





**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Emailing Date: April 22, 2025

[REDACTED]  
Mentor ABI LLC  
[REDACTED]

RE: Neurorestorative Pennsylvania  
1331 Dutch Road  
Fairview, Pennsylvania 16415  
License #: 448180

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on July 2, 2024, November 8, 2024, and November 12, 2024, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License  
Licensing Inspection Summary

**Facility Information**

Name: *NEURORESTORATIVE PENNSYLVANIA* License #: *44818* License Expiration: *09/26/2024*  
 Address: *1331 DUTCH ROAD, FAIRVIEW, PA 16415*  
 County: *ERIE* Region: *WESTERN*

**Administrator**

Name: [REDACTED]

**Legal Entity**

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

**Certificate(s) of Occupancy**

Type: *R-3* Date: *10/24/2016* Issued By: *Faieview TWP*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *7* Waking Staff: *5*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal, Provisional* Exit Conference Date: *07/02/2024*

**Inspection Dates and Department Representative**

07/02/2024 - 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: *0*  
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *2*  
 Have Mobility Need: *2* Have Physical Disability: *2*

**Inspections / Reviews**

07/02/2024 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/11/2024*

Inspections / Reviews *(continued)*

09/04/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/26/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/09/2024

10/09/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/18/2024

[REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/28/2024

04/01/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/18/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 16c - Written Incident Report

## 1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

## Description of Violation

Resident #1 is prescribed, Erythromycin 2% Gel, apply topically to skin at bedtime. On 5/3/24 and 5/4/24, the medication, Erythromycin Gel was not administered. The home did not report this incident to the Department until 5/9/24.

## Plan of Correction

Accept (█ - 09/04/2024)

In March of 2024 the program instituted a Med Error Checklist and process to ensure all steps are completed as required. The HSS that was working for the program at this time did not complete the requirement. Re-education was done with the HSS at that time by █. Re-education will be completed with the team by █ 9.15.24. Education will include DHS requirements and a review of the Med Error Checklist. Beginning 9.1.24 all Med Error Checklists will be submitted to the QIS and PD for review. Checklists will be saved for review.

Licensee's Proposed Overall Completion Date: 09/15/2024

Implemented (█ - 02/14/2025)

## 56 - Admin 20 Hours/Week

## 3. Requirements

2600.

56. Administrator Staffing - The administrator shall be present in the home an average of 20 hours or more per week, in each calendar month.

## Description of Violation

During calendar month of 5/1/24 through 5/31/24, staff person A, the █, worked in the home an average of only 2.5 hours per week.

Repeat violation; 12/28/23, 3/19/24

## Plan of Correction

Accept (█ - 09/30/2024)

In April of 2024 the program obtained an additional administrator. In August of 2024 the additional administrator began working in the home.

All schedules will be documented by the administrator on the EQG. The hours will be reviewed during the monthly safety committee meeting to ensure compliance. Schedules and hours will be documented beginning in August of 2024. The review will be documented in the Safety Meeting Minute notes beginning in September 2024 of a review of August.

Each home has a Case Manager and a Residential Supervisor. Each Administrator will spend 20 hours in one home and 10 hours in another to split 3 homes between two administrators. In the event the program is down an administrator, each current administrator will have the availability to spend 10 ours in an additional home.

56 - Admin 20 Hours/Week (continued)

EQG stand for Equality Grid. It is a tool the program utilizes to monitor and track program requirements, high acuity and plans of correction.

Licensee's Proposed Overall Completion Date: 09/18/2024

Implemented [REDACTED] 02/14/2025)

64a - Admin Training

4. Requirements

2600.

64.a. Prior to initial employment as an administrator, a candidate shall successfully complete the following:

- 2. A 100-hour standardized Department-approved administrator training course.

Description of Violation

Staff person A, who is the home's [REDACTED] has not successfully completed the 100-hour standardized Department-approved administrator training course.

Plan of Correction

Directed [REDACTED] - 09/30/2024)

The program is requesting this be withdrawn. The administrator completed the 100 hour training course, see attached.

All administrator staff files will be audited by the Office Administrator by 9.30.24. Documentation of the audit will be kept on file. This will ensure its available.

Proposed Overall Completion Date: 09/18/2024

DIRECTED PLAN:

By 10/25/24: The administrator shall provide documentation of successful completion of the 100-hour standardized Department-approved administrator training course, or the legal entity shall hire or reassign a qualified administrator who has completed all of the requirements of 2600.64a and is qualified to serve as an administrator as defined by 2600.53a. Documentation of all qualifications and initial administrator training shall be kept.

Directed Completion Date: 10/25/2024

Implemented [REDACTED] - 02/14/2025)

64c - Annual Training

5. Requirements

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff person A, the home's [REDACTED], did not complete any of the 24-hours of Department-approved training in training year 1/1/23 to 12/31/23.

Plan of Correction

Accept [REDACTED] - 10/07/2024)

The homes administrator did complete the required 24 hours of training, however, [REDACTED] only logged the training and did not keep [REDACTED] certificates. The administrator was educated by the Surveyor at the time of the survey that [REDACTED]

64c - Annual Training (continued)

was required to keep [redacted] certificates.

HR requirements were updated to no longer accept the log as proof of completion of hours. Administrators will be required to submit their log with the required certifications to receive credit.

For the 2024 year, all administrators hours will be monitored via the EQG during the safety meeting each month. Administrators will not document the required hours until they have verified proof of training. Administrators will be educated by [redacted] by 8.31.24.

The administrator will complete the required training by 12.31.24.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [redacted] - 02/14/2025)

65f - Training Topics

6. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- 7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person C did not receive training in instructions on meeting needs of residents as described in preadmission screening form, assessment tool, medical evaluation and support plan and care for residents with mental illness or mental retardation, or both during training year 2023.

Plan of Correction

Accept [redacted] - 09/04/2024)

Staff person C will be trained on the required topics by 8.31.24. Training will be completed through Relias.

The program completed a training program that will ensure all required training be completed in Relias. All staff are on track to complete the training by 12.31.24.

The programs Office Administrator or designee will run Relias reports monthly to review training. Reports will be reviewed by the RS. Documentation of the review will be kept in the EQG.

Licensee's Proposed Overall Completion Date: 08/26/2024

Implemented [redacted] - 02/14/2025)

96a - First Aid Kit

7. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit does not include scissors and tweezers.

Repeat violation; 12/28/23, 3/19/24

Plan of Correction

Accept [redacted] - 09/04/2024)

On 7.3.24 the scissors and tweezers were replaced in the first aid kit by the [redacted].

96a - First Aid Kit (continued)

Education on the First Aid kit and its needs will be completed with the program and transportation staff by [redacted] by 8.31.24.

The Residential Supervisor will continue to complete weekly walk through inspections. On 8.26.24 this form was updated to include a spot check of the FA kit. Documentation of the Walk Thru will be submitted to QI and kept. The new form will begin being used the week of 9.2.24.

Licensee's Proposed Overall Completion Date: 09/06/2024

Implemented [redacted] - 04/01/2025)

101j7 - Lighting/Operable Lamp

8. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #1, in bedroom #4, does not have access to a source of light that can be turned on/off at bedside.

Repeat violation; 12/28/23, 3/19/24

Plan of Correction

Accept [redacted] - 10/07/2024)

On 7.3.24 a source of light was added to the bedside.

During the week of 8.26.24 all staff will be trained on the utilization of the PCC task ensuring the participant has a bed side light.

The Residential Supervisor will continue to complete weekly walk through inspections. On 8.26.24 this form was updated to include a spot check of bedside lamps. Documentation of the Walk Thru will be submitted to QI and kept. The new form will begin being used the week of 9.2.24.

The PCC task is an electronic tracker of needed tasks. The tasks are added to the electronic record and staff utilize to sign off on completion of tasks, similar to a MAR but for participant needs. Staff were educated on ensuring they review tasks and sign off on completion.

Weekly walk through's will be increased to twice weekly until December 2024. If no further violations occur, these will return to once weekly.

Licensee's Proposed Overall Completion Date: 09/18/2024

Implemented [redacted] - 04/01/2025)

105g - Lint Removal and Duct Cleaning

9. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 7/2/24, there were clumps accumulation of lint and unknown substances in the lint trap of the dryer. There were no clothes in the dryer at the time.

105g - Lint Removal and Duct Cleaning (*continued*)**Plan of Correction**

Accept [REDACTED] - 10/07/2024)

*On 7.2.24 the lint was removed from the dryer by the staff on duty.*

*All staff will be educated on the regulation via Relias.*

*The Residential Supervisor will continue to complete weekly walk through inspections. On 8.26.24 this form was updated to include a spot check of the dryer lint. Documentation of the Walk Thru will be submitted to QI and kept. The new form will begin being used the week of 9.2.24.*

*Education will be completed by 9.30.24.*

**Licensee's Proposed Overall Completion Date: 09/30/2024**

Implemented [REDACTED] - 04/01/2025)

## 121a - Unobstructed Egress

**10. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

**Description of Violation**

*On 7/2/24, at 9:00 am., there was a partially put together picnic table and a large box partially blocking the front entrance from the home.*

*On 7/2/24, at approximately 11:00 am., there were multiple plants and bushes blocking the egress from the hallway by the laundry room to outside of the home.*

**Plan of Correction**

Accept [REDACTED] 09/04/2024)

*On 7.2.24 all blocked egress routes were cleaned by the staff on duty.*

*By 9.15.24 all staff will be educated on the regulation via Relias.*

*The Residential Supervisor will continue to complete weekly walk through inspections. On 8.26.24 this form was updated to include a spot check of the egress routes. Documentation of the Walk Thru will be submitted to QI and kept. The new form will begin being used the week of 9.2.24.*

**Licensee's Proposed Overall Completion Date: 09/06/2024**

Implemented [REDACTED] - 02/14/2025)

## 187d - Follow Prescriber's Orders

**11. Requirements**

2600.

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

**Description of Violation**

*Resident #1 is prescribed Erythromycin, 2% Gel, apply to skin at bedtime (8:00 pm.) for acne. However, resident #1 was not administered this medication on 5/3/24 and 5/4/24, at 8:00 pm.*

*Repeat violation; 12/28/23, 3/19/24*

## 187d - Follow Prescriber's Orders (continued)

**Plan of Correction**

Accept [REDACTED] - 10/07/2024)

The medication was obtained by the nurse on duty on 5.5.24 and the participant received it on 5.5.24.

All staff were educated at that time on how to reorder medications. Education was completed by [REDACTED].

Beginning the week of 9.2.24 staff will complete a weekly med cart audit. The audit will be submitted to the Residential Supervisor and nursing for review. Copies of the cart audit will be kept on file.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented [REDACTED] - 02/14/2025)

## 190a - Completion Medication Course

**12. Requirements**

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**Description of Violation**

Staff person D, who has not successfully completed the Department-approved medications administration course's annual practicum, administered medications to resident #1 to include the following:

\* On 6/18/24, at 8:00 pm., Baclofen

\* On 6/20/24, at 8:00 am., Escitalopram

**Plan of Correction**

Directed [REDACTED] - 10/07/2024)

No staff person D is listed on the violation report. The program is requesting more information to be able to complete the POC.

Staff member C's file will be reviewed by the Med Tech trainer by 9.30.24. The trainer will ensure appropriate observations or re-education is completed as required by the training. Documentation of the observations and/or education will be kept on file.

Proposed Overall Completion Date: 09/30/2024

**Directed Plan:**

Staff person C will not be permitted to administer medication to residents until successful completion of the Department-approved medication administration course.

By 10/25/24: The administrator or designee shall review staff training records to ensure all non-medically licensed staff persons currently administering residents' medication have successfully completed the Department-approved medication administration course, including all required annual practicums. Documentation of all staff training shall be kept.

Directed Completion Date: 10/25/2024

Implemented [REDACTED] - 04/01/2025)

221c - Post Activity Calendar

13. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

*The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home.*

Plan of Correction

**Accept** [REDACTED] 09/04/2024)

*On 7.8.24 the Activity Calendar was posted in the home by the administrator.*

*During the week of 8.26.24 education will be completed with the Residential Supervisor and the Team Lead on the regulation. Education will be completed by [REDACTED] and kept on file.*

*The Residential Supervisor will continue to complete weekly walk through inspections. On 8.26.24 this form was updated to include ensuring the Activity Calendar is posted. Documentation of the Walk Thru will be submitted to QI and kept. The new form will begin being used the week of 9.2.24.*

Licensee's Proposed Overall Completion Date: 09/06/2024

**Implemented** ([REDACTED]/14/2025)

**Facility Information**

Name: *NEURORESTORATIVE PENNSYLVANIA* License #: *44818* License Expiration: *09/26/2024*  
Address: *1331 DUTCH ROAD, FAIRVIEW, PA 16415*  
County: *ERIE* Region: *WESTERN*

**Administrator**

Name: [REDACTED]

**Legal Entity**

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

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *8* Waking Staff: *6*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Interim* Exit Conference Date: *11/12/2024*

**Inspection Dates and Department Representative**

11/08/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information			
License Capacity:	<i>5</i>	Residents Served:	<i>5</i>
Secured Dementia Care Unit			
In Home:	<i>No</i>	Area:	
Capacity:		Residents Served:	
Hospice			
Current Residents:	<i>0</i>		
Number of Residents Who:			
Receive Supplemental Security Income:	<i>0</i>	Are 60 Years of Age or Older:	<i>1</i>
Diagnosed with Mental Illness:	<i>4</i>	Diagnosed with Intellectual Disability:	<i>0</i>
Have Mobility Need:	<i>3</i>	Have Physical Disability:	<i>0</i>

**Inspections / Reviews**

11/08/2024 - Partial  
Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/13/2024*

Inspections / Reviews (*continued*)

01/15/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/16/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 01/21/2025

04/01/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/30/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 96a - First Aid Kit

**1. Requirements**

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

**Description of Violation**

*The first aid kit in the closet across from the laundry room does not include disposable gloves, scissors, and breathing shield.*

*Repeat violation; 12/28/23, 3/18/24*

**Plan of Correction**

**Directed** [REDACTED] - 01/14/2025)

*A new first aide kit was ordered by [REDACTED] on 12.4.24. On 12.12.24 [REDACTED] verified that the FA kit was still in place.*

*Training and education was done with the Team Leads on the Regulation. All staff will be educated via Relias. Education due date set for 12.27.24.*

*Proposed Overall Completion Date: 12/12/2024*

**DIRECTED PLAN:**

*By 1/20/25 and at least weekly thereafter: The administrator or designee shall check the home's first aid kit to ensure all required contents are included in the kit. Documentation of these checks shall be kept.*

**Directed Completion Date: 01/20/2025**

**Implemented** [REDACTED] - 04/01/2025)

## 101j7 - Lighting/Operable Lamp

**2. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

**Description of Violation**

*Resident #2 does not have a source of light that can be turned on/off from bedside.*

**Plan of Correction**

**Accept** [REDACTED] - 01/15/2025)

*The Administrator has spoken to the participant and [REDACTED] wishes to not have a bed side lamp. The Administrator tried a tap light, however, [REDACTED] does not like these either and continues to remove it.*

*The home has purchased a bed side flashlight that will be kept in the participants night stand beside [REDACTED] bed. The home will check the flash light batteries weekly to ensure it is working and to verify it is in the drawer.*

*The home has also purchased the participant a "clap on" light bulb for the over head light bulb as a back-up; this will ensure the participant always has access to turn a light on from his bed side. The program will complete monthly verification with the participant that he is able to utilize the "clapper".*

*To ensure compliance, the home will review the clapper and the flash light during the Monthly Environmental Survey as well.*

*The flash light and the clapper will be installed the week of 12/16/24 and the home will complete education. The week of 12/23/24 the home will begin the weekly checks. Monthly review will begin in January.*

**Licensee's Proposed Overall Completion Date: 12/16/2024**

101j7 - Lighting/Operable Lamp (*continued*)*Implemented* [REDACTED] - 04/01/2025)

## 105g - Lint Removal and Duct Cleaning

**3. Requirements**

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

**Description of Violation**

*On 11/8/24, there was multiple clumps of lint in the lint trap of the dryer. There were no clothes in the dryer at the time.*

**Plan of Correction***Accept* [REDACTED] /15/2025)

*The homes dryer had gum in it that lint was sticking to. All of the gum was removed and cleaned the day of the inspection.*

*On 12/5/24 the administrator, [REDACTED], updated the homes cleaning checklists that are done daily to include checking the dryer for gum and ensuring the lint trap is empty.*

*The Team Lead will complete a monthly Environmental Survey that will include checking this. This survey is reviewed monthly by the team during the monthly safety meeting to ensure their are no concerns.*

*The staff will be educated on the regulation during the staff meeting on 12/17/2024.*

**Licensee's Proposed Overall Completion Date:** 12/17/2024

*Implemented* [REDACTED] - 04/01/2025)

## 227d - Support Plan Medical/Dental

**4. 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 #1's support plan, dated [REDACTED]/24, did address the resident's Tabacco chewing plan and how this need will be met.*

**Plan of Correction***Accept* [REDACTED] - 01/15/2025)

*On 12/5/24 the participants RASP was updated to include addressing [REDACTED] tobacco use.*

*See attached.*

*Education will be done by 1/15/24 with the Case Management team on ensuring RASPs include participants tobacco use. The CM will review all RASPs by 12/31/24 to ensure all tobacco needs are addressed in the support plan.*

**Licensee's Proposed Overall Completion Date:** 12/31/2024

*Implemented* [REDACTED] - 02/14/2025)