

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

April 14, 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 02/08/2023 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: *6816 WEST LAKE ROAD, FAIRVIEW, PA, 16415*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *R-3* Date: *10/24/2016* Issued By: *Fairview Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *6* Waking Staff: *5*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *02/08/2023*

Inspection Dates and Department Representative

02/08/2023 - 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: *4* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *1* Have Physical Disability: *1*

Inspections / Reviews

02/08/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/27/2023*

Inspections / Reviews (*continued*)

03/31/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/13/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/07/2023

04/14/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/13/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

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

The home's Medication Management-Leave of Absence policy indicates:

1. If the individual will be receiving a prescribed medication while at a relative's home, one of the "split packaged" medication may be transferred from the registered site to the responsible family member/caregiver. a.) A dated LOA form listing the inventory of all the medication and amount given to the family member/caregiver must be signed by the Certified or licensed staff transferring the medication the responsible family member/caregiver receiving the medication. A copy of the document should be given to the family member/caregiver and one should be retained by the site.

On 9/23/22, resident #1's family planned to pick [REDACTED] up at the day program. That morning, staff person A packed resident #1's medications into the narcotic transport box along with resident #2's medication, [REDACTED], transported the residents and the narcotic transport box to the home's day program, and gave the narcotic transport box to staff person B. Staff person B removed the contents of the narcotic transport box and packed them in preparation for resident #1 to leave with family.

On 9/23/22 at approximately noon, resident #1's family arrived at the day program. Staff person B gave the family [REDACTED] medication, and resident #1 left the day program with [REDACTED] family. At approximately 3:00pm, while completing a medication count, staff person B realized resident #2's [REDACTED] was not on the cart; rather, was sent by mistake with resident #1's family. A dated LOA form was not completed.

Plan of Correction**Accept (SQ - 03/31/2023)**

Upon realizing the medication was sent with the wrong participant, the program corrected the error. The program will provide education to the staff regarding LOA forms and medication distribution. This education will be provided by [REDACTED] on 3/7/23.

Moving forward LOA information will be provided to the staff at the time of the LOA to ensure all appropriate paperwork is completed. The RS will review all LOAs to ensure they are completed appropriately. The new process will be reviewed with the management team by [REDACTED] on 3/7/23.

Licensee's Proposed Overall Completion Date: 03/07/2023

Implemented (SQ - 04/14/2023)