

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

February 18, 2023

[REDACTED]
MENTOR ABI LLC
[REDACTED]

RE: NEURORESTORATIVE
PENNSYLVANIA
6726 WALNUT CREEK DRIVE
FAIRVIEW, PA, 16415
LICENSE/COC#: 44695

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/13/2022, 09/14/2022 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 #: *44695* License Expiration: *11/05/2022*
 Address: *6726 WALNUT CREEK DRIVE, FAIRVIEW, PA 16415*
 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 3* Date: *08/19/2015* 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 #: [REDACTED]
 Reason: *Renewal* Exit Conference Date: *09/14/2022*

Inspection Dates and Department Representative

09/13/2022 On Site [REDACTED]
 09/14/2022 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: [REDACTED] Capacity: [REDACTED] Residents Served: [REDACTED]

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *3* Are 60 Years of Age or Older: *0*
 Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

09/13/2022 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/09/2022*

12/09/2022 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *02/10/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/16/2022*

Inspections / Reviews (*continued*)

02/03/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/10/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/10/2023

02/18/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/10/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 9/13/22 at 10:45am the licensing inspection summary dated 8/4/21 was not posted in a public and conspicuous place in the home.

Plan of Correction

Accept ([REDACTED] - 02/03/2023)

The license was posted at the time of inspection.

Staff and supervisors will be provided education on the requirements for posting of a current license by 10/28/22.

Beginning the month of October the supervisor weekly walk through verification form was updated to include verifying that the current license is posted. The RS will complete this form weekly and submit to QI for review.

See attached.

Who posted the license and on what date? Rachel Brothers on 9/13/22 during the inspection.

Who will provide education by 10/28/22? Katy Peterson

Who updated the supervisor weekly walkthrough verification form and on what date? Katy Peterson on 10.18.22

What date did the RS begin to complete the form weekly? 10/3/22

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented (SQ - 02/18/2023)

17 - Record Confidentiality

2. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 9/13/22 at 11:10am, a large cabinet across from the laundry room was unlocked, unattended and accessible and contained care notes detailing care provided to multiple residents to include resident #1, resident #2, and resident #3.

Plan of Correction

Accept ([REDACTED] - 02/03/2023)

The black file cabinet was locked at the time of inspection.

Staff will be provided education on the requirements for ensuring resident records are kept confidential by 10/28/22.

Beginning on 10/20/22 the Daily Cleaning/ Inspection Checklist was updated to include ensuring all confidential areas are locked.

See attached.

Who locked the black file cabinet, and on what date? [REDACTED] on 9/13/22 during the inspection.

Who will provide staff education by 10/28/22? [REDACTED]

Who updated the Daily Cleaning/Inspection Checklist? [REDACTED]

Who is responsible for completing the checklist? LSTs in the home

Licensee's Proposed Overall Completion Date: 12/16/2022

17 - Record Confidentiality (continued)

Implemented (SQ 02/18/2023)

18 - Compliance With Laws

3. 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

Effective September 11, 2008, the Clean Indoor Air Act went into effect in Pennsylvania (35 P.S. § 637.1 – 637.11, known as the Clean Indoor Air Act regulations). Under the Clean Indoor Air Act, a person may not smoke in a public place. A personal care home is considered a "public place" under the law. However, smoking is permissible if a person smokes in a separate enclosed room, or designated smoking area. The Clean Indoor Air Act requires public places, including personal care homes, to post signs where smoking is regulated by this act. "Smoking" or "No Smoking" signs or the international "No Smoking" symbol shall be posted in each personal care home. The home permits smoking in a designated area on the rear deck of the home. However, on 9/13/22, a "no smoking" sign was posted at the entrance to the home.

Plan of Correction

Accepted [redacted] - 02/03/2023)

he home replaced the "No Smoking" sign with one that says "No Smoking Except in Designated Areas". Education will be provided by 10/28/22 to the supervisors regarding the requirement of appropriate signage related to the Clean Indoor Air Act.

he Monthly Regulatory Compliance checklist has been updated to include ensuring appropriate signs are posted. he new checklist will begin being utilized during the month of November.

See attached.

Who replaced the "No Smoking" sing and on what date? [redacted] on 10/18/22

Who will provide education by 10/28/22? [redacted]

Who updated the Monthly Regulatory Compliance checklist and on what date? [redacted] on 10/18/22

Who is responsible to complete the checklist? The LST in the home

What date did it begin to be used? 0/13/22

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented [redacted] - 02/18/2023)

85d - Trash Receptacles

4. 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

On 9/13/22 at 12:15 p.m., the trash can in common bathroom #1 across from resident #4 s bedroom was 1/4 full with trash; however, the mechanical lid was broken, and did not cover the top of the trash can.

85d - Trash Receptacles (continued)

Plan of Correction

Accept (█ - 02/03/2023)

The trash can was replaced on 9/14/22 and includes a cover.

The staff will be provided education regarding the requirements related to trash receptacles requiring lids to prevent insects and rodents.

Beginning on 10/20/22 the Daily Cleaning/ Inspection Checklist was updated to include ensuring all trash cans have lids that are clean and cover the top of the trash can.

See attached.

Who replaced the trash can on 9/14/22? █

Who will provide education and by what date? █ by 10/28/22

Who updated the Daily Cleaning/Inspection Checklist? █

Who is responsible to complete the checklist? the LSTs in the home

What date did it begin to be used? 10/24/22

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented █ - 02/18/2023)

101j7 - Lighting/Operable Lamp

6. 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

On 9/13/22 at 12:00 p.m., resident #4 did not have access to a source of light that can be turned on/off at bedside. The lamp next to the resident's bed was unplugged and did not work when plugged in.

Plan of Correction

Accept (█ - 02/03/2023)

The bedside lamp in resident room █ was replaced on 9/14/22.

All staff will be educated by 10/28/22 on the requirements for ensuring a source of light that is operable be at the bedside.

Beginning on 10/20/22 the Daily Cleaning/ Inspection Checklist was updated to include ensuring that all bedrooms have an operable lamp.

See attached.

Who replaced the bedside lamp on 9/14/22? █

Who educated staff on 10/28/22? █

Who updated the Daily Cleaning/Inspection Checklist? █

Who is responsible to complete the checklist? LSTs in the home

What date did it begin to be used? 10/24/22

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented █ 02/18/2023)

125a - Combustible Storage

7. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

On 9/13/22 at 12:30 p.m., multiple paper documents were stored on top of the hot water heater in the basement.

Plan of Correction

Accept [redacted] - 02/03/2023)

The paper documents were removed from the hot water heater at the time of inspection.

Education was provided to the staff the day of inspection regarding the fire hazard. Formal education will be provided to the staff and supervisors related to ensuring heat sources and hot water heaters do not combustibles/ flammable materials near them. This education will be provided by 10/28/22.

Beginning on 10/20/22 the Daily Cleaning/ Inspection Checklist was updated to include ensuring that all heat sources/ hot water heaters are free of combustible/ flammable materials.

See attached.

Who removed the paper documents? Please indicate date. [redacted] during the inspection on 9/13/22

Who educated staff on day of inspection? Please indicate date. [redacted] on 9/13/22

Who educated staff on 10/28/22? [redacted]

Who updated the Daily Cleaning/Inspection Checklist? [redacted]

Who is responsible to complete the checklist? LSTs in the home

What date did it begin to be used? 10/24/22

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented [redacted] - 02/18/2023)

227i - Support Plan Accessible

8. Requirements

2600.

227.i. The support plan shall be accessible by direct care staff persons at all times.

Description of Violation

On 9/13/22, resident #2's current support plan, dated 8/27/22, was inaccessible to direct care staff.

Plan of Correction

Accept [redacted] - 02/03/2023)

At the time of the inspection the supervisor printed a copy of the participants RASP and placed it in the assignment binder.

Education will be provided to the supervisor and staff related to the requirement of all participants having a current RASP available. The RS will conduct an audit of the assignment binder by 10/21/22 ensuring all participants have a current RASP available for staff.

The Program Weekly Walk through Verification form was updated to include ensuring all RASPs are available. This form will begin being utilized the week of 10/18/22.

See attached.

Please indicate the date the RASP was placed in the binder. 9/13/22

Who educated staff and on what date? [redacted] 10/19/22

227i - Support Plan Accessible (continued)

Who updated the Program Weekly Walk through and on what date? [REDACTED] on 10/18/22

Who is responsible to complete the form? The Residential Supervisor

What date did it begin to be used? 11/2/22

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented [REDACTED] - 02/18/2023)