

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

December 19, 2023

[REDACTED]
MENTOR ABI LLC
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/26/2023 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: [Redacted]
 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: *Full* Notice: *Unannounced* BHA Docket #: [Redacted]
 Reason: *Renewal* Exit Conference Date: *07/26/2023*

Inspection Dates and Department Representative

07/26/2023 - 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: [Redacted] Capacity: [Redacted] Residents Served: [Redacted]
 Hospice
 Current Residents: *0*
 Number of Residents Who:
 Receive Supplemental Security Income: [Redacted] Are 60 Years of Age or Older: [Redacted]
 Diagnosed with Mental Illness: [Redacted] Diagnosed with Intellectual Disability: [Redacted]
 Have Mobility Need: [Redacted] Have Physical Disability: [Redacted]

Inspections / Reviews

07/26/2023 - Full
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *08/20/2023*

Inspections / Reviews (*continued*)

09/08/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/09/2023

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 09/15/2023

12/19/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/09/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on [REDACTED], provides unsupervised ADL services. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction

Accept [REDACTED] - 09/08/2023)

Staff person A completed the test on [REDACTED].

On [REDACTED] the Residential Supervisor was provided education by [REDACTED] on the requirements related to the completion of the direct care training course. On [REDACTED] a Staff File checklist was created by [REDACTED].

The office administrator or designee will complete a staff file audit utilizing the checklist. The office administrator will audit the staff files for accuracy by [REDACTED].

The office administrator will check a random staff file monthly to review. The audit checklist will be submitted to QI.

Licensee's Proposed Overall Completion Date: 08/28/2023

Implemented [REDACTED] - 12/19/2023)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At [REDACTED], there was a strip of sticky fly paper tape with approximately [REDACTED] and [REDACTED] hanging from the ceiling above the sink in resident #1's bathroom.

At [REDACTED], a black substance that appeared to be mold was observed on the wall below washer #2's hook up area, covering an area approximately 12" X 3" and extended down the wall approximately 3".

Plan of Correction

Accept [REDACTED] 09/08/2023)

The sticky fly trap was removed at the time of the inspection.

During the week of [REDACTED] maintenance scrubbed the wall below the washer. The area was then sprayed with a mold resistant product and the plastic guard was replaced.

Staff were educated on the use of tide pods; per maintenance the issue is occurring due to utilizing too much laundry soap. They were also educated on the importance of notifying maintenance any time there is an issue noted.

The monthly maintenance survey was updated by [REDACTED] on 8/29/23. The form not includes checking baseboards and behind the washer. This form was reviewed with maintenance on 8/29/23 by [REDACTED] and will begin being utilized for checks during the month of September. It will be completed by [REDACTED].

These will be reviewed monthly with the Safety Committee during the monthly meeting.

Licensee's Proposed Overall Completion Date: 08/29/2023

Implemented [REDACTED] - 12/19/2023)

85a - Sanitary Conditions *(continued)*

85d - Trash Receptacles

3. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

At [REDACTED] there was a 3/4 full, uncovered, unattended trash can in the kitchen.

Plan of Correction

Accept [REDACTED] - 09/08/2023)

The lid was located during the inspection on [REDACTED] and was replaced by the staff on the floor.

Staff were educated on the requirement for all trash cans to have lids on them at all times. The program utilizes a daily cleaning and inspection checklist that includes ensuring all trash cans have lids; staff were also educated on utilizing this form. Education was provided on [REDACTED] by [REDACTED].

Residential Supervisors utilize a weekly walk through checklist; this form was updated by [REDACTED] on [REDACTED] to include ensuring all trash cans have lids. This form was reviewed with the RSs and will begin being used during the week of [REDACTED].

Licensee's Proposed Overall Completion Date: 08/29/2023

Implemented [REDACTED] - 12/19/2023)

88a - Surfaces

4. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

An approximate 6" X 3" section of the surface of resident #1's bathroom floor is missing, exposing the floorboards below.

An approximate 6" X 4" section of the surface of resident #1's bathroom floor is missing, exposing the floorboards below.

An approximate 3' X 3" section of the surface of resident #2's bathroom floor is missing, exposing the floorboards below.

An approximate 3" X 2" section of the surface of resident #2's bathroom floor is missing, exposing the floorboards below.

An approximate 12" X 3" section of the surface of resident #2's bathroom floor is missing, exposing the floorboards below.

88a - Surfaces (continued)

An approximate 8" X 3" section of the surface of resident [REDACTED] bathroom floor is missing, exposing the floorboards below.

Plan of Correction

Accept [REDACTED] - 09/08/2023)

Maintenance repaired all areas of the home. The areas of the floor were cut out and scraped to get a good seal, then new 2part epoxy was poured and the floor was sealed. All areas repair were completed as of [REDACTED].

Staff was provided education on [REDACTED] by [REDACTED]. Education included the need to squeegee the water after each shower to the drain.

Maintenance will complete monthly checks that will include checking all floors and ensuring no repairs are needed. The forms will be reviewed monthly during the monthly safety meeting.

Licensee's Proposed Overall Completion Date: 08/29/2023

Implemented [REDACTED] - 12/19/2023)

95 - Furniture and Equipment

5. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

An approximate 12" area on the left armrest of the living room's black recliner is in disrepair, with stuffing protruding and being held in place by a gum band.

Plan of Correction

Accept [REDACTED] - 09/08/2023)

On 7/27/23 the black recliner was removed by maintenance.

On [REDACTED] education was provided to the staff by [REDACTED]. Education included the requirement to be in good repair. Staff are to notify a supervisor immediately in the event furniture is noted to not be.

The program currently utilizes a monthly Environmental Survey which requires staff to review the home for any needs. This requirement was reviewed with the Team Lead on [REDACTED] by [REDACTED].

Licensee's Proposed Overall Completion Date: 08/29/2023

Implemented [REDACTED] - 12/19/2023)

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

Resident [REDACTED] does not have access to a source of light that can be turned on/off at bedside as [REDACTED] lamp was located in her bedroom closet.

Resident [REDACTED] does not have access to a source of light that can be turned on/off at bedside as [REDACTED] lamp was located at

101j7 - Lighting/Operable Lamp (continued)

the foot of [redacted] bed.

Plan of Correction

Accept [redacted] - 09/08/2023)

During the inspection on [redacted] the lamp from Resident 2's bedroom was placed on the bedside table by [redacted] and the lamp in Resident [redacted] room was moved to the bedside table. The program also ordered new bed side lamps that will stick to the bed and are battery operated.

Education was provided to the staff on [redacted] by [redacted] regarding the requirement to have operable lights and an update on the new type of light.

To ensure this is completed the daily cleaning and inspection checklist was updated to include checking each room for an operable bedside light. This form was updated on [redacted] by [redacted] and will begin being utilized by the staff on [redacted]

Licensee's Proposed Overall Completion Date: 08/29/2023

Implemented [redacted] 12/19/2023)

101o - Walls, Floors, Ceilings

7. 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 is exposed in an approximate 2' X 12" section of the surface of the 90 degree square corner edge of the wall, nearest the closet in resident [redacted] bedroom.

Plan of Correction

Accept [redacted] - 09/08/2023)

During the week of 7/31/23 maintenance re-plastered the corner and added plastic corner beading to protect it.

On [redacted] staff were educated by [redacted] regarding ensuring all areas of the home are clean and in good repair. The program utilizes a daily cleaning and inspection checklist; this was updated by [redacted] on [redacted] to include checking the walls, floors and furniture for good repair and cleanliness.

The Residential Supervisors will review the home during weekly walk throughs to ensure it is clean and in good repair. The form was updated on [redacted] by [redacted] and will begin being used during the week of [redacted]

Licensee's Proposed Overall Completion Date: 08/29/2023

Implemented [redacted] 12/19/2023)

105g - Lint Removal and Duct Cleaning

8. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

At 11:00am, there was an approximate 1/2" accumulation of lint in the lint trap of dryer #1, and an approximate 1/4" accumulation of lint in the lint trap of dryer #2. There were no clothes in either dryer at the time.

105g - Lint Removal and Duct Cleaning (continued)**Plan of Correction****Accept [REDACTED] - 09/08/2023)**

The lint was removed from the dryers during the inspection on [REDACTED] by [REDACTED].

On [REDACTED] staff were educated by [REDACTED] on the requirement to remove lint after each dryer use. It was reviewed that there is a sign off sheet on the dryer that they are to utilize.

On [REDACTED] the weekly walk through sheet was updated by [REDACTED]. The updated form was reviewed with the Residential Supervisors on [REDACTED] and will begin being used during the week of [REDACTED].

Licensee's Proposed Overall Completion Date: 08/29/2023

Implemented [REDACTED] - 12/19/2023)