Who educated staff? [redacted]; see attached.

Who updated was the tracker? [redacted] on 10/4/22; see attached.

Who updated the supervisor weekly checklist, and when? [redacted] on 10/4/22; see attached.

Who is responsible for the checklist? The checklist is completed daily by the LSTs in the home.

Licensee's Proposed Overall Completion Date: 12/08/2022

Implemented ([redacted] - 12/19/2022)

103i - Outdated Food

6. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

A pouch of Krauss Dried Beef, with a sell by date of 1/15/19, and a box of Quaker Big Chewy granola bars, with a best before date of 4/24/19, were in the emergency food supply stored in the crawl space.

Plan of Correction

Accept ([redacted] - 12/14/2022)

The expired items were discarded during the inspection. Items were replaced with the grocery order that week.

All staff will be educated by 9/30/22 on the requirements for ensuring no outdated/ spoiled/ dented cans can be used.

Moving forward the monthly Environmental Survey has been updated to include a section for reviewing the emergency supply food to ensure compliance. The new form will begin being utilized during the month of October.

Who discarded the expired items? [redacted] during the inspection.

Who educated staff? [redacted], see attached.

Who updated the monthly survey and when? [redacted] on 10/4/22; see attached.

What date in October did the form begin being used? 10/13/22; see attached.

Who is responsible for the form? The LSTs in the home complete the form and submit to the RS for review.

Licensee's Proposed Overall Completion Date: 12/08/2022

Implemented ([redacted] - 12/19/2022)

121a - Unobstructed Egress

7. Requirements

2600.

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

Description of Violation

At 10:35am, a dining room chair was sitting on the deck and partially blocked egress from the kitchen door to the fire exit ramp.

Plan of Correction

Accept ([redacted] - 12/14/2022)

The dining room chair was removed during the inspection.

All staff will be educated by 9/30/22 on the importance of ensuring all egress routes are not blocked.

The daily cleaning/ inspection sheets have been updated to include ensuring all egress routes are unobstructed.

121a - Unobstructed Egress (continued)

The updated form will begin being used on 10/1/22.

Who educated staff on 9/30/22? [REDACTED]; see attached.

When were the daily inspection sheets updated and by whom? [REDACTED] on 9.27.22; see attached.

Who will be responsible for using the form? The LSTs in the home.

Licensee's Proposed Overall Completion Date: 12/08/2022

Implemented [REDACTED] - 12/19/2022)

171b5 - First Aid Kit

8. 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 the dark gray caravan used to transport residents did not include eye coverings.

Plan of Correction

Accept [REDACTED] - 12/14/2022)

Eye coverings were added to the first aid kit following the inspection.

The RSs will be educated by 10/7/22 on the requirements for completing a monthly vehicle inspection checklist and how they are to be completed.

The program utilizes a monthly vehicle checklist; this form is new to the RSs as the staff member previously responsible has retired. During the month of October the RS or designee will begin completing the form and ensuring compliance.

The date the eye coverings were added to the first aid kit. August 8, 2022.

Who educated the RSs? [REDACTED]; see attached.

What date did the RS or designee begin completing the checklist? Oct. 8, 2022; see attached.

Does the checklist include contents of the first aid kit? Yes it does; see attached.

Licensee's Proposed Overall Completion Date: 12/08/2022

Implemented [REDACTED] - 12/19/2022)

184a - Resident's Meds Labeled

9. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #3 is prescribed [REDACTED] [REDACTED] [REDACTED] - Give 1 film sublingually two times a day;

**184a Resident's Meds Labeled (continued)**

however, this medication is not in the original container and does not have a pharmacy label.

**Plan of Correction****Accept** [REDACTED] - 12/14/2022)

This participant was a new admission who admitted with his medication this way. The nursing department was provided education following the inspection on the requirements for prescription medications. Formal education will be presented to the team by 10/7/22.

The program utilizes an admission checklist, this was updated to include the requirements for medications to be in compliance. This form will begin being used for all admissions moving forward.

What immediate action was taken? For example, was the pharmacy contacted to create a label, if so, when and buy whom, etc? There was no action that could be taken. The participant admitted on [REDACTED] and came with 25 patches and a script for the patches. [REDACTED] lived on [REDACTED] own and had thrown out the original container. It is illegal for a pharmacy to send a label for a random medication. The medication is also a narcotic and was unable to be filled until 8/25/22 due to insurance. The only option would have to been to discard the medication and the participant refused.

Who provided education? [REDACTED]; see attached.

When was the checklist updated, and by whom? [REDACTED] on 10/4/22; see attached.

What date did the form begin being used? October 5, 2022 the form went in to effect and will be used with the next admission; this has not occurred to date.

Who is responsible for the form? The entire team is responsible for the form. Please see the attached form; it indicates who is responsible for each piece of the checklist.

Licensee's Proposed Overall Completion Date: 12/08/2022

**Implemented** [REDACTED] - 12/19/2022)**221c - Post Activity Calendar****10. Requirements**

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

**Description of Violation**

The home does not have a current weekly activity calendar posted in a public and conspicuous place.

**Plan of Correction****Accept** [REDACTED] - 12/14/2022)

The home posted the current weekly activity calendar the day following the inspection.

The RS will be educated by 10/7/22 on the requirement for placing a weekly activity calendar in the home.

The RS completes a weekly walk through of the home to ensure items are in compliance. This form as been updated to include ensuring the current Activity Calendar is posted in the home.

Who educated the RS? [REDACTED]; see attached.

When was the weekly walk through form updated, and by whom? [REDACTED] updated this form on 10/4/22; see attached.

When did the RS begin using this form? 10/6/22; see attached.

Licensee's Proposed Overall Completion Date: 12/08/2022

**Implemented** [REDACTED] - 12/19/2022)