

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

March 18, 2023

[REDACTED]
MENTOR ABI LLC
[REDACTED]

RE: NEURORESTORATIVE
PENNSYLVANIA
1331 DUTCH ROAD
FAIRVIEW, PA, 16415
LICENSE/COC#: 44818

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/01/2022, 12/02/2022 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 #:** 44818 **License Expiration:** 03/07/2023
Address: 1331 DUTCH ROAD, 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:** 10/24/2016 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 3 **Total Daily Staff:** 9 **Waking Staff:** 7

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 12/02/2022

Inspection Dates and Department Representative

12/01/2022 On Site [REDACTED]
12/02/2022 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:** **Capacity:** **Residents Served:**
Hospice
Current Residents: 0
Number of Residents Who:
Receive Supplemental Security Income: 4 **Are 60 Years of Age or Older:** 1
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 1 **Have Physical Disability:** 0

Inspections / Reviews

12/01/2022 - Full
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/01/2023

Inspections / Reviews (*continued*)

01/31/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/07/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 02/07/2023

02/14/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/07/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/21/2023

03/18/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/07/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

85a - Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 12/1/22 at 1:42 PM, there were towels on the floor in front of the toilet, containing multiple yellow stains, the largest measuring 7 inches by 13 inches, in [redacted] bathroom [redacted] beside bedroom [redacted] and bedroom [redacted]. The floor in front of the toilet and sink was tacky and sticky and contained footprints from the sticky substance. The bathroom had a mild smell of urine.

Plan of Correction Accept [redacted] - 02/14/2023)

The floor was cleaned and the towels were removed by the staff that worked the 3-11 shift when they arrived on 12/1/22; [redacted] verified that it was completed on 12/2/22.
The program has a mopping schedule that was not being followed. On 12/5/22 [redacted] provided education to the staff on restroom cleanliness and shift duties, including mopping.
To ensure this does not occur again the RS implemented Shift Checklists for the staff to complete every shift. The staff are to sign off on each shift the duties that were completed; these are turned in to the RS for review weekly to ensure staff are completing duties as assigned.

What date did the RS implement Shift Checklists? December 5, 2022

Licensee's Proposed Overall Completion Date: 02/10/2023

Implemented [redacted] - 03/18/2023)

2. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 12/1/22 at 1:43 PM, multiple unlabeled resident toothbrushes and dental care supplies were on the counter in [redacted] bathroom [redacted] beside bedroom [redacted] and bedroom [redacted].

Plan of Correction Accept [redacted] - 02/14/2023)

On 12/1/22 the staff that was working the 3-11 shift removed all personal hygiene items from the bathroom and placed them in the participant rooms.
On 12/5/22 [redacted] ordered shower caddies for each participant to keep in their individual rooms. [redacted] completed education with the staff on ensuring the shower caddies are not left in the bathroom but are returned to the participants room.
The Daily Shift Checklist was updated to include ensuring any personal hygiene items left in the bathroom are removed. This was reviewed with staff on 12/5/22.

What date did [redacted] complete education? on 12/5/22 as stated above.

What date was the Daily Shift Checklist updated, and by whom? [redacted] on 12/5/22.

Who reviewed this with staff on 12/5/22? [redacted] as stated above.

Licensee's Proposed Overall Completion Date: 02/10/2023

Implemented [redacted] - 03/18/2023)

101j6 - Mirror

3. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

6. A mirror.

Description of Violation*There is no mirror in the bedroom of resident #1.***Plan of Correction****Accepted** [REDACTED] - 02/14/2023)*The mirror was ordered by [REDACTED] on 12/1/22.**On 12/2/22 the mirror was delivered to the program and was hung by maintenance, [REDACTED]. Education was provided to the RS on 12/1/22 by [REDACTED] on ensuring all bedrooms have a mirror.**On 1/13/23 [REDACTED] updated the Admission Checklist to ensure the participant room has a mirror, bedside amp, sheets and towels. On 1/13/23 this checklist was sent to the admin team to ensure they have the most up to date form. This form will begin being used during the next admission.**Please add a monitoring step, to ensure each resident has a mirror in their bedroom, including completion date and responsible party. As stated above, the requirement to ensure the participant has a mirror on admission was added to the Admission Checklist on 1/13/23 by [REDACTED]; this is how we are going to monitor ensuring the mirror is in the bedroom upon admission. At this time, there has not been a new admission and the team will begin utilizing the updated checklist with the next new admission.***Licensee's Proposed Overall Completion Date: 02/10/2023****Implemented** [REDACTED] - 03/18/2023)**187b - Date/Time of Medication Admin.****4. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation*Resident #1 is prescribed [REDACTED]. 1 capsule by mouth daily. Resident #1's medication administration record does not include the initials of the staff person who administered this medication on 11/12/22 and 11/13/22.***Plan of Correction****Accepted** [REDACTED] - 02/14/2023)*The med error had occurred and was unable to be corrected at the time.**All staff will be reeducated on the process of medication administration. This will be completed by [REDACTED] by /31/23.**The nursing department will complete daily MAR audit reports to check for potential medication errors. The requirements of reviewing these immediately to mitigate med errors was reviewed with the RS on 12/2/22 by [REDACTED]**What date did the nursing department begin daily MAR audit reports? The nursing department has run the daily reports for over a year now, the date is unknown. The piece that is new is the RS reviewing this report daily; this was reviewed with the RS on 12/2/22 and began 12/3/22.***Licensee's Proposed Overall Completion Date: 02/10/2023****Implemented** [REDACTED] - 03/18/2023)