

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

June 6, 2024

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

RE: NEURORESTORATIVE
PENNSYLVANIA
10589 NORTH EDGEWOOD DRIVE
LAKE CITY, PA, 16423
LICENSE/COC#: 44796

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/10/2024 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 #: *44796* License Expiration: *05/19/2024*
 Address: *10589 NORTH EDGEWOOD DRIVE, LAKE CITY, PA 16423*
 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: *07/12/2016* Issued By: *Dept. of Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *5* Waking Staff: *4*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *01/10/2024*

Inspection Dates and Department Representative

01/10/2024 - On-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: *1* Are 60 Years of Age or Older: *3*
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

01/10/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/11/2024*

Inspections / Reviews *(continued)*

05/10/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/06/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 05/15/2024

05/22/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/06/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 05/29/2024

06/06/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/06/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

56 - Admin 20 Hours/Week

1. 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 not in the home an average of 20 hours or more per week. Staff Person A is currently the administrator for 4 different personal care homes.

Plan of Correction**Directed (█ - 03/21/2024)**

By 3/23/24 and monthly thereafter, the administrator will submit a monthly schedule to the Quality Improvement Specialist. Documentation of submission dates will be kept.

By 3/23/24 and daily thereafter while working in the home, the administrator will document all administration hours worked.

By 3/31/24 and monthly thereafter, the Quality Improvement Specialist will audit the administrator's schedule, documentation of administrator hours worked, and time cards to verify the administrator is present in the home an average of 20 hours or more per week, in each calendar month. Documentation of audits will be kept.

Directed Completion Date: 03/31/2024**Implemented (█ - 05/10/2024)**

65g - Annual Training Content

2. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

Description of Violation

Staff Person B did not receive training in Fire Safety completed by a fire safety expert or by a staff person trained by a fire safety expert during training year 2023.

*Repeat Violation: 2/17/23***Plan of Correction****Directed (█ - 03/21/2024)**

By 4/4/24, staff person B will receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Documentation of training will be kept.

By 4/4/24, the administrator or designee will develop and implement policy and procedures to ensure all direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers receive training in all topics as indicated in § 2600.65(g). All staff involved with scheduling and managing annual training will be educated on the new policy and procedures by 4/3/24. Documentation of new policy, procedures and education will be kept.

By 4/4/24, the administrator or designee will audit all staff records to ensure all direct care staff persons, ancillary

65g - Annual Training Content (continued)

staff persons, substitute personnel and regularly scheduled volunteers received training in all topics in accordance with §2600.65(g) during the 2023 training year. Any missing training will immediately be completed. Documentation of the audit and any trainings will be kept.

Directed Completion Date: 04/04/2024

Implemented (█) - 05/10/2024)

85a - Sanitary Conditions

3. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At 10:40 a.m., shared bathroom #2 did not have any means for residents to dry their hands as the paper towel dispenser was empty.

At 10:42 a.m., shared bathroom #2 has an unclean shower floor. An approximate 2.5' by 1.5' section of tile under the shower chair is covered with a layer of a yellowish substance. The same substance covers approximately 2' by 8' area of the entrance to the walk-in shower, specifically the black rubber surface and floor space in between.

At 10:55 a.m., there was a loaf of sliced bread in the kitchen cabinet with 2 areas of mold measuring approximately 2" by 2" each.

Plan of Correction

Directed (█) - 03/21/2024)

By 3/22/24 and daily thereafter, the administrator or designee will inspect all food storage areas, to include the kitchen cabinet, and all bathrooms to ensure sanitary conditions are maintained, and paper towels or another sanitary means of hand drying is present at or near each bathroom sink. Any deficiencies discovered will immediately be corrected. Documentation of inspections will be kept.

By 4/4/24, the administrator will reeducate all staff regarding the requirement that sanitary conditions will be maintained in all areas, to include the kitchen and bathrooms, and that paper towels, mechanical air blower, individual cloth towels or another sanitary means of hand drying must be present at all times at or near each bathroom sink, Documentation of reeducation will be kept.

Directed Completion Date: 04/04/2024

Implemented (█) - 06/06/2024)

85d - Trash Receptacles

4. 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 10:20 a.m., there was a 1/2 full trash can in shared bathroom #1 with a broken lid that would not close.

Plan of Correction**Directed (█) - 03/21/2024)**

By 3/28/24, the administrator or designee will repair or replace the broken trash can lid in shared bathroom #1.

By 3/28/24 and daily thereafter, the administrator or designee will inspect all kitchen and bathroom trash cans to ensure lids are in place. Any deficiencies discovered will immediately be corrected. Documentation of inspections will be kept.

By 4/4/24, the administrator will reeducate all staff regarding the requirement that trash in kitchens and bathrooms must be kept in covered trash receptacles that prevent the penetration of insects and rodents. Documentation of reeducation will be kept.

Directed Completion Date: 04/04/2024

Implemented (█) - 06/06/2024)**101j3 - Bed/Linens/Pillows/Blankets****5. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

The bed for resident #1 did not have any sheets.

Plan of Correction**Directed (█) - 03/21/2024)**

By 3/22/24, the administrator or designee will ensure resident #1's bed has sheets that are clean and in good repair.

By 3/22/24 and weekly thereafter, the administrator or designee will inspect all resident beds to ensure there are pillows, bed linens and blankets that are clean and in good repair. Any deficiencies discovered will immediately be corrected. Documentation of inspections will be kept.

By 4/4/24, the administrator will reeducate all staff regarding the requirement that each resident must have pillows, bed linens and blankets that are clean and in good repair. Any deficiencies discovered will immediately be corrected. Documentation of education will be kept.

Directed Completion Date: 04/04/2024

101j3 - Bed/Linens/Pillows/Blankets (continued)

Implemented () - 05/22/2024

101o - Walls, Floors, Ceilings

6. Requirements

2600.

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

Description of Violation

Resident #1's bedroom floor is not clean and is covered with miscellaneous items to include clothing, towels, papers, newspapers, bowls, food wrappers and trash.

Plan of Correction

Directed () - 03/21/2024

By 3/22/24, the administrator or designee will ensure resident #1's bedroom floor is clean and in good repair.

By 3/22/24 and weekly thereafter, the administrator or designee will inspect all resident bedrooms to ensure the walls, floors and ceilings are clean and in good repair. Any deficiencies discovered will immediately be corrected. Documentation of inspections will be kept.

By 4/4/24, the administrator will reeducate all staff regarding the requirement that all resident bedrooms must have walls, floors and ceilings that are clean and in good repair. Any deficiencies discovered will immediately be corrected. Documentation of education will be kept.

Directed Completion Date: 04/04/2024

Implemented () - 05/22/2024

103g - Storing Food

7. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

A bag of Veggie Griller Crumbles was unsealed in the freezer.

Plan of Correction

Directed () - 03/21/2024

By 3/22/24, the administrator or designee will ensure all food stored in the freezer is sealed.

By 3/22/24 and daily thereafter, the administrator or designee will inspect all food storage areas, to include the freezer, to ensure all food is stored in closed or sealed containers. Any deficiencies discovered will immediately be corrected. Documentation of inspections will be kept.

By 4/4/24, the administrator will reeducate all staff regarding the requirement that all food must be stored in closed or sealed containers. Any deficiencies discovered will immediately be corrected. Documentation of education will be kept.

Directed Completion Date: 04/04/2024

Implemented () - 06/06/2024

103i - Outdated Food

8. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

An bag of Veggie Griller Crumbles was undated in the freezer.

Plan of Correction

Directed ([REDACTED]) - 03/21/2024)

By 3/22/24, the administrator or designee will ensure all food stored in the freezer is dated.

By 3/22/24 and daily thereafter, the administrator or designee will inspect all food storage areas, to include the freezer, and any food that is outdated, spoiled, or is not dated and the home does not have some other method of conclusively determining when the food was purchased, will be discarded. Documentation of inspections will be kept.

By 4/4/24, the administrator will reeducate all staff regarding the requirement that outdated or spoiled food or dented cans may not be used, to include any food that is not dated, and the home does not have some other method of conclusively determining when the food was purchased. Documentation of education will be kept.

Directed Completion Date: 04/04/2024

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