

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

June 21, 2024

[REDACTED], PROGRAM DIRECTOR  
MENTOR ABI LLC  
6816 WEST LAKE ROAD  
FAIRVIEW, PA, 16415

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/21/2024 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 #: *44663* License Expiration: *10/30/2024*  
 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: *6816 WEST LAKE ROAD, FAIRVIEW, PA, 16415*  
 Phone: *8144741977* Email: *ANGELA.TATALONE@SEVITAHEALTH.COM*

**Certificate(s) of Occupancy**

Type: *1 1* Date: *01/26/2015* Issued By: *Fairview Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *14* Waking Staff: *11*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *03/21/2024*

**Inspection Dates and Department Representative**

*03/21/2024* On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *8* Residents Served: *7*  
 Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: *0*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *6* Are 60 Years of Age or Older: *1*  
 Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *7* Have Physical Disability: *7*

**Inspections / Reviews**

*03/21/2024 - Partial*  
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *04/21/2024*

Inspections / Reviews (*continued*)

## 05/02/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/16/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 05/09/2024

## 05/21/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/16/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/04/2024

## 06/07/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/16/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/14/2024

## 06/21/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/16/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. 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

Resident #1 is prescribed [redacted] tablet, take 1 tablet by mouth twice daily. On [redacted] and [redacted] at [redacted], staff person A did not administer this medication to resident #1, on [redacted] at [redacted], staff person B did not administer this medication to resident #1, and on [redacted] at [redacted] staff person C did not administer this medication to resident #1. Staff person D discovered these medication errors on [redacted] at [redacted] m.; however, this was not reported to the Department until [redacted].

Plan of Correction

Accept [redacted] - 05/02/2024)

During the month of March the program noted concerns related to reporting procedures and timeliness related to med errors; particularly on the weekends.

On March 22,2024 a Med Error How-To and checklist were created by Katy Peterson and Tammy Kwiat. The team was educated at that time by [redacted] on reporting requirements.

The program reviews all med error reports every morning during the Daily Stand Up. The on-call supervisor reviews any calls received and the checklist is reviewed by the entire team, including the DON and PD, to ensure compliance. These the checklist will be completed with each error and kept in the participants file.

Licensee's Proposed Overall Completion Date: 04/29/2024

Implemented [redacted] - 06/07/2024)

187b - Date/Time of Medication Admin.

2. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 is prescribed [redacted] tablet, take 1 tablet by mouth twice daily. On [redacted] [redacted] at [redacted], staff person A did not administer this medication to resident #1; however, staff person A signed resident #1's 2024 Medication Administration Record (MAR) indicating the medication was administered. On [redacted] at [redacted], staff person B did not administer this medication to resident #1; however, staff person B signed resident #1's 2024 MAR indicating the medication was administered. On [redacted] staff person C did not administer this medication to resident #1, however staff person C signed resident #1's [redacted] 2024 MAR indicating the medication was administered.

## 187b - Date/Time of Medication Admin. (continued)

**Plan of Correction****Directed (█ - 05/21/2024)**

The staff that completed the above med errors were educated per the med error policy and procedure. Staff are pulled from the med cart pending education following the states med tech training and remediation. Education related to medication administration will be completed by the DON monthly during staff meeting. Topics will vary based on med error reviews.

The program will complete spot checks/ audits to ensure compliance with medication administration. Audits will be completed by the nursing team weekly x 4 weeks and monthly there after. Audits will be reviewed by the DON to ensure compliance.

Who conducted staff education for the staff that completed the above med errors, and on what date? Education was completed by █, DON.

Staff A on

Staff B on

Staff C on

What date was staff person B pulled from the med cart?

What date did staff person B complete med tech training and remediation?

What date is the monthly staff meeting? Schedule attached as it changes monthly.

What date did audits begin? Audits will begin the week of 5.13.24 when the program goes live with nursing case loads.

What date and at what frequency did the DON review audits? Audit reviews will begin the week of 5.20.24; these will be completed weekly. Documentation will be kept and saved in the shared drive.

**Directed:**

By 5/28/24, staff person A and staff person B will receive education per the med error policy and procedure by Amy Upperman, DON, and will be pulled from the med cart until education is completed.

█ 5/21/24

Proposed Overall Completion Date: 05/13/2024

Directed Completion Date: 05/28/2024

## 187b - Date/Time of Medication Admin. (continued)

Implemented ( ) - 06/21/2024)

## 187d - Follow Prescriber's Orders

## 3. Requirements

2600.

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

**Description of Violation**

On [REDACTED], resident #1's prescription for [REDACTED] increased from [REDACTED] to [REDACTED], take 1 by mouth twice daily. However, on [REDACTED] at [REDACTED], [REDACTED], and [REDACTED] m., staff person E destroyed the correct dosage tablet of [REDACTED] and administered the incorrect dosage tablet of [REDACTED] to resident #1.

Resident #1 is prescribed [REDACTED] tablet, take 1 tablet by mouth twice daily. On [REDACTED] and [REDACTED] at [REDACTED], staff person A did not administer this medication to resident #1, on [REDACTED] m., staff person B did not administer this medication to resident #1, and on [REDACTED] m., staff person C did not administer this medication to resident #1.

**Plan of Correction**

Directed [REDACTED] - 05/21/2024)

The staff that completed the above med errors were educated per the med error policy and procedure. Staff are pulled from the med cart pending education following the states med tech training and remediation.

Education related to medication administration will be completed by the DON monthly during staff meeting. Topics will vary based on med error reviews.

The program will complete spot checks/ audits to ensure compliance with medication administration. Audits will be completed by the nursing team weekly x 4 weeks and monthly there after. Audits will be reviewed by the DON to ensure compliance.

Who conducted staff education for the staff that completed the above med errors, and on what date? Education was completed by [REDACTED], DON.

Staff A on

Staff B on

Staff C on

What date was staff person B pulled from the med cart?

What date did staff person B complete med tech training and remediation?

What date is the monthly staff meeting? Schedule attached as it changes monthly.

What date did audits begin? Audits will begin the week of 5.13.24 when the program goes live with nursing case loads.

What date and at what frequency did the DON review audits? Audit reviews will begin the week of 5.20.24; these will be completed weekly. Documentation will be kept and saved in the shared drive.

Proposed Overall Completion Date: 05/13/2024

**Directed:**

By 5/28/24, staff person A, staff person B, and staff person C will receive education per the med error policy and

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

*procedure by Amy Upperman, DON, and will be pulled from the med cart until education is completed.*

**SQ 5/21/24**

Directed Completion Date: 05/28/2024

Implemented [REDACTED] - 06/21/2024)