

Department of Human Services
Bureau of Human Service Licensing

February 15, 2022

[REDACTED]
MENTOR ABI LLC
[REDACTED]

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 review on 08/31/2021, 09/02/2021 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* License #: *44695* License Expiration: *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

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *09/01/2021*

Inspection Dates and Department Representative

08/31/2021 - On-Site: [REDACTED]

09/02/2021 - Off-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: *2* 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

08/31/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/05/2021*

Inspections / Reviews (*continued*)

01/04/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *01/11/2022*

01/26/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *02/02/2022*

02/15/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident #1's assessment and support plan, dated [REDACTED] indicates [REDACTED] needs moderate supervision and exhibits irritability and aggressive behaviors. The home was aware of resident #1's ongoing intimidation and threatening behavior towards residents of the home, including resident #2. On 5/18/21, the home developed a behavior plan for resident #1 because [REDACTED] behaviors, including verbal aggression, extortion of other resident funds and bullying, created an unsafe environment for both residents and staff. The plan indicates resident #1's behaviors must stop or at a minimum decrease in frequency and severity and successful completion will be evaluated by [REDACTED] treatment team monthly. However, multiple staff interviews indicate the behavior plan was not being followed as resident #1 continued to exhibit the behaviors. Also, evaluation of resident #1's progress was not completed monthly. In addition, interviews with the 3 other residents of the home indicate they also experienced ongoing intimidation, threatening behaviors and verbal aggression from resident #1.

On [REDACTED] at approximately 5:00pm, resident #1 and resident #2 engaged in an argument about cigarettes while outside smoking. Resident #1 accused resident #2 of stealing [REDACTED] cigarettes and called [REDACTED] a thief multiple times. Resident #2 struck resident #1 in the face multiple times. Resident #1 was transported via ambulance to the emergency room where [REDACTED] was diagnosed with a black eye and laceration of the face and nose. Resident #2 was arrested and charged with assault.

Plan of Correction**Accept**

Resident #1 was relocated to another program and resident #2 was discharged.

Education will be provided to the program on the requirements for reviewing a participant that is on a behavior plan per the plan requirements.

All participants on a behavior plan will remain on high risk through out the time frame of the behavior plan (weekly). Additionally, all participants behavior plans will be reviewed during the monthly team meeting discussion. The Clinical Director or designee will ensure this is completed.

Education was completed on 11/8/2021.

The Ombudsman will conduct a Resident Rights Training with the program on 2/2/22.

The Case Manager or designee will complete one participant interview per week during the month of February and then one time monthly for 5 months.

Document Submission**Implemented**

All forms and education attached.