





CERTIFIED MAIL – RETURN RECEIPT REQUESTED  
MAILING DATE: MARCH 26, 2024

[REDACTED]  
Mentor ABI LLC  
[REDACTED]

RE: Neurorestorative Pennsylvania  
1331 Dutch Road  
Fairview, Pennsylvania 16415  
License/COC #: 448181

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection on September 6, 2023 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (44818) dated March 7, 2024 to March 7, 2025 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4); (5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from March 26, 2024 to September 26, 2024.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]  
Pennsylvania Department of Human Services  
Bureau of Human Services Licensing  
Room 631, Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120  
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Licensing Inspection Summary

cc:

[REDACTED]

Department of Human Services  
Bureau of Human Service Licensing  
**LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *NEURORESTORATIVE PENNSYLVANIA* License #: *44818* License Expiration: *03/07/2024*  
Address: *1331 DUTCH ROAD, FAIRVIEW, PA 16415*  
County: *ERIE* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *MENTOR ABI LLC*  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *R-3* Date: *10/24/2016* Issued By: *Fairview Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *6* Waking Staff: *5*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint, Incident* Exit Conference Date: *09/06/2023*

**Inspection Dates and Department Representative**

*09/06/2023 - On-Site* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *5* Residents Served: *5*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

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

**Inspections / Reviews**

*09/06/2023 - Partial*

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/29/2023*

11/21/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/07/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 11/28/2023

12/08/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/07/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 12/15/2023

02/10/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/07/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/16/2024

03/16/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/07/2024

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

## 15a - Resident Abuse Report

## 1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

## Description of Violation

On 8/19/23 at approximately 4:30pm, while passing medication to resident #1, staff person A called resident #1 annoying, and after administering the medication, staff person A attempted to walk past resident #1 and yelled at [REDACTED] to fucking move. This incident was overheard by staff person B; however, was not reported to the local Area Agency on Aging until 8/20/23.

On 8/19/23 at approximately 7:30pm, while passing medication to resident #2, staff person A attempted to pass additional medication to the resident that was not scheduled for administration until 9:00pm and 10:00pm. Resident #2 refused to take the later medication, saying it was too early. Staff person A yelled at resident #2, called [REDACTED] a dumbass, told [REDACTED] to stop being an asshole and take the medication now because [REDACTED] wouldn't be there at 9:30pm to give them to [REDACTED]. This incident was overheard by staff person B; however, was not reported to the local Area Agency on Aging until 8/20/23.

## Plan of Correction

Accept ([REDACTED] - 11/21/2023)

Education will be provided to staff by [REDACTED] on 11/10/23. Education will include the requirements to report suspected abuse to APS immediately.

To ensure compliance with reporting suspected abuse Reportables will be monitored weekly x 1 month, monthly x 3 months and quarterly x 2 quarters. The monitoring will be completed by [REDACTED], Quality Improvement Specialist.

Licensee's Proposed Overall Completion Date: 11/09/2023

Not Implemented ([REDACTED] - 03/16/2024)

## 42b - Abuse

## 2. 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

On 8/19/23 at approximately 4:30pm, while passing medication to resident #1, staff person A called resident #1 annoying, and after administering the medication, staff person A attempted to walk past resident #1 and yelled at [REDACTED] to fucking move.

On 8/19/23 at approximately 7:30pm, while passing medication to resident #2, staff person A attempted to pass additional medication to the resident that was not scheduled for administration until 9:00pm and 10:00pm. Resident #2 refused to take the later medication, saying it was too early. Staff person A yelled at resident #2, called [REDACTED] a dumbass, told [REDACTED] to stop being an asshole and take the medication now because [REDACTED] wouldn't be there at 9:30pm to give them to [REDACTED].

## 42b - Abuse (continued)

**Plan of Correction**

Accept [REDACTED] - 12/07/2023)

Staff was pulled from the schedule pending investigation; it was founded and [REDACTED] was terminated from the program. [REDACTED] from GECAC provided training and education during a staff meeting on August 29, 2023. Additionally, all staff will receive abuse training during orientation and annually.

Please indicate the topic of training provided by GECAC. GECAC completed training on Resident Rights and Abuse.

Please add a monitoring step, to include the administrator privately interviewing 1 resident per week for 5 weeks, then monthly for 3 months, regarding treatment from staff. This will begin the week of December 4th and will be completed by the Case Manager. Documentation will be stored in PCC.

Licensee's Proposed Overall Completion Date: 12/01/2023

Not Implemented ([REDACTED]) - 03/16/2024)

**3. 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**

On 8/25/23, the home served 5 residents. At approximately 4:00 am, staff person C arrived to pass medication and found that the residents were alone and unsupervised in the home. Staff person D, who was scheduled to work from 11:00pm to 7:00am, had abandoned the home and left the residents alone and unsupervised for an undetermined period.

**Plan of Correction**

Accept [REDACTED] - 02/10/2024)

The staff member was removed from the schedule pending investigation; this was supported and the staff member was terminated.

To ensure abandonment does not occur all staff received re-education on the requirements to stay in a home. This education was provided on 8/29/23 by [REDACTED]. This education will be provided during orientation moving forward.

Please indicate the date staff person D was terminated. The staff was terminated on [REDACTED]/23.

Please add a step to include developing and implementing policy and procedure to ensure residents are not left alone and unsupervised. The program has a procedure related to this. Upon orientation staff are trained and educated on the requirements for not leaving participants alone. This education is now completed in Relias upon starting. The education was completed by [REDACTED] and Relias went in to effect in August of 2023.

Please add a monitoring step. Relias reports are run on a weekly basis for on-boarding. This report is reviewed every Monday by the PD, QI and RS to ensure that staff have completed required trainings.

Policy 9.11 was updated on November 14, 2023 to include the following:

5. In the event of a call off or a no show for a shift the on-call supervisor will ensure coverage in the home. The on-call supervisor will make calls until coverage is obtained.

a. In the event coverage cannot be obtained the on-call supervisor will fill the shift until coverage can be obtained.

42b - Abuse (continued)

b. To ensure participants are never without staffing, staff receive education on not abandoning a shift until coverage arrives; see Appendix A.

Education on the updated policy will be completed by [REDACTED] on 1/29/24.

Licensee's Proposed Overall Completion Date: 01/29/2024

Not Implemented [REDACTED] - 03/16/2024)

57a - Designee Present/Age

4. Requirements

2600.

57.a. At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services.

Description of Violation

On 8/25/23, the home served 5 residents. At approximately 4:00 am, staff person C arrived to pass medication and found that the residents were alone and unsupervised in the home. Staff person D, who was scheduled to work from 11:00pm to 7:00am, had abandoned the home and left the residents alone and unsupervised, and for an undetermined period there was no direct care staff person age 21 years or older serving as the designee.

Plan of Correction

Accept [REDACTED] - 02/10/2024)

The staff member was removed from the schedule pending investigation; this was supported and the staff member was terminated.

To ensure abandonment does not occur all staff received re-education on the requirements to stay in a home. This education was provided on 8/29/23 by [REDACTED]. This education will be provided during orientation moving forward.

Please indicate the date staff person D was terminated. The staff was terminated on [REDACTED]/23.

Please add a step to include developing and implementing policy and procedure to ensure tat all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The program has a procedure related to this. Upon orientation staff are trained and educated on the requirements for not leaving participants alone. This education is now completed in Relias upon starting. The education was completed by [REDACTED] and Relias went in to effect in August of 2023.

Please add a monitoring step. Relias reports are run on a weekly basis for on-boarding. This report is reviewed every Monday by the PD, QI and RS to ensure that staff have completed required trainings.

Policy 9.11 was updated on November 14, 2023 to include the following:

- 5. In the event of a call off or a no show for a shift the on-call supervisor will ensure coverage in the home. The on-call supervisor will make calls until coverage is obtained.
  - a. In the event coverage cannot be obtained the on-call supervisor will fill the shift until coverage can be obtained.
  - b. To ensure participants are never without staffing, staff receive education on not abandoning a shift until coverage arrives; see Appendix A.

57a - Designee Present/Age (continued)

Education on the updated policy will be completed by [REDACTED] on 1/29/24.

Licensee's Proposed Overall Completion Date: 01/29/2024

Not Implemented ([REDACTED] - 03/16/2024)

63a - First Aid/CPR Training

5. 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 8/25/23, the home served 5 residents. At approximately 4:00 am, staff person C arrived to pass medication and found that the residents were alone and unsupervised in the home. Staff person D, who was scheduled to work from 11:00pm to 7:00am, had abandoned the home and left the residents alone and unsupervised, and for an undetermined period there was no staff person trained in first aid and certified in obstructed airway techniques and CPR present in the home.

Plan of Correction

Accept ([REDACTED] - 02/10/2024)

The staff member was removed from the schedule pending investigation; this was supported and the staff member was terminated.

To ensure abandonment does not occur all staff received re-education on the requirements to stay in a home. This education was provided on 8/29/23 by [REDACTED]. This education will be provided during orientation moving forward.

Please indicate the date staff person D was terminated. The staff was terminated on [REDACTED]/23.

Please add a step to include developing and implementing policy and procedure to ensure 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. The program has a procedure related to this. Upon orientation staff are trained and educated on the requirements for not leaving participants alone. This education is now completed in Relias upon starting. The education was completed by [REDACTED] and Relias went in to effect in August of 2023.

Please add a monitoring step. Relias reports are run on a weekly basis for on-boarding. This report is reviewed every Monday by the PD, QI and RS to ensure that staff have completed required trainings.

Policy 9.11 was updated on November 14, 2023 to include the following:

5. In the event of a call off or a no show for a shift the on-call supervisor will ensure coverage in the home. The on-call supervisor will make calls until coverage is obtained.

a. In the event coverage cannot be obtained the on-call supervisor will fill the shift until coverage can be obtained.

b. To ensure participants are never without staffing, staff receive education on not abandoning a shift until coverage arrives; see Appendix A.

Education on the updated policy will be completed by [REDACTED] on 1/29/24.

Licensee's Proposed Overall Completion Date: 01/29/2024

Not Implemented ([REDACTED] - 03/16/2024)