

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

October 17, 2024

[REDACTED]  
MENTOR ABI LLC  
[REDACTED]

RE: NEURORESTORATIVE  
PENNSYLVANIA  
4155 ROXBURY DRIVE  
ERIE, PA, 16506  
LICENSE/COC#: 44696

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/07/2024 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 #: *44696*      License Expiration: *11/05/2024*

Address: *4155 ROXBURY DRIVE, ERIE, PA 16506*

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: *R-4*      Date: *08/21/2015*      Issued By: *Millcreek TWP*

**Staffing Hours**

Resident Support Staff: *0*      Total Daily Staff: *5*      Waking Staff: *4*

**Inspection Information**

Type: *Partial*      Notice: *Unannounced*      BHA Docket #:

Reason: *Complaint*      Exit Conference Date: *06/07/2024*

**Inspection Dates and Department Representative**

06/07/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *6*      Resident Served: *5*

**Secured Dementia Care Unit**

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

**Hospice**

Current Resident: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *1*      Are 60 Years of Age or Older: *3*

Diagnosed with Mental Illness: *4*      Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *0*      Have Physical Disability: *0*

**Inspections / Reviews**

06/07/2024 *Partial*

Lead Inspector: [REDACTED]      Follow-Up Type: *POC Submission*      Follow-Up Date: *06/28/2024*

Inspections / Reviews *(continued)*

07/01/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/01/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/01/2024

10/17/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/01/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 187d - Follow Prescriber's Orders

**1. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

Resident [REDACTED] prescribed [REDACTED] [REDACTED] tablet 1 tab by mouth nightly at bedtime. However, the resident was not administered this medication on [REDACTED]. The medication was not available in the home.

Resident [REDACTED] is prescribed [REDACTED] tablet Tab 2 tabs by mouth at bedtime. However, the resident was not administered this medication on [REDACTED]. The medication was not available in the home.

Resident [REDACTED] is prescribed [REDACTED] one application on the skin twice a day. However, the resident was not administered this medication on [REDACTED] at 8:00 p.m. The medication was not in the home.

**Plan of Correction**

Accept [REDACTED] - 07/01/2024)

[REDACTED] readmitted on [REDACTED] from Western Reserve. These medications were not re-ordered from Western Reserve and needed approval from the ordering physician. This was done on [REDACTED], however, appropriate documentation was not completed to indicate this. On [REDACTED] medications were reconciled and medications were started.

On [REDACTED] a Medication Reconciliation form was created by [REDACTED]. This form was sent to the nursing team on [REDACTED] by [REDACTED] and they were educated on the requirement to begin utilizing these forms. They will begin being utilized with all admissions and readmissions effective July 1, 2024.

During Q4 (July- Sept) all admission and readmission medication orders/ reconciliation will be reviewed by QI to ensure accuracy and use. Documentation of the review will be kept on file with QI.

Licensee's Proposed Overall Completion Date: 07/01/2024

Implemented [REDACTED] - 10/17/2024)