

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

July 10, 2024

[REDACTED]  
MENTOR ABI LLC  
[REDACTED]

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

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/15/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *NEURORESTORATIVE PENNSYLVANIA* License #: *44663* License Expiration: *10/30/2024*  
 Address: *6816 WEST LAKE ROAD, 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: *I-1* Date: *01/26/2015* Issued By: *Fairview Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *14* Waking Staff: *11*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *03/15/2024*

**Inspection Dates and Department Representative**

03/15/2024 - On-Site: [Redacted]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *8* 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: *6* Are 60 Years of Age or Older: *1*  
 Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *7* Have Physical Disability: *7*

**Inspections / Reviews**

03/15/2024 - Partial  
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *04/25/2024*

Inspections / Reviews (*continued*)

## 04/29/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/06/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 05/06/2024

## 05/13/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/06/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/21/2024

## 07/10/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/06/2024

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 [REDACTED] most recent assessment and support plan completed on [REDACTED], and [REDACTED], respectively, indicates an assessed need for transferring in/out bed/chair of, participant requires some physical assistance with transferring in/out of bed/chair, participant is a 1-to-2-person transfer, participant is to have a Gait Belt on for all transfers. And a service plan to meet this need of, participant can transfer with 1 person assist and cueing, participant is to be cued to use arms to push off seating surface when transferring to an elevated surface from the wheelchair, participant requires a 2 person assist, staff is to use Gait Belt for all transfers. However, staff member A has provided resident [REDACTED] with multiple transfers over the course of approximately the past month from [REDACTED] wheelchair to [REDACTED] bed by placing [REDACTED] chest against resident [REDACTED] chest, placing [REDACTED] arms around resident [REDACTED] standing resident [REDACTED] up, pivoting, placing resident [REDACTED] back towards the bed, slightly leaning over the bed, and then letting go of resident [REDACTED], allowing [REDACTED] to free fall approximately 1.5 feet to the bed, and coming to rest face up on the bed with resident [REDACTED] feet remaining on the floor. Staff member A would then grab resident [REDACTED] feet and throw them onto the bed with resident [REDACTED] legs coming to rest to the left of center from [REDACTED] body and against the wall [REDACTED] bed was positioned against. Resident [REDACTED] had informed staff member A that the way the transfer/s were performed was too rough and scared [REDACTED]. However, staff member A continued providing transfer assistance to resident [REDACTED] in the same manner. Resident [REDACTED] is fearful of staff member A in general and is specifically fearful of staff member A assisting [REDACTED] with transfers.

## Plan of Correction

Accept [REDACTED] - 05/13/2024)

The staff member was removed from the schedule immediately pending investigation. The staff member was terminated by [REDACTED] on [REDACTED].

During the staff meeting on April 23, 2024 staff were educated by [REDACTED] on Abuse, Dignity and Respect. The program is also working with the local Area on Aging to have in person training completed by an outside agency. This training is not available per the agency until October 2024. The program will continue to search for an additional trainer to get the training conducted sooner if possible. Staff will continue to be educated during orientation and annually.

The program will continue to work to find an outside agency to complete the training prior to June 30th. While looking [REDACTED] will complete in person training for all staff at the staff meeting on 5.21.24. The presentation will include GECACs power point.

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented [REDACTED] 07/10/2024)

## 42c - Treatment of Residents

## 2. Requirements

2600.

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

## Description of Violation

On [REDACTED], at approximately 3:20 p.m., resident [REDACTED] was in the common area laughing when staff member A entered the area and stated to resident [REDACTED], "[REDACTED]." The interaction caused resident [REDACTED] to feel disrespected by and fearful of staff member A.

42c - Treatment of Residents (continued)

On [REDACTED], at approximately 6:30 p.m., staff member A opened the home's rear door indicating the home smelt like a nursing home. Staff member A was informed that multiple residents to include resident [REDACTED] and [REDACTED] had become cold and the door should be closed. Staff member A stated, no they can go in their rooms, it is warm in here, it smells like a nursing home, and I can't fucking take it. The interaction caused resident [REDACTED] and [REDACTED] to feel disrespected by staff member A. The weather channel indicates that on [REDACTED], there was a high temperature of 57 and a low temperature of 43 degrees Fahrenheit.

Plan of Correction

Accept [REDACTED] - 05/13/2024)

The staff member was removed from the schedule immediately pending investigation. The staff member was terminated by [REDACTED] on [REDACTED]

During the staff meeting on April 23, 2024 staff were educated by [REDACTED] on Abuse, Dignity and Respect. The program is also working with the local Area on Aging to have in person training completed by an outside agency. This training is not available per the agency until October 2024. The program will continue to search for an additional trainer to get the training conducted sooner if possible. Staff will continue to be educated during orientation and annually.

The program will continue to work to find an outside agency to complete the training prior to June 30th.

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented [REDACTED] - 07/10/2024)

227d - Support Plan Medical/Dental

3. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident [REDACTED] most recent assessment and support plan completed on [REDACTED], and [REDACTED], respectively indicates an assessed need for transferring in/out bed/chair of, participant requires some physical assistance with transferring in/out of bed/chair, participant is a 1-to-2-person transfer, participant is to have a Gait Belt on for all transfers. And a plan to meet this service need that indicates in part; staff is to use a Gait Belt for all transfers. However, multiple staff members to indicate staff member A failed to use a Gait Belt while assisting resident [REDACTED] with transfers.

Plan of Correction

Accept [REDACTED] 05/13/2024)

All staff will be trained by [REDACTED] on the participants current RASP by 5/3/24. All staff will be trained by the PT by 5/15/24 on participants transfers.

The program will complete unannounced spot checks weekly x 4 weeks, monthly x 3 months and quarterly through the remainder of the year. Documentation of the checks will be kept on the shared drive.

Any concerns will be brought to the team during the monthly safety meeting. The team will work together to problem solve and ensure appropriate training.

Unannounced spot checks will begin the week of 4/29/24.

Licensee's Proposed Overall Completion Date: 04/29/2024

227d - Support Plan Medical/Dental (*continued*)

*Implemented* [REDACTED] - 07/10/2024)