

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

June 22, 2023

[REDACTED]
MENTOR ABI LLC
[REDACTED]

RE: NEURORESTORATIVE
PENNSYLVANIA
10589 NORTH EDGEWOOD DRIVE
LAKE CITY, PA, 16423
LICENSE/COC#: 44796

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/17/2023 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 **Licen e #:** 44796 **Licen e Expiration:** 05/19/2023
Address: 10589 NORTH EDGEWOOD DRIVE, LAKE CITY, PA 16423
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:** 07/12/2016 **Issued By:** Dept L & I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 5 **Waking Staff:** 4

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 02/17/2023

Inspection Dates and Department Representative

02/17/2023 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

Licen e Capacity: 5 **Re ident Served:** 5

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Re ident Served:**

Hospice

Current Re ident : 0

Number of Residents Who:

Receive Supplemental Security Income: 1 **Are 60 Years of Age or Older:** 3
Diagnosed with Mental Illness: 4 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

02/17/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/13/2023

Inspections / Reviews (*continued*)

04/21/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/30/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 04/28/2023

05/22/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/30/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/30/2023

06/22/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/30/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

65e - 12 Hours Annual Training

1. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

1. Staff person orientation shall be included in the 12 hours of training for the first year of employment.
2. On the job training for direct care staff persons may count for 6 out of the 12 training hours required annually.

Description of Violation

Direct care staff person A, hired [REDACTED]/19, received only 9.25 hours of annual training in training year 1/1/22-12/31/22.

Direct care staff person B, hired [REDACTED]20, received only 0.5 hours of annual training in training year 1/1/22-12/31/22.

Plan of Correction**Accept ([REDACTED] - 05/22/2023)**

Both A and B will complete the required annual training from 2022 by 4/30/22. Staff person A will receive 6 hours of training to equal 15.25 hours of training total. Staff person B will receive 13 hours of training for a total of 13.5 hours. Both staff members will have additional training in 2023 to meet the requirements. Moving forward the program has begun utilizing Relias and uploaded all of our annual training plans.

HR will send monthly reports to the supervisors to review current training.

What date did the program begin utilizing Relias? The program began utilizing Relias in January 2023.

What date did HR begin sending monthly reports? The first report sent from HR was February 1, 2023.

Licensee's Proposed Overall Completion Date: 05/16/2023

Implemented ([REDACTED] - 06/22/2023)

65f - Training Topics

2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A, hired [REDACTED]/19, did not receive training on the following topics during the 1/1/22-12/31/22 staff training year: Medication self-administration, Instructions on meeting the needs of the resident as described in the preadmission screening, assessment tool, medical evaluation, and support plan, Care for residents with dementia and cognitive impairments, Infection control, Safe management, Care for residents with mental illness or intellectual disability or both.

Direct care staff person B, hired [REDACTED]/20, did not receive training on any of the topics specified in §2600.65(f). during the 1/1/22-12/31/22 staff training year.

65f - Training Topics (continued)

Direct care staff person C, hired [REDACTED]/19, did not receive training on the following topics during the 1/1/22-12/31/22 staff training year: Medication self-administration, Care for residents with dementia and cognitive impairments, and Care for residents with mental illness or intellectual disability or both.

Plan of Correction

Accept ([REDACTED] - 05/22/2023)

Staff members A, B and C will complete the required annual training from 2022 by 4/30/23. They will receive additional training in 2023 to meet the requirements.

Moving forward the program has begun utilizing Relias and uploaded all of our annual training plans.

HR will send monthly reports to the supervisors to review current training.

What date did the program begin utilizing Relias? The program began utilizing Relias in January 2023.

What date did HR begin sending monthly reports? The first report sent from HR was February 1, 2023.

Licensee's Proposed Overall Completion Date: 05/16/2023

Implemented ([REDACTED] - 06/22/2023)

65g - Annual Training Content

3. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Direct care staff person A, hired [REDACTED] 19, did not receive training on Emergency Preparedness during the 1/1/22-12/31/22 staff training year.

Direct care staff person B, hired [REDACTED]/20, did not receive training on any of the topics specified in §2600.65(g) during the 1/1/22-12/31/22 staff training year.

Plan of Correction

Accept ([REDACTED] - 05/22/2023)

Both A and B will complete the required annual training from 2022 by 4/30/22. They will receive additional training in 2023 to meet the 2023 requirements.

Moving forward the program has begun utilizing Relias and uploaded all of our annual training plans.

HR will send monthly reports to the supervisors to review current training.

What date did the program begin utilizing Relias? The program began utilizing Relias in January 2023.

What date did HR begin sending monthly reports? The first report sent from HR was February 1, 2023.

Licensee's Proposed Overall Completion Date: 05/16/2023

65g - Annual Training Content (*continued*)*Implemented (SQ - 06/22/2023)*

82a - Poisonous Materials

5. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

At 10:45 a.m., there was a ½ full, 500 ml clear spray bottle with [REDACTED] written in red permanent ink on it, on the shelf in the house supply room; however, the original product label including the poison control instructions were not on the bottle.

Plan of Correction**Accept ([REDACTED] - 05/22/2023)**

The spray bottle was removed at the time of inspection by [REDACTED].

Education will be provided to all staff on the requirements for chemicals in the home. Education will be provided by [REDACTED] 4/17-21/2023.

Moving forward the program will begin utilizing a daily cleaning and inspection checklist, the checklist will include a step to verify appropriate cleaning materials.

The updated checklist was created by [REDACTED] on 4/11/23 and will begin being utilized 4/17/23.

What is the title of the person responsible to utilize the daily cleaning and inspection checklist? LST (Life Skills Trainer)

Licensee's Proposed Overall Completion Date: 05/16/2023

Implemented ([REDACTED] - 06/22/2023)

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

At 11:00 a.m., resident #1 did not have access to a source of light that could be turned on/off at bedside.

Plan of Correction**Accept ([REDACTED] - 05/22/2023)**

On 2/13/23 a light source was added to the bedroom by [REDACTED].

Staff will be educated on the requirement for all bedrooms to have a source of lighting bed side. Education will be provided by [REDACTED] 4/17-21/2023.

Moving forward the program will begin utilizing a daily cleaning and inspection checklist, the checklist will include a step to verify all bedrooms have a source of light bedside.

The updated checklist was created by [REDACTED] on 4/11/23 and will begin being utilized 4/17/23.

What is the title of the person responsible to utilize the daily cleaning and inspection checklist? LST (Life Skills Trainer)

Licensee's Proposed Overall Completion Date: 05/16/2023

101j7 - Lighting/Operable Lamp (continued)

Implemented (SQ - 06/22/2023)

127a - Portable Space Heaters

7. Requirements

2600.
127.a. Portable space heaters are prohibited.

Description of Violation

At 9:31 a.m., there was a portable space heater in the staff bathroom and another portable space heater immediately outside the staff bathroom.

Plan of Correction

Accept (SQ - 05/22/2023)

The portable space heater was removed by [REDACTED] during the inspection.
Staff was educated by [REDACTED] on the day of inspection regarding space heaters being prohibited. All staff will be educated regarding space heaters being prohibited. Education will be provided by [REDACTED] 4/17-21/2023.
Moving forward the program will utilize the RS Weekly walk through checklist to ensure no space heaters are in the home.

Please indicate the date the program began to utilize the RS Weekly walk through checklist and who is the responsible party. The updated form began being used the first week of May; the RS (Residential Supervisor) is responsible for completing these.

Licensee's Proposed Overall Completion Date: 05/16/2023

Implemented (SQ - 06/22/2023)

225c - Additional Assessment

8. Requirements

2600.
225.c. The resident shall have additional assessments as follows:

Description of Violation

Resident #2's most recent assessment was completed on [REDACTED]/21.

Plan of Correction

Accept (SQ - 04/21/2023)

The additional assessments were completed by the team the following week of the inspection. The RASP was finalized by [REDACTED] and sent out to the team.
Education will be provided to the CMs regarding the annual RASP requirements. Education will be provided by [REDACTED] 4/17-21/2023.
All RASPs will be reviewed [REDACTED] to complete audits to ensure all are within required time frames. The audit will be completed by 4/21/23 and documentation will be kept regarding the review.

Licensee's Proposed Overall Completion Date: 04/12/2023

Implemented (SQ - 06/22/2023)

227g -Support Plan Signatures

9. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #3 s support plan, dated [REDACTED]/22, was not signed by the assessor, the resident, or others participating in the development of the plan.

Plan of Correction

Accept ([REDACTED] - 04/21/2023)

Signatures were obtained by the team and the participant after the completion of the support plan.

Education will be provided to the CMs related to RASP requirements. Education will be provided by [REDACTED] 4/17-21/2023.

All RASPs will be reviewed [REDACTED] to complete audits to ensure all have required signatures. The audit will be completed by 4/21/23 and documentation will be kept regarding the review.

Licensee's Proposed Overall Completion Date: 04/12/2023

Implemented ([REDACTED] 06/22/2023)