

Department of Human Services
Bureau of Human Service Licensing

November 2, 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#: 44710

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/10/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance 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 #: *44710* License Expiration Date: *11/05/2021*
Address: *6816 WEST LAKE ROAD, FAIRVIEW, PA 16415*
County: *ERIE* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *8144741977* Email: [REDACTED].com;
Katy.Peterson@neurorestorative.com

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: *10/02/2015* Issued By: *Fairview Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *4* Waking Staff: *3*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *08/10/2021*

Inspection Dates and Department Representative

08/10/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8* Residents Served: *3*

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: *1*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

08/10/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/23/2021*

9/29/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *10/04/2021*

10/5/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *10/31/2021*

11/2/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. If there is not at least 15 feet between the fossil fuel burning device and the door that leads out of the enclosed area to the rest of the building, then the carbon monoxide detector should be placed just outside of the door, unless the manufacturer's instructions indicate otherwise.

At 10:25 a.m., building #3's utility room did not have at least 15 feet between the fossil fuel burning hot water tank and the door that leads out of the enclosed area; however, the carbon monoxide detector for the hot water tank was placed approximately 12 feet outside of the door.

At 10:00 a.m., building #4's utility room did not have at least 15 feet between the fossil fuel burning hot water tank and the door that leads out of the enclosed area; however, the carbon monoxide detector for the hot water tank was placed approximately 10 feet outside of the door.

Plan of Correction

Accept

Maintenance is working with [REDACTED] to have alarms moved to accurate placement. This was completed on 10/1/21.

Maintenance will be provided with education related to appropriate Carbon Monoxide Detector placement.

The requirement specifications related to placement of the Carbon Monoxide Detectors were added to the monthly maintenance survey that is completed by the maintenance team. The updated survey will begin being utilized during the month of October and is due to be submitted by 10/31/21.

Completion Date: 10/01/2021

Document Submission

Implemented

[REDACTED] moved the Carbon Monoxide Detectors on 10/1/21.

Education was provided to maintenance at the time of the inspection.

The new monthly maintenance survey was reviewed with maintenance and began utilization for October surveys; form attached.

85a - Sanitary Conditions

1. Requirements

2600.

- 85.a. Sanitary conditions shall be maintained.

Description of Violation

At 9:45 a.m., the refrigerator in the kitchen of building #4 had a strong odor and contained multiple spoiled food items, including partially eaten pizza.

At 9:50 a.m., there were no paper towels, mechanical blower, individual cloth towels or other sanitary means of hand drying in the shared bathroom next to resident rooms 3 and 4, in building #4.

85a - Sanitary Conditions *(continued)***Plan of Correction****Accept**

Spoiled items were removed at the time as inspection as well as paper towels being added to the bathroom; it is noted that the building was not in operation at the time of inspection.

Education was provided to the program regarding requirements for sanitary conditions to be maintained at all times.

The program will complete a monthly Environmental Survey each month despite the building being unoccupied.

Completion Date: 09/28/2021

Document Submission**Implemented**

Education was provided to the program on 10/29/21; provided education attached.

Monthly Environmental Surveys in an unoccupied program began during the month of October.

103e - Left Overs

1. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At 9:45 a.m., there were two undated boxes of partially eaten pizza in building #4's kitchen refrigerator.

Plan of Correction**Accept**

Spoiled items were removed at the time as inspection; it is noted that the building was not in operation at the time of inspection.

Education was provided to the program regarding requirements for sanitary conditions to be maintained at all times.

The program will complete a monthly Environmental Survey each month despite the building being unoccupied.

Completion Date: 09/28/2021

Document Submission**Implemented**

Education was provided to the program on 10/29/21; education attached.

Monthly Environmental Survey's began during the month of October for any programs unoccupied.

221c - Post Activity Calendar

1. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

At 10:31 a.m., the home did not have a current activity calendar posted in a public and conspicuous place in building #3.

221c - Post Activity Calendar (*continued*)**Plan of Correction****Accept**

The current weekly activity calendar was posted in the home.

Education was provided to the program on the requirements for the activity calendar to be posted at all times.

The program completes a monthly calendar of activities each month, to prevent this from occurring again the requirement was added to the programs monthly Regulatory Compliance Checklist. The checklist will be reviewed by the Residential Supervisor to ensure compliance.

Completion Date: 09/28/2021

Document Submission**Implemented**

Education was provided to the program on 10/29/21; education attached.

The updated monthly Regulatory Compliance Checklists began during the month of October for any programs unoccupied; checklist attached.