



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: APRIL 23, 2024

[REDACTED]
Mentor ABI LLC
[REDACTED]

RE: Neurorestorative Pennsylvania
Building 2
6816 West Lake Road
Fairview, Pennsylvania 16415
License/COC #: 442051

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection on November 2, 2023, and November 20, 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 (44205) dated June 16, 2023, to June 16, 2024, 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) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from to April 23, 2024 to October 23, 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 #: *44205* License Expiration: *06/16/2024*
Address: *BUILDING 2, 6816 WEST LAKE RD, FAIRVIEW, PA 16415*
County: *ERIE* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *05/30/1974* Issued By: *Dept. of Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *12* Waking Staff: *9*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *11/20/2023*

Inspection Dates and Department Representative

11/02/2023 - On-Site: [REDACTED]
11/20/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *16* Residents Served: *7*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *0*
Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *5* Have Physical Disability: *2*

Inspections / Reviews

11/02/2023 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *12/14/2023*

02/26/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *01/22/2024*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *03/06/2024*

03/20/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: *03/08/2024*

Reviewer: [REDACTED]

Follow-Up Type: *Enforcement*

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] 23, indicates [REDACTED] requires extensive supervision in the home, cannot the leave the home unattended, is unaware of unsafe areas, requires one on one supervision within arm's reach 16 hours daily, and is an elopement risk.

On [REDACTED] 5/23 at approximately 4:35 AM, resident #1 left the home unattended and walked approximately 1.1 miles to a private residence. The homeowner contacted the state police. At 5:41 AM, state police contacted the home to report they located resident #1. The home failed to provide adequate supervision to prevent this incident from happening.

Plan of Correction

Directed [REDACTED] - 02/26/2024)

Participant's plan actually stated [REDACTED] is visual checks hourly during sleeping hours; [REDACTED] was not to have extensive supervision during sleeping hours. The program intended to request increased 1:1 supervision on 10/25, however, the participant discharged on [REDACTED].

Proposed Overall Completion Date: 01/22/2024

Directed:

By 3/4/24, the administrator shall assess all residents for elopement risks. By 3/4/24, any resident found to be an elopement risk shall be placed on a minimum of 15 minute checks during sleeping hours, and staff shall be educated by the administrator on these changes. Documentation of assessments and education shall be kept.

[REDACTED] 2/26/24

Directed Completion Date: 03/04/2024

Not Implemented [REDACTED] - 03/20/2024)

42c - Treatment of Residents

2. Requirements

2600.

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

Description of Violation

On 10/20/23 at approximately 4:30 PM, staff person A asked resident #2 how to reboot resident #1's cable box. Resident #2 explained to staff person A how to do this, then went to resident #1's bedroom and attempted to adjust the cable box. Staff person A yelled at resident #2 to leave the bedroom. Resident #2 asked resident #1 if [REDACTED] had to leave the bedroom and resident #1 said [REDACTED] did not. Staff person A then called resident #2 a dumbass and gave [REDACTED] the middle finger.

Plan of Correction

Directed [REDACTED] - 02/26/2024)

All staff were provided education on Dignity and Respect during the staff meeting that was held on November 29, 2023. This training was provided by [REDACTED], Case Manager.

All staff will continue to receive training on dignity and respect upon hire and annually. This training was added to

42c - Treatment of Residents (continued)

Relias in August of 2023 and is available for all staff upon assignment.

Proposed Overall Completion Date: 01/22/2024

Directed:

By 3/4/24, weekly thereafter for 1 month and monthly thereafter for 3 months, the administrator shall privately interview 3 residents regarding staff treatment. Documentation of interviews shall be kept and reviewed at quality management plan review meetings.

■ **2/26/24**

Directed Completion Date: 03/04/2024

Not Implemented ■ **- 03/20/2024)**