

Department of Human Services  
Bureau of Human Service Licensing

August 20, 2021

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

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/09/2021, 06/10/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Jason Williams

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*      Licens e #: *44205*      Licens e Expiration Date: *06/16/2022*  
Address : *BUILDING 2, 6816 WEST LAKE RD, 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: *C-2 LP*      Date: *05/30/1974*      Issued By: *Labor and Industry*

**Staffing Hours**

Re ident Support Staff: *0*      Total Daily Staff: *12*      Waking Staff: *9*

**Inspection**

Type: *Full*      Notice: *Unannounced*      BHA Docket #:  
Reason: *Renewal*      Exit Conference Date: *06/10/2021*

**Inspection Dates and Department Representative**

06/09/2021 - On-Site: [REDACTED]  
06/10/2021 - 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 Re ident : *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *2*      Are 60 Years of Age or Older: *1*  
Diagnosed with Mental Illness: *7*      Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *4*      Have Physical Disability: *1*

## Inspections / Reviews

06/09/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *07/29/2021*

8/4/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *08/10/2021*

8/20/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 85a - Sanitary Conditions

### 1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

#### Description of Violation

*On 6/9/21, at approximately 11:08 a.m., Resident #1's bathroom rug was soaked through with water and had a pungent smell of mildew.*

*On 6/9/21, at approximately 11:09 a.m., Resident #1's bathroom did not contain any paper towels, mechanical air blower, or other sanitary method of hand drying.*

#### Plan of Correction

**Accept**

*During the inspection the bathroom rug of resident #1 was laundered and replaced. During the inspection paper towels were placed in the bathroom; it is noted that resident #1 does not share a bathroom and utilizes a hand towel to dry her hands.*

*Moving forward the program will utilize the daily bathroom cleaning checklist to ensure any rugs are checked for cleanliness and to ensure paper towels are available. The daily checklist was updated to include these items and will be implemented by August 9, 2021.*

*The Residential Supervisor or designee will review checklists to ensure compliance.*

**Completion Date:** 08/03/2021

#### Document Submission

**Implemented**

*Bathroom rug laundered at the time of inspection. The program has been given the daily checklist and was implemented as of August 9, 2021; checklist attached.*

## 101j7 Lighting/Operable Lamp

### 1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

#### Description of Violation

*Resident #1 does not have access to a source of light that can be turned on/off at bedside. The bulb in the bedside light was burned out.*

#### Plan of Correction

**Accept**

*The light bulb was replaced at the time of inspection.*

*The program will utilize monthly checklists to ensure all light bulbs are checked to ensure they are working. The checklist was updated and will begin being utilized during the month of August.*

*The Residential Supervisor or designee will review checklists to ensure compliance.*

**Completion Date:** 08/03/2021

101j7 - Lighting/Operable Lamp *(continued)***Document Submission****Implemented**

*Light bulb replaced at the time of inspection. Monthly checklists have been implemented beginning August 2021; attached.*

## 102h - Toilet Paper

**1. Requirements**

2600.

102.h. Toilet paper shall be provided for every toilet.

**Description of Violation**

*On 6/9/21, at approximately 11:08 a.m., resident #1's, bathroom toilet, did not have any toilet paper.*

**Plan of Correction****Accept**

*During the inspection toilet paper was placed in the bathroom.*

*Moving forward the program will utilize the daily bathroom cleaning checklist to ensure bathrooms have toilet paper available. The daily checklist was updated to include these items and will be implemented by August 9, 2021.*

*The Residential Supervisor or designee will review checklists to ensure compliance.*

**Completion Date:** 08/03/2021

**Document Submission****Implemented**

*Toilet paper was placed at the time of inspection. Daily checklist was given to the program and implemented August 9, 2021; checklist attached.*