

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

October 9, 2024

[REDACTED]  
MENTOR ABI LLC  
[REDACTED]

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

[REDACTED],  
  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/13/2024, 07/09/2024 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 #: *44796* License Expiration: *05/19/2025*  
 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: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *07/09/2024*

**Inspection Dates and Department Representative**

05/13/2024 - On-Site: [REDACTED]  
 07/09/2024 - Off-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**

05/13/2024 - Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/08/2024*

Inspections / Reviews (*continued*)

## 08/23/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/08/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/30/2024

## 09/18/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/08/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/01/2024

## 10/09/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/08/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 187a - Medication Record

## 1. Requirements

2600.

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

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

**Description of Violation**

On [REDACTED], resident [REDACTED] was prescribed ACE bandage, wrap both legs with ACE bandage from toe to knee once daily in the mornings, take ACE wraps off at night. From [REDACTED] resident [REDACTED] medication administration records (MAR) indicate "Other, see notes," without any additional notes for wrap application 44 times and wrap removal 25 times. On [REDACTED] the home contacted the resident's physician requesting the order be discontinued due to resident refusals. On [REDACTED] the prescriber denied the request; however, the home discontinued the leg wraps and removed them from resident [REDACTED] April 2024 MAR on 4/23/24.

**Plan of Correction**

Accept [REDACTED] - 09/18/2024)

The program hired a new DON in December. The requirement to review "medication refusals" was during the Daily Stand Up was missed. Beginning in April, the program became aware of this being missed and it was added back to the Daily Stand Up and the DON began running daily reports. Running this report daily ensures that the program is aware of all refusals.

Education will be done with the staff regarding completing a progress note when code "Other, see notes" is chosen. This will be done during the August all staff meeting that is scheduled for 8/27/24.

Regarding the removal of the leg wraps, the doctor did not deny the request. The request was approved on 4/3/24. See attached order and progress notes that were in the chart at the time of the inspection.

Please indicate who is responsible to document medication refusals on the Daily Stand Up. The nursing team documents refusals on the daily stand up.

Please indicate the date in April that medication refusals was added to the Daily Stand Up, and by whom. April 22, 2024 by [REDACTED].

Please indicate the date the DON began running daily reports. April 22, 2024.

Please indicate who will conduct education at the 8/27/24 staff meeting. The staff meeting had to be canceled and will be completed on 9/24/24 by [REDACTED].

## 187a - Medication Record (continued)

Licensee's Proposed Overall Completion Date: 09/24/2024

Implemented [REDACTED] - 10/09/2024)

## 187c - Refusal of Medication

## 2. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

## Description of Violation

On [REDACTED] resident [REDACTED] was prescribed ACE bandage, wrap both legs with ACE bandage from toe to knee once daily in the mornings, take ACE wraps off at night. From [REDACTED] – [REDACTED] resident [REDACTED] MARs indicate the resident refused leg wrap application 16 times and refused leg removal 73 times. However, these refusals were not reported to the prescriber until [REDACTED].

## Plan of Correction

Accepted [REDACTED] - 09/18/2024)

The program hired a new DON in December. The requirement to review "medication refusals" was during the Daily Stand Up was missed. Beginning in April, the program became aware of this being missed and it was added back to the Daily Stand Up and the DON began running daily reports. Running this report daily ensures that the program is aware of all refusals.

Education will be done with the staff regarding completing a progress note when code "Other, see notes" is chosen. This will be done during the August all staff meeting that is scheduled for 8/27/24.

Regarding the removal of the leg wraps, the doctor did not deny the request. The request was approved on 4/3/24. See attached order and progress notes that were in the chart at the time of the inspection.

Please indicate who is responsible to document medication refusals on the Daily Stand Up. The nursing team documents refusals on the daily stand up.

Please indicate the date in April that medication refusals was added to the Daily Stand Up, and by whom. April 22, 2024 by [REDACTED].

Please indicate the date the DON began running daily reports. April 22, 2024.

Please indicate who will conduct education at the 8/27/24 staff meeting. The staff meeting had to be canceled and will be completed on 9/24/24 by [REDACTED].

Licensee's Proposed Overall Completion Date: 09/24/2024

Implemented [REDACTED] 10/09/2024)

## 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 [REDACTED] was prescribed ACE bandage, wrap both legs with ACE bandage from toe to knee once daily in the mornings, take ACE wraps off at night. From [REDACTED] – [REDACTED], resident #2's MARs indicate the resident refused the application of leg wraps 16 times and refused the removal of leg wraps 73 times, the leg wraps were not available

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

in the home for application 35 times, and "Other, see notes," without any additional notes for wrap application 44 times and wrap removal 25 times. On 4/15/23, the home contacted the resident's physician requesting the order be discontinued due to resident refusals. On 4/23/24, the prescriber denied the request; however, the home discontinued the leg wraps and removed them from resident [REDACTED] April 2024 MAR on 4/23/24.

**Plan of Correction****Accepted [REDACTED] - 09/18/2024)**

The program hired a new DON in December. The requirement to review "medication refusals" was during the Daily Stand Up was missed. Beginning in April, the program became aware of this being missed and it was added back to the Daily Stand Up and the DON began running daily reports. Running this report daily ensures that the program is aware of all refusals.

Education will be done with the staff regarding completing a progress note when code "Other, see notes" is chosen. This will be done during the August all staff meeting that is scheduled for 8/27/24.

Regarding the removal of the leg wraps, the doctor did not deny the request. The request was approved on 4/3/24. See attached order and progress notes that were in the chart at the time of the inspection.

Please indicate who is responsible to document medication refusals on the Daily Stand Up. The nursing team documents refusals on the daily stand up.

Please indicate the date in April that medication refusals was added to the Daily Stand Up, and by whom. April 22, 2024 by [REDACTED].

Please indicate the date the DON began running daily reports. April 22, 2024.

Please indicate who will conduct education at the 8/27/24 staff meeting. The staff meeting had to be canceled and will be completed on 9/24/24 by [REDACTED].

**Licensee's Proposed Overall Completion Date: 09/24/2024**

**Implemented [REDACTED] - 10/09/2024)**