

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

July 8, 2024

[REDACTED]
MENTOR ABI LLC
[REDACTED]

RE: NEURORESTORATIVE
PENNSYLVANIA
6816 WEST LAKE ROAD
FAIRVIEW, PA, 16415
LICENSE/COC#: 44710

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/28/2023 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 #: *44710* License Expiration: *11/05/2024*
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: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: *R-3* Date: *10/02/2015* Issued By: *Fairview Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *13* Waking Staff: *10*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *12/28/2023*

Inspection Dates and Department Representative

12/28/2023 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:	<i>8</i>	Residents Served:	<i>8</i>
Secured Dementia Care Unit			
In Home:	<i>No</i>	Area:	
Capacity:		Residents Served:	
Hospice			
Current Residents:	<i>0</i>		
Number of Residents Who:			
Receive Supplemental Security Income:	<i>5</i>	Are 60 Years of Age or Older:	<i>0</i>
Diagnosed with Mental Illness:	<i>7</i>	Diagnosed with Intellectual Disability:	<i>2</i>
Have Mobility Need:	<i>5</i>	Have Physical Disability:	<i>8</i>

Inspections / Reviews

12/28/2023 - Partial
Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *01/19/2024*

Inspections / Reviews (*continued*)

02/23/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/08/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/19/2024

07/08/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/08/2024

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] staff member A suspected that resident [REDACTED] had been physically abused. However, this incident was not reported to Adult Protective Services.

On [REDACTED] between [REDACTED] and [REDACTED] staff member B suspected that resident [REDACTED] had been verbally abused and neglected. However, the incident was not reported to Adult Protective Services until [REDACTED], at [REDACTED]

Plan of Correction

Accept [REDACTED] - 02/23/2024)

On [REDACTED] it was not reported to anyone at the program that potential abuse had occurred; the staff member B that told the inspector that they reported potential abuse on [REDACTED] actually had reported bruising that was caused by a fall- this was documented and reviewed with the inspector at the time of the inspection.

On [REDACTED] during a staff meeting, [REDACTED] provided education to all staff regarding the requirement of reporting suspected abuse immediately.

Education will provided to the on-call team regarding the reporting requirements to APS immediately. The education will be provided during the week of [REDACTED] by [REDACTED].

During the week of [REDACTED] a checklist will be created to be used by the team in the event of an allegation of abuse. This checklist will be created by [REDACTED]. Once completed [REDACTED] will also complete education with the team on utilization of the checklist.

Beginning the week of [REDACTED] all incidents of suspected abuse will be reviewed on the morning daily stand up with the entire team. This review will include reviewing the checklist with the team to ensure all steps were completed. Checklists will be submitted to QI and monitored through the 2024 fiscal year.

Licensee's Proposed Overall Completion Date: 02/16/2024

Implemented [REDACTED] - 03/22/2024)

16c - Written Incident Report

2. 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

On [REDACTED], staff member A suspected that resident [REDACTED] had been physically abused. However, this incident was not reported to Adult Protective Services.

Plan of Correction

Accept [REDACTED] - 02/23/2024)

On [REDACTED] it was not reported to anyone at the program that potential abuse had occurred; the staff member B

16c - Written Incident Report (continued)

that told the inspector that they reported potential abuse on [REDACTED] actually had reported bruising that was caused by a fall- this was documented and reviewed with the inspector at the time of the inspection. On [REDACTED] during a staff meeting, [REDACTED] provided education to all staff regarding the requirement of reporting suspected abuse immediately. Education will provided to the on-call team regarding the reporting requirements to DHS within 24 hours. The education will be provided during the week of [REDACTED] by [REDACTED]. During the week of [REDACTED] a checklist will be created to be used by the team in the event of an allegation of abuse. This checklist will be created by [REDACTED]. Once completed [REDACTED] will also complete education with the team on utilization of the checklist. Beginning the week of [REDACTED] all incidents of suspected abuse will be reviewed on the morning daily stand up with the entire team. This review will include reviewing the checklist with the team to ensure all steps were completed. Checklists will be submitted to QI and monitored through the 2024 fiscal year.

Licensee's Proposed Overall Completion Date: 02/16/2024

Implemented [REDACTED] - 03/22/2024)

42c - Treatment of Residents

3. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [REDACTED], between [REDACTED] and [REDACTED] resident [REDACTED] began knocking on [REDACTED] room's wall. Staff member A responded by using multiple expletives while stating to resident [REDACTED], we are not going to do this tonight.

Plan of Correction

Accept [REDACTED] - 02/23/2024)

On [REDACTED] staff member A was provided education on dignity and respect by [REDACTED] supervisor [REDACTED]. During the [REDACTED] staff meeting all staff received education on dignity and respect by [REDACTED]. During the week of [REDACTED] the Case Manager will begin participant safety interviews. These will be completed once a week x 4 weeks, once a month x 3 months and then once a quarter through the end of the year. These will be submitted to the PD and QI to be reviewed and kept on file.

Licensee's Proposed Overall Completion Date: 02/16/2024

Implemented [REDACTED] 03/22/2024)