

Department of Human Services  
Bureau of Human Service Licensing

November 9, 2021

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

RE: NEURORESTORATIVE  
PENNSYLVANIA  
6726 WALNUT CREEK DRIVE  
FAIRVIEW, PA, 16415  
LICENSE/COC#: 44695

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 08/04/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,  
[REDACTED]

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* License #: *44695* License Expiration Date: *11/05/2021*  
Address: *6726 WALNUT CREEK DRIVE, 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: *R-3* Date: *08/19/2015* Issued By: *Fairview Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *5* Waking Staff: *4*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *08/04/2021*

**Inspection Dates and Department Representative**

*08/04/2021 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *4* Residents Served: *4*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *3* Are 60 Years of Age or Older: *0*  
Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *1* Have Physical Disability: *0*

## Inspections / Reviews

08/04/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/12/2021*

9/22/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/29/2021*

11/9/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *11/16/2021*

## 63a - First Aid/CPR Training

**1. Requirements**

2600.

- 63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

**Description of Violation**

*On 7/18, 7/19, 7/20, 7/25, 7/26 and 7/27 from 3:00pm to midnight , 4 residents were present in the home. During this time there were no staff persons present in the home who are certified in CPR.*

*On 7/19, 7/20, 7/21, 7/26, 7/27 and 7/28 from midnight to 7:00am, 4 residents were present in the home. During this time there were no staff persons present in the home who are certified in CPR.*

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

*The Clinical Director has secured a training with the American Red Cross scheduled for 9/29/21 at which time staff out of compliance will complete the training.*

*The program has identified 3 administrative staff to take the CPR/ FA train the trainer course to conduct on site training moving forward.*

*Moving forward, during the weekly supervisor meeting the program supervisors and the Program Director will review the schedules and ensure that at least one CPR/ FA Certified staff member is working at all times.*

**Completion Date:** 09/10/2021

## 103i - Outdated Food

**1. Requirements**

2600.

- 103.i. Outdated or spoiled food or dented cans may not be used.

**Description of Violation**

*At 10:07am, 1 package of English toasting sandwich bread with a best if used by date of 7/18/21, and 1 package of English muffins with a best by date of 7/20/21, were stored in the upper kitchen cabinet labeled "Bread".*

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

*The items were discarded at the time of the inspection.*

*Education will be provided to the program staff on the requirement for ensuring outdated and spoiled food is disposed of and not used; this will be completed by 10/16/21.*

*Moving forward the home will utilize the Regulatory Compliance Checklist to ensure all expired and outdated food items are discarded; this will be completed weekly by the designated staff.*

**Completion Date:** 10/12/2021