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

July 25, 2024

[redacted]
MENTOR ABI LLC
[redacted]

RE: NEURORESTORATIVE
PENNSYLVANIA
BUILDING 2, 6816 WEST LAKE RD
FAIRVIEW, PA, 16415
LICENSE/COC#: 44205

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/26/2024 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 #**: *44205* **License Expiration**: *10/23/2024*

Address: *BUILDING 2, 6816 WEST LAKE RD, 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: *C-2 LP* **Date**: *05/30/1974* **Issued By**: *Department of L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *10* **Waking Staff**: *8*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint* **Exit Conference Date**: *04/26/2024*

Inspection Dates and Department Representative

04/26/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *16* **Residents Served**: *8*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *2* **Are 60 Years of Age or Older**: *0*

Diagnosed with Mental Illness: *8* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *2* **Have Physical Disability**: *3*

Inspections / Reviews

04/26/2024 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/19/2024*

Inspections / Reviews *(continued)*

05/31/2024 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/25/2024*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *07/15/2024*

07/25/2024 - Document Submission

Submitted By: [redacted] **Date Submitted**: *07/25/2024*

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 [redacted] was prescribed [redacted] apply topically to facial dermatitis twice daily. The home failed to administer the medication to the resident on [redacted], at 8:00 p.m., [redacted] at 8:00 a.m., and [redacted] at 8:00 p.m. However, the home failed to report the medication error to the department.

Plan of Correction ***Accept [redacted] - 05/31/2024)***

The order was not to start 3/20, it was ordered 3/20 and couldn't have started until 3/21. On 3/21 the resident was in the hospital. The resident returned on 3/23 without appropriate orders from the hospital for the cream. The nurse on duty 3/22 approved the order while the participant was in the hospital and has an ROD for inappropriately starting a medication while a participant was hospitalized. The staff working 3/23 and 3/24 signed for the medication creating a documentation error. This nurse reviewed what occurred with the ordering doctor and he gave a verbal order to start the medication on 3/25. No error occurred to write an incident report on. A documentation error occurred but this is not reportable.
On 3/25/24 the resident received and started the medication. At this time education was provided to the nursing team by [redacted] on the requirements for new orders. Education included a participant must be active and in the facility to start a medication, they can not be in the hospital. Education also included that a prescription must be available and reviewed to verify the order.
All consults are to be reviewed by a second nurse for accuracy. By 6.15.24 all nurses will be educated on the system and the requirements. Documentation of the second check will be kept on the consult as part of the resident record. All consults will be submitted to the HSS for review. The HSS will document her review on every consult x one month. The HSS will then do spot checks on consults 1x weekly x one month and then one time monthly per quarter until the end of the year. Documentation will be submitted to the QIS to ensure completion.

Licensee's Proposed Overall Completion Date: *05/30/2024*

Implemented [redacted] - 07/25/2024)

187a - Medication Record

2. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident [redacted] March 2024, medication administration record indicates that the resident's prescribed medication of [redacted] apply topically to facial dermatitis twice daily, was administered on [redacted], at 8:00 p.m., [redacted] at 8:00 a.m., and [redacted] at 8:00 p.m. However, the medication was not administered.

Plan of Correction ***Accept [redacted] - 05/31/2024)***

The order was not to start 3/20, it was ordered 3/20 and couldn't have started until 3/21. On 3/21 the resident was in the hospital. The resident returned on 3/23 without appropriate orders from the hospital for the cream. The nurse on duty 3/22 approved the order while the participant was in the hospital and has an ROD for inappropriately starting a medication while a participant was hospitalized. The staff working 3/23 and 3/24 signed for the

187a - Medication Record (continued)

medication creating a documentation error. This nurse reviewed what occurred with the ordering doctor and he gave a verbal order to start the medication on 3/25. No error occurred to write an incident report on. A documentation error occurred but this is not reportable.
On 3/25/24 the resident received and started the medication. At this time education was provided to the nursing team by [redacted] on the requirements for new orders. Education included a participant must be active and in the facility to start a medication, they can not be in the hospital. Education also included that a prescription must be available and reviewed to verify the order.
All consults are to be reviewed by a second nurse for accuracy. By 6.15.24 all nurses will be educated on the system and the requirements. Documentation of the second check will be kept on the consult as part of the resident record. All consults will be submitted to the HSS for review. The HSS will document her review on every consult x one month. The HSS will then do spot checks on consults 1x weekly x one month and then one time monthly per quarter until the end of the year. Documentation will be submitted to the QIS to ensure completion.

Licensee's Proposed Overall Completion Date: *05/30/2024*

Implemented [redacted] 07/25/2024)

187d - Follow Prescriber's Orders

3. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] was prescribed [redacted] apply topically to facial dermatitis twice daily. The medication order's start date was [redacted], with the home possessing exactly one tube of [redacted].
Resident [redacted] was admitted to St. Vincent Hospital on [redacted], and returned to the home on [redacted] at approximately 1:53 p.m. However, the home failed to administer the medication on [redacted], at 8:00 p.m., [redacted] at 8:00 a.m., and [redacted] at 8:00 p.m.
On March 25th at approximately 8:00 a.m., the non-administration of the ordered [redacted] medication was realized and administered for the first time. On that same date [redacted]) staff member A contacted the prescribing physician requesting / receiving an updated verbal order for the [redacted] medication with a start date that coincided with the medication's first administration on [redacted], 8:00.

Plan of Correction ***Accept [redacted] 05/31/2024)***

The order was not to start 3/20, it was ordered 3/20 and couldn't have started until 3/21. On 3/21 the resident was in the hospital. The resident returned on 3/23 without appropriate orders from the hospital for the cream. The nurse on duty 3/22 approved the order while the participant was in the hospital and has an ROD for inappropriately starting a medication while a participant was hospitalized. The staff working 3/23 and 3/24 signed for the medication creating a documentation error. This nurse reviewed what occurred with the ordering doctor and he gave a verbal order to start the medication on 3/25. No error occurred to write an incident report on. A documentation error occurred but this is not reportable.
On 3/25/24 the resident received and started the medication. At this time education was provided to the nursing team by [redacted] on the requirements for new orders. Education included a participant must be active and in the facility to start a medication, they can not be in the hospital. Education also included that a prescription must be available and reviewed to verify the order.
All consults are to be reviewed by a second nurse for accuracy. By 6.15.24 all nurses will be educated on the system and the requirements. Documentation of the second check will be kept on the consult as part of the resident record.

187d - Follow Prescriber's Orders (continued)

All consults will be submitted to the HSS for review. The HSS will document her review on every consult x one month. The HSS will then do spot checks on consults 1x weekly x one month and then one time monthly per quarter until the end of the year. Documentation will be submitted to the QIS to ensure completion.

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

Implemented [redacted] - 07/25/2024)