

Department of Human Services  
Bureau of Human Service Licensing

August 3, 2021

[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 05/11/2021, 05/13/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Suzy Quinn

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

**Name:** NEURORESTORATIVE PENNSYLVANIA      **Licen e #:** 44663      **Licen e Expiration Date:** 10/30/2021  
**Adde :** 6816 WEST LAKE ROAD, FAIRVIEW, PA 16415  
**County:** ERIE      **Region:** WESTERN

**Administrator**

**Name:** [REDACTED]      **Phone:** 8144741977      **Email:** [REDACTED]

**Legal Entity**

**Name:** MENTOR ABI LLC  
**Address:** 6816 WEST LAKE ROAD, FAIRVIEW, PA, 16415  
**Phone:** 8144741977      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

**Re ident Support Staff:** 0      **Total Daily Staff:** 16      **Waking Staff:** 12

**Inspection**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Incident      **Exit Conference Date:** 05/13/2021

**Inspection Dates and Department Representative**

05/11/2021 - On-Site: [REDACTED]  
05/13/2021 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

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

**Secured Dementia Care Unit**

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

**Hospice**

**Current Re ident :** 0

**Number of Residents Who:**

**Receive Supplemental Security Income:** 8      **Are 60 Years of Age or Older:** 1  
**Diagnosed with Mental Illness:** 5      **Diagnosed with Intellectual Disability:** 1  
**Have Mobility Need:** 8      **Have Physical Disability:** 8

## Inspections / Reviews

05/11/2021 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *06/27/2021*

6/28/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/05/2021*

7/16/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/20/2021*

8/3/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

60a - Staff/Support Plan

1. 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 4/29/21, 4/30/21, 5/1/21, 5/4/21, 5/5/21, 5/6/21 and 5/7/21, only 1 direct care staff person was working from 11:00 pm to 7:00 am in the home. On these dates, the home served 8 residents, all of whom have mobility needs. Of these 8 residents, 3 require 2 person assists with transfers, including resident #1, who requires a [REDACTED]. The home's most recent fire safety inspection conducted by a fire safety expert on 3/3/21, indicates the maximum safe evacuation time is 5 minutes. The home was not adequately staffed on these dates to safely evacuate all residents in the event of an emergency.

On 4/29/21, 4/30/21 and 5/4/21, staff person A was the only direct care staff person working from 11:00 pm - 7:00 am. On these dates, staff person A was on a transitional duty program, working in a transitional, modified capacity with the following restrictions: may lift 30 pounds occasionally, may push/pull up to 30 pounds occasionally, and may bend occasionally. However, on these dates, the home served 8 residents, all of whom have mobility needs. Of these 8 residents, 3 require 2 person assists with transfers, including resident #1, who requires a Hoyer lift for transfers. In addition, resident #2's resident assessment and support plan (RASP), dated [REDACTED] indicates [REDACTED] requires [REDACTED] and resident #3's RASP, dated [REDACTED] indicates [REDACTED] requires [REDACTED] and [REDACTED] Staff person A was physically unable to meet the needs of the residents as specified in their assessment and support plan on these dates.

Plan of Correction

Accept

Staff person A was moved to a different location within the program to a home with less physical assistance needs; this was corrected immediately following the inspection.

The Residential Supervisor attends a weekly meeting with the Program Director and the other RSs. During this meeting the schedule of the program will be reviewed to ensure the program has at least 2 people working on 3rd shift to meet the needs of the participants.

The program has implemented a 3rd shift wage differential to assist with recruitment and retention staff.

The Program Director will continue to meet with the supervisors weekly to review the schedules and ensure compliance with the requirements of 3rd shift staffing.

Additionally, the Program Director has met with the on-call team to review 3rd shift staffing ratios in the home; they are to ensure that the building always has 2 staff members present on 3rd shift. If this requirement is unable to be met, the on-call supervisor is to reach out to the Program Director for assistance.

Completion Date: 06/25/2021

Document Submission

Implemented

Completed 6/25/21.

erification of training 6/23/21 attached.