

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

November 21, 2023

[REDACTED], PROGRAM DIRECTOR
MENTOR ABI LLC
6816 WEST LAKE ROAD
FAIRVIEW, PA, 16415

RE: NEURORESTORATIVE
PENNSYLVANIA
6816 WEST LAKE ROAD
FAIRVIEW, PA, 16415
LICENSE/COC#: 44663

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/06/2023 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 #: *44663* License Expiration: *10/30/2023*
 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: *1 1* Date: *01/26/2015* Issued By: *Fairview Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *16* Waking Staff: *12*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *07/06/2023*

Inspection Dates and Department Representative

07/06/2023 On [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *8* Residents Served: *8*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *0*
 Number of Residents Who:
 Receive Supplemental Security Income: *7* Are 60 Years of Age or Older: *1*
 Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *8* Have Physical Disability: *8*

Inspections / Reviews

07/06/2023 - Partial
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *07/20/2023*

Inspections / Reviews (*continued*)

07/27/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/09/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 08/03/2023

08/04/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/09/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/29/2023

11/21/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/09/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] from approximately [redacted], through [redacted], [redacted] unplugged the call bell system. Staff member [redacted] reported this to [redacted] Case manager at approximately 9:05 a.m. However, this incident was not reported to protective services until [redacted], at [redacted].

Plan of Correction

Accept [redacted] - 08/04/2023)

The call was made to APS at 11:45am.

Education was provided to the CM that made the call on 7/3/23 via email by [redacted]. Formal education was provided to the on-call team on 7/25/23 by [redacted] reviewing reportable requirements.

The QIS will review all reportables weekly x 3 months to ensure all were reported timely. This will be done via the Equality Grid.

Please provide the title of the staff person who called APS and the date of the call. [redacted] called APS on [redacted] as stated in the description.

Please provide the starting date of the weekly review. These started July 19, 2023.

Licensee's Proposed Overall Completion Date: 07/28/2023

Implemented [redacted] - 11/14/2023)

42c - Treatment of Residents

2. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted], from approximately [redacted], through [redacted], resident #1 made multiple attempts to request help with toileting by attempting to use [redacted] call bell. However, staff member A had unplugged the call bell system from approximately [redacted], until approximately [redacted]. Resident #1 was unable to request help with toileting through the call bell system until approximately [redacted]. Resident #1 indicated that the experience left [redacted] feeling embarrassed and humiliated. Resident #1 also indicated [redacted] does not feel safe with staff member A providing [redacted] direct care.

Plan of Correction

Accept [redacted] - 08/04/2023)

Upon learning of the incident [redacted] the staff member was removed from the schedule by [redacted] pending investigation.

Education will be given to the staff by [redacted] prior to [redacted] returning to the program, it will include: Resident Rights, Respect and Dignity, Boundaries, Professional Boundaries, Preventing Burn Out, Recognizing Burn Out,

42c Treatment of Residents (continued)

Positive Interaction Techniques and Checking Yourself. Additionally, GECAC will be providing training to all staff on Abuse on August 29th at the staff meeting.

Moving forward the Residential Supervisor will meet with the participants in the home and complete a Health and Safety Questionnaire weekly x 1 month beginning the week of 7/31/23, monthly x 3 months (Sept, Oct and Nov) and then quarterly for 3 quarters (Dec Feb, Mar May, June Aug). The questionnaires will be submitted to QI and kept on file.

Licensee's Proposed Overall Completion Date: 07/28/2023

Implemented [REDACTED] - 11/14/2023)

227a - Support Plan 30 Days**3. Requirements**

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #1's assessment and support plan dated [REDACTED] and [REDACTED], respectively assessed a toileting need of requiring "some physical assistance and a gait belt with transferring on and off the toilet". Participant is a 2 person assist with toileting. And a service plan of meeting this need as "participant requires arm rests on each side of toilet for stability. Participant does require moderate physical assistance with transferring to/from toilet for safety due to [REDACTED]. When participant is on toilet staff are to remain in [REDACTED] room to ensure [REDACTED] does not self transfer from [REDACTED] toilet to [REDACTED] wheelchair. Participant is a 2 person transfer with all toilet transfers". However, on [REDACTED], from approximately [REDACTED] a.m., until approximately [REDACTED], the resident made multiple attempts to request assistance with toileting by using the call bell system. However, [REDACTED] did not receive the required assistance for toileting due to staff member A unplugging the call bell system from approximately [REDACTED] to [REDACTED]

Plan of Correction

Accept [REDACTED] - 08/04/2023)

The call bell was plugged back in on 7/3/23 at approximately 7:30am.

The Residential Supervisor will complete a Support Plan audit to ensure supports are being completed as indicated; this audit will be completed by 8/4/23. After completion of the audit the Residential Supervisor will work with the Case Manager to determine any corrective action; all corrective actions with supporting documentation will be completed by 8/22/23. The results of the audit and the corrective action will be reviewed with the team during the High Risk meeting on 8/23/23 by the Case Manager. All documents will be submitted to and kept by Quality Improvement.

All staff will be educated on the participants current RASPs by the Residential Supervisor. The education signature sheet is to be submitted to Quality Improvement by 8/11/23; documentation will be kept by QI.

Please provide the title of the staff person who plugged the call bell back in. [REDACTED] is the staff that plugged the system back in.

Licensee's Proposed Overall Completion Date: 07/28/2023

Implemented [REDACTED] - 11/14/2023)