

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

July 10, 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 03/14/2024, 03/15/2024 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 #: *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: *9* Waking Staff: *7*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *03/15/2024*

Inspection Dates and Department Representative

03/14/2024 - On-Site: [Redacted]
03/15/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:	<i>8</i>	Residents Served:	<i>5</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>4</i>	Are 60 Years of Age or Older:	<i>0</i>
Diagnosed with Mental Illness:	<i>4</i>	Diagnosed with Intellectual Disability:	<i>2</i>
Have Mobility Need:	<i>4</i>	Have Physical Disability:	<i>3</i>

Inspections / Reviews

03/14/2024 - Partial

Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *04/25/2024*

Inspections / Reviews (*continued*)

05/15/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/02/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 05/22/2024

06/03/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/02/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 07/05/2024

07/10/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/02/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

57a - Designee Present/Age

2. Requirements

2600.

57.a. At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services.

Description of Violation

On [redacted] there were [redacted] residents, with [redacted] mobility needs in Cottage [redacted]. Staff member A was the only staff person assigned to cottage [redacted] during the 3:00 p.m., to 11:00 p.m., shift. However, at approximately 8:55 p.m., staff member A exited cottage [redacted] to go to cottage [redacted]. Cottage [redacted] is approximately 35 yards away from cottage [redacted]. There were no staff present in cottage [redacted] for approximately 5 minutes.

On [redacted], there were [redacted] residents with 2 mobility needs residing in cottage [redacted]. Staff member C was the only staff member assigned to cottage [redacted] during the 7:00 a.m., to 3:00 a.m. shift. However, on [redacted], at approximately 8:55 a.m., staff member C exited cottage [redacted] to go to cottage #3. Cottage [redacted] is approximately 45 yards away from cottage [redacted]. There were no staff members present in cottage [redacted] for approximately 15 minutes.

Plan of Correction

Accept [redacted] - 06/03/2024)

All participants in the home are on 15 minute checks at a maximum and 60 minutes at a minimum. No participant was left alone outside of the supervised time frame. The program is requesting this violation be removed.

The program will utilize extra staffing on campus to cover breaks. This will ensure the building is not empty at any time.

The schedule will be completed by the Residential Supervisor or designee. This will be documented on the staff grid of assignments. The Supervisors will be trained on this method by 6/14/24 to begin with the schedules on 6/17/24. The schedules will be submitted to the PD and the QIS to be kept.

Licensee's Proposed Overall Completion Date: 06/17/2024

Implemented [redacted] - 07/10/2024)

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 [redacted], at 1:29p.m., Resident [redacted] bedside enabler had 3 vertical openings approximately 5 x 12 inches in size.

On [redacted], at 1:20 p.m., Resident [redacted] bed side enabler has 3 vertical open spaces measuring approximately 4x16 inches in size.

Plan of Correction

Accept [redacted] - 05/15/2024)

On [redacted] Covers were placed on the enablers.

Staff will be educated by 5/3/24 on the regulation and the requirements. Education will be completed by [redacted] through Relias.

To ensure compliance moving forward the requirements and checks will be assigned to staff to check each shift. The task will be added by [redacted] by 5/2/24 .

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

81b - Resident Personal Equipment (*continued*)*Implemented* [REDACTED] - 07/10/2024)

227d - Support Plan Medical/Dental

4. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident [REDACTED] most recent support plan completed [REDACTED], indicates a service need for personal hygiene of, participant requires one or more staff to complete hygiene routine. Resident [REDACTED] shower is scheduled for 6:30 p.m. On [REDACTED], at approximately 6:45 p.m., resident [REDACTED] requested assistance with showering multiple times. However, staff member A failed to assist the resident with showering.

Plan of Correction*Accept* [REDACTED] - 06/03/2024)

All staff will be trained by [REDACTED] on the participants current RASP by [REDACTED].
The program will complete unannounced spot checks weekly x 4 weeks, monthly x 3 months and quarterly through the remainder of the year. Documentation of the checks will be kept on the shared drive.
Any concerns will be brought to the team during the monthly safety meeting. The team will work together to problem solve and ensure appropriate training.

Please provide the start date of the spot checks. The spot checks began [REDACTED] by [REDACTED].

Please provide the start date of the safety meeting reviews. The reviews during the Safety Meeting will begin with the June 21, 2024 meeting reviewing May 2024.

Please add it to the safety meeting agenda. The review was added to the Agenda for the Safety Meeting for the remainder of the year.

Licensee's Proposed Overall Completion Date: 05/29/2024

Implemented [REDACTED] 07/10/2024)