

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

June 7, 2024

[REDACTED], PROGRAM DIRECTOR
MENTOR ABI LLC
[REDACTED]

RE: NEURORESTORATIVE
PENNSYLVANIA
1331 DUTCH ROAD
FAIRVIEW, PA, 16415
LICENSE/COC#: 44818

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/28/2023, 03/19/2024 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 #: *44818* License Expiration: *03/07/2024*
 Address: *1331 DUTCH 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: *8144741977* Email: *ANGELA.TATALONE@SEVITAHEALTH.COM*

Certificate(s) of Occupancy

Type: *R-3* Date: *10/24/2016* Issued By: *Fairview Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *6* Waking Staff: *5*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Incident* Exit Conference Date: *03/19/2024*

Inspection Dates and Department Representative

12/28/2023 - On-Site: [REDACTED]
 03/19/2024 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *5* Residents Served: *5*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *0*

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

Inspections / Reviews

12/28/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/15/2024*

Inspections / Reviews (*continued*)

05/09/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/05/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 05/16/2024

05/21/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/05/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/28/2024

06/07/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/05/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 12/28/23, the License Inspection Summary, dated 12/1/22 et al, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept () - 05/09/2024)

Current license was posted by [REDACTED] at the time of the inspection.

The Daily Cleaning and Inspection checklist was updated on 5/1/24 by [REDACTED] to include verifying the current inspection and license is posted. This will begin being completed on 5.6.24; it is to be completed by the LST on shift.

Education will be provided to the staff and the RS by [REDACTED] on the requirement by 5.10.24.

To ensure compliance the RS will complete weekly walk through's of the program. This checklist was created by [REDACTED] and was updated on 5.2.24. It will begin being utilized the week of 5.6.24. It will be completed by the RS and submitted to QI; documentation will be kept on the shared drive.

The staff will be educated on the regulation during the staff meeting on 5.21.24 by [REDACTED]

Licensee's Proposed Overall Completion Date: 05/10/2024

Implemented () - 06/07/2024)

56 - Admin 20 Hours/Week

2. Requirements

2600.

56. Administrator Staffing - The administrator shall be present in the home an average of 20 hours or more per week, in each calendar month.

Description of Violation

Staff person A, the administrator, is currently the administrator on record for 3 separate personal care homes, requiring staff person A to work a minimum average of 20 hours or more per week, in each calendar month at each personal care home. Staff person A is not working a minimum average of 20 hours or more per week, in each calendar month at each personal care home.

Plan of Correction

Accept () - 05/09/2024)

See attached.

In December of 2023 [REDACTED] completed the Personal Care Home Administrator course giving the program a total of 5 PCH Administrators. The program developed a schedule ensuring an administrator is available and in the home at least 20 hours a week. This began in January in 2024.

In March of 2024 the schedules began being submitted to QI and the PD to review. The administrators submit a proposed schedule before the 1st of every month and a schedule of hours worked by the 5th business day of the following month. The schedules are monitored for timely submission and compliance. Documentation is kept on the shared drive.

Additionally, a fifth administrator is currently taking the PCHA Course to assist in compliance and to serve as a backup in the event a current Administrator is out.

Licensee's Proposed Overall Completion Date: 05/02/2024

Implemented () - 06/07/2024)

81b - Resident Personal Equipment

3. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 12/28/23, the enabler bar attached to resident #3's bed was uncovered, exposing an area 6" high between the mattress and the top rail support and 12" wide between the two side rail supports, posing a potential entrapment hazard.

Plan of Correction

Accept () - 05/21/2024)

See attached.

On 12/29/23 the enabler was covered with an appropriate covering by [REDACTED] On 12/29/24 [REDACTED] verbally educated staff on the requirement for bed rail covers.

During the staff meeting on May 21, 2024 formal education on Bed Rail Covers will be provided to the staff by [REDACTED]

On 5/2/24 a task was added to PCC by [REDACTED] Tasks are completed by the LST on duty and documentation is kept within PCC. The task added requires staff to ensure the participants enabler cover is on, clean and in good repair.

What frequency are staff ensuring the participants enabler cover is on, clean and in good repair? Staff are completing this every shift.

Licensee's Proposed Overall Completion Date: 05/15/2024

Implemented () - 06/07/2024)

85a - Sanitary Conditions

4. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 12/28/23 at 9:51am, there were no paper towels, mechanical air blower, individual cloth towels or other sanitary means of hand drying in the shared bathroom of resident #1 and resident #2.

Plan of Correction

Accept () - 05/21/2024)

See attached.

Paper towels were replaced in the bathroom on 12/28/23 by [REDACTED] during the inspection.

The Daily Cleaning and Inspection checklist was updated on 5/1/24 by [REDACTED] to include verifying the current inspection and license is posted. This will begin being completed on 5.6.24; it is to be completed by the LST on shift.

Education will be provided to the staff and the RS by [REDACTED] on the requirement by 5.10.24.

To ensure compliance the RS will complete weekly walk through's of the program. This checklist was created by [REDACTED] and was updated on 5.2.24. It will begin being utilized the week of 5.6.24. It will be completed by the RS and submitted to QI; documentation will be kept on the shared drive.

The staff will be educated on the regulation during the staff meeting on 5.21.24 by [REDACTED]

Was the Daily Cleaning and Inspection checklist updated to include verifying a sanitary means of hand drying is

85a - Sanitary Conditions (continued)

available in all bathrooms? Yes

Licensee's Proposed Overall Completion Date: 05/15/2024

Implemented ([redacted]) - 06/07/2024)

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

On 12/28/23, there was no shower curtain for the shower in resident #3's bathroom.

Plan of Correction

Accept ([redacted]) - 05/09/2024)

See attached.

The shower curtain was replaced in the bathroom on 12/28/23 by [redacted]. The Daily Cleaning and Inspection checklist was updated on 5/1/24 by [redacted] to include verifying the bathrooms have shower curtains. This will begin being completed on 5.6.24; it is to be completed by the LST on shift. Education will be provided to the staff and the RS by [redacted] on the requirement by 5.10.24. To ensure compliance the RS will complete weekly walk through's of the program. This checklist was created by [redacted] and was updated on 5.2.24. It will begin being utilized the week of 5.6.24. It will be completed by the RS and submitted to QI; documentation will be kept on the shared drive. The staff will be educated on the regulation during the staff meeting on 5.21.24 by [redacted].

Licensee's Proposed Overall Completion Date: 05/21/2024

Implemented ([redacted]) - 06/07/2024)

96a - First Aid Kit

6. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the home does not include scissors.

Plan of Correction

Accept ([redacted]) - 05/09/2024)

The scissors were replaced in the first aid kit on 12/29/24 by [redacted]. The staff will be educated on the regulation during the staff meeting on 5.21.24 by [redacted]. The program will complete First Aid Checklists 1x weekly for 4 weeks (to begin the week of 5/6), then 1x monthly for three months and then 1x quarterly through the end of the year. The checklists will be completed by the Team Lead and submitted to QI for review. The Checklists will be kept in the Safety Binder.

Licensee's Proposed Overall Completion Date: 05/21/2024

Implemented ([redacted]) - 06/07/2024)

100a - Exterior - Free of Hazards

7. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On 12/28/24 at 10:00 a.m., the home's exterior stairwell area was filled with leaves and debris, posing a fall hazard.

Plan of Correction

Accept () - 05/09/2024)

The exterior stairwell was cleaned by [redacted] on 12/28/24 during the inspection.

On 5.2.24 reviewing the exterior of the home was added to the monthly Maintenance Checklist by [redacted] It will begin being utilized by maintenance during May's monthly check. Additionally, reviewing the exterior was added to the RSs Weekly Walk Through Checklist to ensure compliance.

The checklists will be reviewed during the monthly Safety Committee Meeting with the team to ensure compliance was maintained. Documentation of the review will be kept on the Equality Grid and the checklist will be saved to the shared drive.

Licensee's Proposed Overall Completion Date: 05/31/2024

Implemented () - 06/07/2024)

101j7 - Lighting/Operable Lamp

8. 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

Bedroom #4 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept () - 05/21/2024)

See attached.

On lamp was replaced in the participants bedroom following the inspection. The program was unsure of the date; on 4.12.24 [redacted] verified that the participants bedside lamp was operable and in place.

During the staff meeting on May 21, 2024 formal education on Bed Side Lamps will be provided to the staff by [redacted]

On 5/2/24 a task was added to PCC by [redacted] Tasks are completed by the LST on duty and documentation is kept within PCC. The task added requires staff to ensure the participants have an operable bedside light that is in good repair.

What frequency are staff ensuring the the participants have an operable bedside light that is in good repair? This is being done every shift.

Licensee's Proposed Overall Completion Date: 05/15/2024

Implemented () - 06/07/2024)

171b5 - First Aid Kit

9. Requirements

2600.

171b5 - First Aid Kit (continued)

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit in the van used to transport residents does not include scissors.

Plan of Correction

Accept ([redacted] - 05/09/2024)

The scissors were replaced in the first aid kit on 12/29/24 by [redacted]. The staff will be educated on the regulation during the staff meeting on 5.21.24 by [redacted]. The program will complete First Aid Checklists 1x weekly for 4 weeks (to begin the week of 5/6), then 1x monthly for three months and then 1x quarterly through the end of the year. The checklists will be completed by the Team Lead and submitted to QI for review. The Checklists will be kept in the Safety Binder.

Licensee's Proposed Overall Completion Date: 05/21/2024

Implemented ([redacted] - 06/07/2024)

185a - Implement Storage Procedures

10. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The home's Medication Management-Controlled Substances policy indicates, "Controlled substances are double-locked...There is single-point accountability at any time (i.e., one person in the residence is responsible for the safekeeping of controlled substances). Remaining countable controlled substances are counted at the end of each shift and recorded on the narcotic count Inventory Sheet. If it is found that a countable controlled substance is missing, incident report notification protocols are followed which include but are not limited to immediate notification of their supervisor."

Resident #3 is prescribed [redacted]. On 10/31/23, staff person B observed that 16 [redacted] were removed from resident #3's medication card, emptied of their contents and the empty capsules were placed back into the medication card for administration. Staff of the home are the only ones with access to the medication cart and the home could not account for the missing medication. The missing medication was reported to the Pennsylvania State Police, and they are investigating all staff persons of the home. On 11/10/23, staff person C observed resident #3's [redacted] medication card and determined it had been tampered with. This medication card was given to the Pennsylvania State Police who have an ongoing investigation of all staff persons of the home.

Plan of Correction

Accept ([redacted] - 05/09/2024)

When the program noted that the medication had been tampered with the PSP were notified as well as DHS to complete an investigation. At this time the PSP have not made any further progress.

185a - Implement Storage Procedures (continued)

During the staff meeting on 1.29.24 Education was provided to the staff regarding stealing medication, legal ramifications of stealing medication, how it affects our participants and the harm med errors can cause. The education was provided by [REDACTED] and [REDACTED]

The HSS will present medication error related topics and policy/ procedure during monthly staff meetings. These monthly topics will begin with the May 2024 staff meeting.

Beginning May 13, 2024 the nursing team will be moving to individual case loads to assist with continuity of care, improve quality of care, monitor high acuity and medication management. The LPNs will move from monthly cart audits to weekly cart audits. Audits will include checking narcotics for tampering; the Med Cart Audit form was updated on 5.2.24 by [REDACTED] to include this specific check.

In November of 2023 the RSs began to do weekly verifications as well. The RS is to observe medication passes, ensure narcotic counts are done correctly (including checking packaging for tampering) and ensure the MAR is being reviewed. The Verification is submitted to the PD and QI every Monday to review.

Licensee's Proposed Overall Completion Date: 05/02/2024

Implemented ([REDACTED] - 06/07/2024)

187d - Follow Prescriber's Orders

11. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 is prescribed [REDACTED]. On 10/31/23, staff person B observed that 16 of 30 [REDACTED] capsules had been removed from the medication card, emptied of their contents and the empty capsules were placed back into the medication card for administration. The home could not verify that the 14 capsules previously administered to resident #3 from this medication card actually contained medication.

Plan of Correction

Accept ([REDACTED] - 05/09/2024)

When the program noted that the medication had been tampered with the PSP were notified as well as DHS to complete an investigation. At this time the PSP have not made any further progress.

During the staff meeting on 1.29.24 Education was provided to the staff regarding stealing medication, legal ramifications of stealing medication, how it affects our participants and the harm med errors can cause. The education was provided by [REDACTED] and [REDACTED]

The HSS will present medication error related topics and policy/ procedure during monthly staff meetings. These monthly topics will begin with the May 2024 staff meeting.

Beginning May 13, 2024 the nursing team will be moving to individual case loads to assist with continuity of care, improve quality of care, monitor high acuity and medication management. The LPNs will move from monthly cart audits to weekly cart audits. Audits will include checking narcotics for tampering; the Med Cart Audit form was updated on 5.2.24 by [REDACTED] to include this specific check.

In November of 2023 the RSs began to do weekly verifications as well. The RS is to observe medication passes, ensure narcotic counts are done correctly (including checking packaging for tampering) and ensure the MAR is being reviewed. The Verification is submitted to the PD and QI every Monday to review.

187d - Follow Prescriber's Orders (*continued*)

Licensee's Proposed Overall Completion Date: 05/02/2024

Implemented ([REDACTED] - 06/07/2024)