

Department of Human Services  
Bureau of Human Service Licensing

May 3, 2022

[REDACTED]  
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 11/10/2021 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 #: *44663* License Expiration: *10/30/2022*  
Address: *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**

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *16* Waking Staff: *12*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident* Exit Conference Date: *11/10/2021*

**Inspection Dates and Department Representative**

*11/10/2021 - On-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 Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *8* Are 60 Years of Age or Older: *1*  
Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *8* Have Physical Disability: *7*

**Inspections / Reviews**

**11/10/2021 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/13/2021*

**01/18/2022 - POC Submission**

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/25/2022*

Inspections / Reviews (*continued*)

01/26/2022 - POC Submission

Reviewer: [REDACTED]

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

05/03/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 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 10/30/21 from 11:00pm until 10/31/21 at 7:00am, there were 8 residents present in the home. During this time there were no staff persons present in the home trained in first aid and certified in obstructed airway techniques and CPR.*

*Repeat Violation: 8/11/2021*

## Plan of Correction

Accept

*The program worked with The Redcross and sent all staff members of the program to CPR/FA training; this was completed by December 18th. Additionally, the programs Quality Improvement Specialist attended training with The Redcross on 12/6 and 12/7 to become a certified CPR/FA instructor and has classes scheduled beginning in January.*

*Moving forward the programs Residential Supervisors will meet weekly to review schedules. They will ensure a staff member with CPR/FA is working in the home at all times. Additionally, the team worked together to complete a training schedule to ensure all staff are signed up for a class to ensure compliance.*

**Completion Date:** 12/18/2021

## Document Submission

Implemented

*Initial in person trainings for CPR are scheduled for February 23rd.*

## 23a - Activities of Daily Living Assistance

## 1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

## Description of Violation

*On 10/30/21 from 11:00pm to 10/31/21 at 7:00am, staff person A was the only direct care staff person present in the home. On these dates the home served 8 residents, all of whom have mobility needs and require hourly checks at night. Staff person A indicated [REDACTED] did not check on residents every hour as required. Instead, staff person A checked residents every 2 hours and admitted to not turning and positioning the residents because [REDACTED] has a bad back.*

*Resident #1's support plan, dated [REDACTED], indicates [REDACTED] requires total physical assistance with bladder management, should be checked hourly for incontinence, and when incontinent will need changed immediately into clean and dry clothing. On 10/31/21 at approximately 5:00am, staff person A checked on resident #1 and found the resident had urinated; however, did not attempt to change the resident because [REDACTED] stated she couldn't leave the floor to shower [REDACTED], and instead waited for additional staff to arrive at 7:00am.*

*On 10/31/21 beginning at approximately 7:30am, staff discovered the following when doing morning rounds:*

*\* Staff person B and staff person C found resident #2 with dried, crusted feces going down [REDACTED] legs all the way to [REDACTED] toes, and in [REDACTED] bedsheets. Resident #2's support plan, dated [REDACTED], indicates [REDACTED] is to wear depends 24/7, staff are to provide total assistance with bowel management, and staff will clean [REDACTED] immediately and thoroughly to avoid skin breakdown.*

*\* Staff person C and staff person D found resident #3 sleeping in [REDACTED] chair, slumped all the way to one side and [REDACTED]*

**23a - Activities of Daily Living Assistance (continued)**

arms were dangling down towards the floor. The resident was wearing a brief soaked in urine, with [REDACTED] jeans down around [REDACTED] ankles. Resident #3's support plan, dated [REDACTED] indicates [REDACTED] requires visual checks every hour while sleeping, requires some assistance with bladder management, is to wear briefs to bed and staff are to physically assist in changing [REDACTED] clothing and clean up when [REDACTED] is incontinent.

Repeat Violation: 10/9/2020

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

The staff member working this night was terminated from the program. All staff in the program have been trained on the RASPs of all persons in the home to ensure they understand the needs of the participants.

Moving forward the team will meet weekly on Thursday's to review the schedule. The management team will ensure there are at least two staff members working in the program at all times. In the event of a call off or the inability to staff with two staff members the on-call or supervisor will fill the shift to ensure compliance.

**Completion Date:** 12/27/2021

**Document Submission****Implemented**

Weekly meetings are occurring with the PD and the RSs.

**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 10/26/21, 10/28/21, 10/30/21, 11/2/21, 11/3/21, and 11/4/21, only 1 direct care staff person was working from 11:00pm to 7:00am in the home. On these dates the home served 8 residents, all of whom have mobility needs. Of these 8 residents, 6 require 2 person assists with transfers, including resident #4, who requires a Hoyer lift, which staff interviews indicate requires 2 staff for operation. 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.

Repeat Violation: 8/11/2021, 5/11/2021

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

Moving forward the team will meet weekly on Thursday's to review the schedule for the upcoming week. The management team will ensure there are at least two staff members working in the program at all times. In the event of a call off or the inability to staff with two staff members the on-call or supervisor will fill the shift to ensure compliance. To trouble shoot during the staffing crisis the program will review the schedule daily to problem solve any staffing shortages.

The program has contracts with 2 staffing agencies and are maximizing any available staff to reduce shortages. The new Program Director has reviewed these expectations with the staff and will ensure compliance is met. Additionally, the program has implemented a Contingency Crisis Staffing Plan that includes working with Jim Caputo and the LECOM team for emergency staffing.

60a - Staff/Support Plan (continued)

Completion Date: 01/24/2022


Document Submission

*Implemented*

See attachments.

Department of Human Services  
Bureau of Human Service Licensing

May 5, 2022

  
MENTOR ABI LLC  
6816 WEST LAKE ROAD  
FAIRVIEW, PA, 16415

RE: NEURORESTORATIVE  
PENNSYLVANIA  
6816 WEST LAKE ROAD  
FAIRVIEW, PA, 16415  
LICENSE/COC#: 44663

Dear Ms. Katy Peterson,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/11/2022 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 #: *44663* License Expiration: *10/30/2022*  
Address: *6816 WEST LAKE ROAD, FAIRVIEW, PA 16415*  
County: *ERIE* Region: *WESTERN*

**Administrator**

██████████ Phone: *8144741977* Email: ██████████

**Legal Entity**

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

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *16* Waking Staff: *12*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident, Monitoring* Exit Conference Date: *02/11/2022*

**Inspection Dates and Department Representative**

*02/11/2022 - On-Site:* ██████████

**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 Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *8* Are 60 Years of Age or Older: *1*  
Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *8* Have Physical Disability: *7*

**Inspections / Reviews**

**02/11/2022 - Partial**

Lead Inspector: ██████████ Follow-Up Type: *POC Submission* Follow-Up Date: *03/11/2022*

**04/13/2022 - POC Submission**



Inspections / Reviews (*continued*)

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *04/20/2022*

05/05/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

During the month of January, 2022, Staff person A was observed yelling at resident #1 to sip [redacted] drinks. Resident #1 indicates this made [redacted] feel like [redacted]s a child.

Plan of Correction

Accept

The staff member returned to work following the incident. On February 18, 2022, before returning to full duty, [redacted] was provided education on dignity and respect (attached).

The program will work with the Ombudsman to complete a dignity and respect training for all staff at the program.

The Case Manager or designee will meet with the two participants weekly x 4 weeks and conduct interviews.

Following the first 4 weeks the CM or designee will then conduct interviews with two participants monthly x 4 months.

Completion Date: 03/15/2022

Document Submission

Implemented

attached.