



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: MARCH 26, 2024

[REDACTED]
Mentor ABI LLC
6816 West Lake Road
Fairview, Pennsylvania 16415

RE: Neurorestorative Pennsylvania
License/COC #: 446631

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection on August 31, 2023, November 3, 2023, November 9, 2023 and December 8, 2023 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (44663) dated October 30, 2023 to October 30, 2024 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(5) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from March 26, 2024 to September 26, 2024.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.


Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
Section:					
15(a)	II	8	\$5	\$40	5 calendar days from mailing date of this letter
15(b)	II	8	\$3	\$24	5 calendar days from mailing date of this letter
42(c)	II	8	\$5	\$40	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:


 Pennsylvania Department of Human Services
 Bureau of Human Services Licensing
 Room 631, Health and Welfare Building
 625 Forster Street
 Harrisburg, Pennsylvania 17120
 PH: 717-265-8942

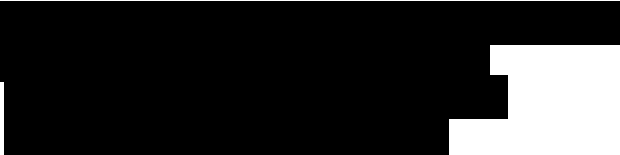
This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: 

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: *I-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: *Complaint* Exit Conference Date: *09/08/2023*

Inspection Dates and Department Representative

08/31/2023 - On-Site: [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

08/31/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/06/2023*

Inspections / Reviews (*continued*)

02/26/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/22/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 03/01/2024

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #1's assessment and support plan, dated [REDACTED]/23, indicates the resident requires total physical assistance with toileting. To meet this need, staff are to ensure a seat belt is appropriately placed on the resident and [REDACTED] is to be visually checked on after every 10 minutes of toileting time until completion. However, on 8/4/23, 8/7/23 and 8/10/23, resident #1 was left unattended on the toilet for over 45 minutes and was found by staff to be slouched down on the toilet and had the seat belt around [REDACTED] neck. Resident #1 cannot independently remove the seat belt.

Plan of Correction

Directed [REDACTED] - 02/26/2024)

The program is requesting this be withdrawn. No staff witnessed that participant being left in the chair; the interviewed and reporting staff all worked 7am to 3pm and indicated that this happened at 7am per [REDACTED]. Staff working 6am to 7am reported that the participant was checked every 10 minutes as required. Staff that worked 7am to 3pm that day reported that it was not them but the staff on 3rd shift that did it. Per the schedules, no staff person scheduled 11pm to 7am worked after 7am. It is not possible for any staff member that worked 7am to 3pm to have witnessed this event as none of them worked before 7am per the schedules either. Further more, if staff DID witness this being done then they also left participant on the toilet without checking on [REDACTED] this would ultimately mean that they were telling on themselves, which they did not. This can not be supported or substantiated. Additionally, no where in this statement are there indications that participant was restrained.

Proposed Overall Completion Date: 01/22/2024

Directed:

By 2/28/24, the administrator shall assess the toileting needs of all residents and prescriber's orders, to determine if the resident needs a lap/seat belt while toileting. By 2/28/24, if any resident needs or is prescribed a lap/seat belt for toileting, staff shall be instructed to provide 1:1 assistance and supervision with the resident and not leave the resident unattended at any time while toileting. Documentation of assessment and staff education shall be kept.

SQ 2/26/24

Directed Completion Date: 02/28/2024

Not Implemented [REDACTED] - 3/16/2024)

42c - Treatment of Residents

2. Requirements

2600.

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

Description of Violation

Resident #1's assessment and support plan, dated [REDACTED]/23, indicates the resident requires total physical assistance with toileting. To meet this need, staff are to ensure a seat belt is appropriately placed on the resident and [REDACTED] is to be visually checked on after every 10 minutes of toileting time until completion. However, on 8/4/23, 8/7/23 and 8/10/23, resident #1 was left unattended on the toilet for over 45 minutes and was found by staff to be slouched down on the toilet and had the seat belt around [REDACTED] neck. Resident #1 cannot independently remove the seat belt.

42c - Treatment of Residents (continued)

Plan of Correction

Directed [REDACTED] 02/26/2024)

The program is requesting this be withdrawn. No staff witnessed that participant being left in the chair; the interviewed and reporting staff all worked 7am to 3pm and indicated that this happened at 7am per [REDACTED]. Staff working 6am to 7am reported that the participant was checked every 10 minutes as required. Staff that worked 7am to 3pm that day reported that it was not them but the staff on 3rd shift that did it. Per the schedules, no staff person scheduled 11pm to 7am worked after 7am. It is not possible for any staff member that worked 7am to 3pm to have witnessed this event as none of them worked before 7am per the schedules either. Further more, if staff DID witness this being done then they also left participant on the toilet without checking on [REDACTED] this would ultimately mean that they were telling on themselves, which they did not. This can not be supported or substantiated. Additionally, no where in this statement are there indications that participant was restrained.

Proposed Overall Completion Date: 01/22/2024

Directed:

By 2/28/24, the administrator shall assess the toileting needs of all residents and prescriber's orders, to determine if the resident needs a lap/seat belt while toileting. By 2/28/24, if any resident needs or is prescribed a lap/seat belt for toileting, staff shall be instructed to provide 1:1 assistance and supervision with the resident and not leave the resident unattended at any time while toileting. Documentation of assessment and staff education shall be kept.

SQ 2/26/24

Directed Completion Date: 02/28/2024

Not Implemented [REDACTED] - 3/16/2024)

42p - Restraints

3. Requirements

2600.
42.p. A resident shall be free from restraints.

Description of Violation

Resident #1's assessment and support plan, dated [REDACTED]/23, indicates the resident requires total physical assistance with toileting. To meet this need, staff are to ensure a seat belt is appropriately placed on the resident and [REDACTED] is to be visually checked on after every 10 minutes of toileting time until completion. However, on 8/4/23, 8/7/23 and 8/10/23, resident #1 was left unattended on the toilet for over 45 minutes and was found by staff to be slouched down on the toilet and had the seat belt around [REDACTED] neck. Resident #1 cannot independently remove the seat belt.

Plan of Correction

Directed ([REDACTED] - 02/26/2024)

The program is requesting this be withdrawn. No staff witnessed that participant being left in the chair; the interviewed and reporting staff all worked 7am to 3pm and indicated that this happened at 7am per [REDACTED]. Staff working 6am to 7am reported that the participant was checked every 10 minutes as required. Staff that worked 7am to 3pm that day reported that it was not them but the staff on 3rd shift that did it. Per the schedules, no staff person scheduled 11pm to 7am worked after 7am. It is not possible for any staff member that worked 7am to 3pm to have witnessed this event as none of them worked before 7am per the schedules either. Further more, if staff DID witness this being done then they also left participant on the toilet without checking on [REDACTED] this would ultimately mean that they were telling on themselves, which they did not. This can not be supported or substantiated. Additionally, no where in this statement are there indications that participant was restrained.

42p - Restraints (continued)

Proposed Overall Completion Date: 01/22/2024

Directed:

By 2/28/24, the administrator shall assess the toileting needs of all residents and prescriber's orders, to determine if the resident needs a lap/seat belt while toileting. By 2/28/24, if any resident needs or is prescribed a lap/seat belt for toileting, staff shall be instructed to provide 1:1 assistance and supervision with the resident and not leave the resident unattended at any time while toileting. Documentation of assessment and staff education shall be kept.

SQ 2/26/24

Directed Completion Date: 02/28/2024

Not Implemented [redacted] - 3/16/2024)

202 - Prohibitions

4. Requirements

2600.

202. The following procedures are prohibited:

- 5. Mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. Mechanical restraints include geriatric chairs, handcuffs, anklets, wristlets, camisoles, helmet with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets, chest restraints and other types of locked restraints. A mechanical restraint does not include a device used to provide support for the achievement of functional body position or proper balance that has been prescribed by a medical professional as long as the resident can easily remove the device.

Description of Violation

Resident #1's assessment and support plan, dated [redacted]/23, indicates the resident requires total physical assistance with toileting. To meet this need, staff are to ensure a seat belt is appropriately placed on the resident and [redacted] is to be visually checked on after every 10 minutes of toileting time until completion. However, on 8/4/23, 8/7/23 and 8/10/23, resident #1 was left unattended on the toilet for over 45 minutes and was found by staff to be slouched down on the toilet and had the seat belt around [redacted] neck. Resident #1 cannot independently remove the seat belt.

Plan of Correction

Directed ([redacted] - 02/26/2024)

The program is requesting this be withdrawn. No staff witnessed that participant being left in the chair; the interviewed and reporting staff all worked 7am to 3pm and indicated that this happened at 7am per [redacted] [redacted] Staff working 6am to 7am reported that the participant was checked every 10 minutes as required. Staff that worked 7am to 3pm that day reported that it was not them but the staff on 3rd shift that did it. Per the schedules, no staff person scheduled 11pm to 7am worked after 7am. It is not possible for any staff member that worked 7am to 3pm to have witnessed this event as none of them worked before 7am per the schedules either. Further more, if staff DID witness this being done then they also left participant on the toilet without checking on [redacted] this would ultimately mean that they were telling on themselves, which they did not.

This can not be supported or substantiated.

Additionally, no where in this statement are there indications that participant was restrained.

Proposed Overall Completion Date: 01/22/2024

Directed:

By 2/28/24, the administrator shall assess the toileting needs of all residents and prescriber's orders, to determine if the resident needs a lap/seat belt while toileting. By 2/28/24, if any resident needs or is prescribed a lap/seat belt for toileting, staff shall be instructed to provide 1:1 assistance and supervision with the resident and not leave the

202 - Prohibitions (continued)

resident unattended at any time while toileting. Documentation of assessment and staff education shall be kept.

SQ 2/26/24

Directed Completion Date: 02/28/2024

Not Implemented ■ - 3/16/2024)

Facility Information

Name: *NEURORESTORATIVE PENNSYLVANIA* License #: *44663* License Expiration: *10/30/2024*
 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: *I-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: *Complaint* Exit Conference Date: *12/04/2023*

Inspection Dates and Department Representative

11/03/2023 - On-Site: [REDACTED]
 11/09/2023 - Off-Site: [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

11/03/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/25/2023*

Inspections / Reviews *(continued)*

01/24/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/29/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 01/31/2024

02/05/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/29/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/29/2024

42c - Treatment of Residents

1. Requirements

2600.

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

Description of Violation

On 12/4/23, resident #1 asked staff person A for assistance. Staff person A responded saying, "You called me a nigger the other day, don't ask me for anything." Resident #1 responded saying, "Fuck you." Staff person A then said, "I wouldn't fuck you for a million dollars."

Plan of Correction

Accept [redacted] - 02/05/2024)

Staff member was suspended pending investigation. On [redacted] the staff member was terminated. All staff will receive education on Dignity and Respect during the staff meeting on January 23, 2024 by [redacted], Quality Improvement Specialist.

Staff will continue to receive this training during upon hire and annually.

A sample of participants in the home will be interviewed weekly x 4 weeks; monthly X 1 quarter and then quarterly the remainder of the year. Interviews will be completed by the Case Manager and submitted to the QIS for review.

Licensee's Proposed Overall Completion Date: 01/29/2024

Not Implemented [redacted] - 3/16/2024)

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

Facility Information

Name: *NEURORESTORATIVE PENNSYLVANIA* License #: *44663* License Expiration: *10/30/2024*
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: *I-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: *12/08/2023*

Inspection Dates and Department Representative

12/08/2023 - On-Site: [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

12/08/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/06/2023*

02/10/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/08/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 02/17/2024

03/16/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/08/2024

Reviewer: [REDACTED]

Follow-Up Type: *Enforcement*

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

Resident #1 requires nectar thick consistency for all drinks. On 11/11/23, at approximately 11:30 a.m., resident #1 asked staff person A for a drink and [redacted] said no. Resident #1 then went to the home's office and asked staff person B for a drink. Staff person B proceeded to the kitchen with resident #1 and began making him a drink. Staff person A told staff person B not to make the resident a drink and that [redacted] can wait until lunch. Staff person B continued to make the resident a drink. Staff person A continued to argue with and yell at staff person B, saying not make resident #1 a fucking drink, [redacted] can wait until lunch. This upset resident #1 to the point where [redacted] was swearing and yelling back and forth with staff person A. However, this incident was not reported to the local Area Agency on Aging until 11/13/23 at 5:15 p.m.

Repeat Violation: 7/6/2023, 2/7/2023

Plan of Correction

Accept [redacted] - 02/10/2024)

Participant did not report this event until 11/12/23 at which time he filed it as a grievance; the team lead that assisted the participant with filing the grievance was unaware that the event could be considered abuse. When administrative staff received the grievance on 11/13/23 it was reported as an allegation of abuse due to the nature of the grievance. This staff has since been terminated.

Staff will be educated at the staff meeting on January 24, 2023 by [redacted], Quality Improvement Specialist, on proper notification of grievances and suspected abuse.

Moving forward, all grievances will be tracked on the Equality Grid and reviewed on a monthly basis during the Safety Meeting by the administrative team to ensure proper procedures were followed.

Licensee's Proposed Overall Completion Date: 01/23/2024

Not Implemented [redacted] - 03/16/2024)

15b - Supervisor Plan

2. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

Resident #1 requires nectar thick consistency for all drinks. On 11/11/23, at approximately 11:30 a.m., resident #1 asked staff person A for a drink and [redacted] said no. Resident #1 then went to the home's office and asked staff person B for a drink. Staff person B proceeded to the kitchen with resident #1 and began making [redacted] a drink. Staff person A told staff person B not to make the resident a drink and that [redacted] can wait until lunch. Staff person B continued to make the resident a drink. Staff person A continued to argue with and yell at staff person B, saying not make resident #1 a fucking drink, [redacted] can wait until lunch. This upset resident #1 to the point where [redacted] was swearing and yelling back and forth with staff person A. Staff person A was suspended on [redacted]/23; however, failed to implement the suspension as staff person A worked in the home on 12/4/23 from 11 p.m. to 12/5/23 at 7:00 a.m.

Repeat Violation: 2/7/2023

15b - Supervisor Plan (continued)

Plan of Correction

Accept [REDACTED] - 02/10/2024)

The staff member met with the supervisor on 12/2/23; at which time [REDACTED] was directed by [REDACTED] that [REDACTED] was unable to return without the approval of the state. The staff member returned without permission and worked on 12/4/23. This requirement was reviewed with the supervisor, [REDACTED], on 12/5/23 by [REDACTED]. At that time the staff member was notified and did not work again. This staff member has since been terminated.

Licensee's Proposed Overall Completion Date: 01/29/2024

Not Implemented [REDACTED] /16/2024)

16c - Written Incident Report

3. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident #1 requires nectar thick consistency for all drinks. On 11/11/23, at approximately 11:30 a.m., resident #1 asked staff person A for a drink and [REDACTED] said no. Resident #1 then went to the home's office and asked staff person B for a drink. Staff person B proceeded to the kitchen with resident #1 and began making [REDACTED] a drink. Staff person A told staff person B not to make the resident a drink and that [REDACTED] can wait until lunch. Staff person B continued to make the resident a drink. Staff person A continued to argue with and yell at staff person B, saying not make resident #1 a fucking drink, [REDACTED] can wait until lunch. This upset resident #1 to the point where [REDACTED] was swearing and yelling back and forth with staff person A. However, the home did not report this incident to the Department until 11/13/23 at 5:15 p.m.

Plan of Correction

Accept [REDACTED] - 02/10/2024)

Participant did not report this event until 11/12/23 at which time [REDACTED] filed it as a grievance; the team lead that assisted the participant with filing the grievance was unaware that the event could be considered abuse. When administrative staff received the grievance on 11/13/23 it was reported as an allegation of abuse due to the nature of the grievance. This staff has since been terminated.

Staff will be educated at the staff meeting on January 24, 2023 by [REDACTED], Quality Improvement Specialist, on proper notification of grievances and suspected abuse.

Moving forward, all grievances will be tracked on the Equality Grid and reviewed on a monthly basis during the Safety Meeting by the administrative team to ensure proper procedures were followed.

Licensee's Proposed Overall Completion Date: 01/29/2024

Not Implemented [REDACTED] - 03/16/2024)

42c - Treatment of Residents

4. Requirements

2600.

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

Description of Violation

Resident #1 requires nectar thick consistency for all drinks. On 11/11/23, at approximately 11:30 a.m., resident #1 asked staff person A for a drink and [REDACTED] said no. Resident #1 then went to the home's office and asked staff person B for a drink. Staff person B proceeded to the kitchen with resident #1 and began making [REDACTED] a drink. Staff person A

42c - Treatment of Residents (continued)

told staff person B not to make the resident a drink and that [redacted] can wait until lunch. Staff person B continued to make the resident a drink. Staff person A continued to argue with and yell at staff person B, saying not make resident #1 a fucking drink, [redacted] can wait until lunch. This upset resident #1 to the point where [redacted] was swearing and yelling back and forth with staff person A.

Repeat Violation: 7/6/2023

Plan of Correction

Accept [redacted] - 02/10/2024)

The staff member was pulled off of the schedule immediately.

On January 24, 2024 during the staff meeting all staff were educated by [redacted], QIS, on participant rights as well as dignity and respect.

All staff will continue to be educated on this upon hire and annually. During this calendar year all staff will be re-educated quarterly. This will be completed by administrator or designee in April, July and October.

Licensee's Proposed Overall Completion Date: 01/29/2024

Not Implemented [redacted] - 03/16/2024)

101o - Walls, Floors, Ceilings

5. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

Sharp metal pieces and jagged drywall is exposed in an approximate 4" X 18" area of the wall located on the corner nearest the closet and desk area in resident #1's bedroom.

Plan of Correction

Accept [redacted] - 02/10/2024)

The area was fixed at the time of inspection on 12/8/23 by maintenance.

All staff were educated on the requirements related to reporting hazards immediately. This education was completed during the staff meeting on January 24, 2024 by [redacted].

The program completes a monthly Environmental Survey that requires the review of the walls, floors and ceilings. This survey will be reviewed monthly during the Safety Meeting with the administrative team. Administration will ensure all requests are submitted to maintenance.

Licensee's Proposed Overall Completion Date: 01/29/2024

Not Implemented [redacted] - 03/16/2024)