

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

July 9, 2024

[REDACTED]
MENTOR ABI LLC
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/09/2024 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: *09/26/2024*
 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: *I-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, Fine* Exit Conference Date: *04/09/2024*

Inspection Dates and Department Representative

04/09/2024 - 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

04/09/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/10/2024*

Inspections / Reviews (*continued*)

05/29/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/08/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 06/05/2024

06/07/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/08/2024

Reviewer: [REDACTED]

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

07/09/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/08/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated [redacted] for resident [redacted] indicates the resident requires total physical assistance from staff if [redacted] has an incontinence episode. During the overnight hours of 3/23/24 into 3/24/24, resident [redacted] did not receive this assistance as required and reported that staff let [redacted] lay in urine-soaked clothes and sheets.

Plan of Correction

Accept [redacted] - 05/29/2024)

All staff will be trained on all participant RASPs during the staff meeting by [redacted] on 5.21.24. Education will be documented and kept in Relias and staff files.

Relias has been updated with a tracker to ensure staff are trained in person on each participants RASP. This training will occur upon hire and annually. Any changes will be documented on RASP updates that are located in the RASP binders in the home and signed off on prior to staff working the shift.

The Office Administrator will conduct staff file audits 30 days after hire and annually to ensure appropriate requirements are in the staff files. These audits will begin being conducted during the month of June. Audits will be sent to QI for the next three months to review and ensure completion.

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented [redacted] - 07/09/2024)

42c - Treatment of Residents

2. Requirements

2600.

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

Description of Violation

On [redacted] at approximately 8:15a.m. resident [redacted] was praying before eating [redacted] breakfast when staff person A said, [redacted] This incident was overheard by staff person B. Later, resident [redacted] was asked how this comment made [redacted] feel and [redacted] stated, [redacted] [redacted] "

Plan of Correction

Accept [redacted] - 05/29/2024)

The staff member was sent home by [redacted] notification of the incident, April 22, 2024.

The staff member was eligible to return to work on 4/9/24. [redacted] was provided education on dignity and respect by [redacted] before returning to the floor.

All staff will be educated by [redacted] on Dignity and Respect during the staff meeting on May 21, 2024 as supplemental education while the program obtains an outside provider. The program is currently searching for someone to come in prior to June 30th but if unable, GECAC will provide training in October 2024. The program will continue to provide staff upon hire and quarterly, education on Dignity and Respect.

The Office Administrator will run Relias reports 30 days after hire and annually to ensure compliance with required

42c - Treatment of Residents (continued)

training. She will utilize a Staff File Audit created by [REDACTED] on [REDACTED]. These will begin during the month of June.

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented [REDACTED] - 07/09/2024)

60a - Staff/Support Plan

3. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On [REDACTED], there were [REDACTED] residents in the home, including [REDACTED] residents with mobility needs requiring the assistance of 2 staff persons to evacuate in an emergency, and [REDACTED] resident who requires the assistance of 2 staff persons and utilizes a Hoyer lift, requiring approximately 4 minutes to evacuate in the event of an emergency. The home's most recent maximum safe evacuation time, as determined by a fire safety expert on 2/27/24, is 5 minutes and 00 seconds without any fire safe area inside of the home. However, there were only 2 direct care staff persons working in the home to assist residents to evacuate in the event of an emergency from 11:00 p.m. to 6:00 a.m. on 3/23/24.

On [REDACTED], there were [REDACTED] residents in the home, including [REDACTED] residents with mobility needs requiring assistance of 2 staff persons to evacuate in an emergency, and [REDACTED] resident who requires the assistance of 2 staff persons and utilizes a Hoyer lift, requiring approximately 4 minutes to evacuate in the event of an emergency. The home's most recent maximum safe evacuation time, as determined by a fire safety expert on 2/27/24, is 5 minutes and 00 seconds without any fire safe area inside of the home. However, there were only 2 direct care staff persons working in the home to assist residents to evacuate in the event of an emergency from 11:00 p.m. to 6:00 a.m. on 3/24/24.

Plan of Correction

Accept [REDACTED] - 06/07/2024)

All staff will be trained on all participant RASPs during the staff meeting by [REDACTED] on [REDACTED]. Education will be documented and kept in Relias and staff files.

Relias has been updated with a tracker to ensure staff are trained in person on each participants RASP. This training will occur upon hire and annually. Any changes will be documented on RASP updates that are located in the RASP binders in the home and signed off on prior to staff working the shift.

The Office Administrator will conduct staff file audits 30 days after hire and annually to ensure appropriate requirements are in the staff files. These audits will begin being conducted during the month of June. Audits will be sent to QI for the next three months to review and ensure completion.

The home has increased staffing to three on 3rd shift.

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

Implemented [REDACTED] - 07/09/2024)