

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

December 12, 2024

[REDACTED]  
MENTOR ABI LLC  
[REDACTED]  
[REDACTED]

RE: NEURORESTORATIVE  
PENNSYLVANIA  
6816 WEST LAKE ROAD  
FAIRVIEW, PA, 16415  
LICENSE/COC#: 44710

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/17/2024, 07/22/2024 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 #: *44710* License Expiration: *11/05/2024*  
 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: *R 3* Date: *10/02/2015* Issued By: *Fairview Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *13* Waking Staff: *10*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal, Incident* Exit Conference Date: *07/22/2024*

**Inspection Dates and Department Representative**

07/17/2024 On Site: [REDACTED]  
 07/22/2024 Off Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *8* Residents Served: *8*  
 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: *8* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *5* Have Physical Disability: *6*

**Inspections / Reviews**

07/17/2024 - Full  
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *08/22/2024*

Inspections / Reviews (*continued*)

09/13/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/12/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 09/20/2024

10/08/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/12/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/15/2024

12/04/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/12/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/11/2024

12/12/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/12/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

15b - Supervisor Plan

1. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [redacted] suspended staff person A worked from 7:00a.m. to 3:00p.m.

Plan of Correction

Accept [redacted] - 10/08/2024)

On [redacted] staff person A was notified that a provisional schedule had been submitted to DHS for approval and that if it were approved, [redacted] could return on [redacted]. [redacted] was notified that [redacted] supervisor would let [redacted] know on [redacted] if [redacted] was able to return. On [redacted] [redacted] returned without notification. Upon realization [redacted] was notified that [redacted] was unable to return until the DHS finalization.

At that time Residential Supervisors were educated by [redacted] on the requirement of having approval before return.

Beginning [redacted] all Provisionals will be reviewed by the Program Director prior to implementation. Provisionals will be saved.

Education was provided on 7.16.24

Licensee's Proposed Overall Completion Date: 10/04/2024

Implemented [redacted] - 12/04/2024)

42c - Treatment of Residents

2. Requirements

2600.

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

Description of Violation

Resident [redacted] indicates [redacted] goes to bed early and staff tell [redacted] to stay in [redacted] room when [redacted] tries to go to the bathroom to start getting ready for the day. Sometimes [redacted] feels like staff will yell at [redacted] if [redacted] comes out of [redacted] room to go to the bathroom.

Plan of Correction

Accept [redacted] - 10/08/2024)

On July 23, 2024 Education was provided to all staff by [redacted] during the staff meeting regarding Dignity and Respect.

The program will continue to do training during the monthly staff meetings. The program is scheduled to have GECAC conduct training in October.

The program will conduct weekly Self and Safety Assessments of 1 to 2 PBS weekly x one month to ensure each PBS is interviewed during the month, interviews will then be done monthly x 3 months and then quarterly for one quarter. Documentation of the interviews will be kept in PCC. Interviews will begin the week of 9.2.24

Monthly staff meeting training began July 23, 2024.

GECAC is scheduled to come October 22nd.

Licensee's Proposed Overall Completion Date: 10/04/2024

Implemented [redacted] - 12/12/2024)

## 58b Awake Staff Mobility Needs

## 3. Requirements

2600.

58.b. If a home serves one or more but less than 16 residents with mobility needs, at least one direct care staff person shall be awake at all times residents are present in the home.

## Description of Violation

Recently on multiple days, staff persons B and C have been asleep on the overnight shift. No other staff persons were on duty at this time.

## Plan of Correction

Accept (████ - 10/08/2024)

Both staff were suspended pending investigation.

Education will be completed with all staff on the regulation during the September monthly staff meeting. Education will be completed by █████.

The program will conduct spot checks on 3rd shift weekly x 1 month, monthly x 3 months and then quarterly for one quarter. Documentation of the unannounced spot check will be submitted and kept on file.

Both staff were suspended on 7.2.24.

Both staff returned on 8.7.22; they received education prior to the start of their shift. Education was provided by █████.

Weekly spot checks scheduled to begin the first week of October.

Licensee's Proposed Overall Completion Date: 10/04/2024

Implemented (████ - 12/12/2024)

## 81b Resident Personal Equipment

## 4. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

## Description of Violation

On █████, the enabler bar attached to resident █████ bed was uncovered, and contained 3 openings. The opening between the bottom rail and the lower - middle rail was approximately 12" x 4", the opening between the lower - middle rail and upper - middle rail was approximately 12" x 3.5", and the opening between the upper - middle rail and the top rail was approximately 12" x 4", posing a potential entrapment hazard.

## Plan of Correction

Accept (████ - 10/08/2024)

On █████ the Enabler was covered by the staff on duty.

All staff will be provided education on the regulation and requirements via Relias. A task was also added to PCC for documentation of the check ensuring the Enabler is covered and in good repair.

On █████ the Weekly Walk Through form was updated by █████ to include a spot check of the enablers.

These forms will be submitted to the PD and QI and kept on file. The new form will begin the week of █████

Education was issued in Relias by █████ on █████.

Licensee's Proposed Overall Completion Date: 10/04/2024

Implemented (████ - 12/04/2024)

81b - Resident Personal Equipment (*continued*)

## 85a - Sanitary Conditions

## 5. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

**Description of Violation**

At [REDACTED] in cabin [REDACTED], the mattress cover on the bed in bedroom [REDACTED] was soiled with urine in an approximate 12" x 12" area and smelled strongly of urine. At 4:45p.m., the sheets and blanket were clean and the bed was made; however, there was still a urine stain on the mattress cover with a strong smell of urine.

On [REDACTED] at 10:30a.m. in cabin [REDACTED] there were 5 fruit flies on an empty urinal container on the bedside table in bedroom [REDACTED].

**Plan of Correction**

Accept [REDACTED] 10/08/2024)

On [REDACTED] the mattress cover was replaced by the staff on duty. On [REDACTED] the urinal was discarded and replaced by the staff on duty.

All staff will be educated on the regulation by [REDACTED] via Relias.

A task will be added to the participants PCC to check the sheets, blankets and mattress covers daily to ensure they are clean and in good repair. A task will be added to the participants PCC to discard and replace the participants urinal monthly.

The Residential Supervisor Weekly Walk Through form will be updated to include a spot check of participant bedrooms and bathrooms. The form will be updated by [REDACTED] on [REDACTED] and will begin being utilized the week of [REDACTED]. The form will be submitted to the PD/QI and will be kept on file.

[REDACTED], RS, is responsible for ensuring education is completed.

Licensee's Proposed Overall Completion Date: 10/04/2024

Implemented [REDACTED] - 12/04/2024)

## 141b1 - Annual Medical Evaluation

## 6. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

**Description of Violation**

Resident [REDACTED] most recent medical evaluation was completed on [REDACTED]

**Plan of Correction**

Accept [REDACTED] - 10/08/2024)

On [REDACTED] the participant had her annual DME completed (see attached), however, the programs previous DON did not save it to the file and it was not able to be located.

Education will be completed with the nursing team related to the requirements of DMEs. Education will be completed via Relias and will be done by [REDACTED]

The Case Manager will review all current participant files and ensure the DMEs are within the regulation requirements. This will be completed by [REDACTED].

141b1 - Annual Medical Evaluation (continued)

Angie Tatalone, Program Director, is responsible for ensuring the nursing team completes education requirements.

Licensee's Proposed Overall Completion Date: 10/04/2024

Implemented ( ) - 12/12/2024)

144c2 - Smoking Area Distance

7. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 2. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

The home's designated smoking area is located in an outside gazebo approximately 25' from the home. However, there were 5 cigarette butts inside a railing with a missing cap, approximately 8' from the front door of the home.

Plan of Correction

Accept ( ) - 10/08/2024)

On ( ) during the inspection the cigarette butts were removed.

By ( ) all railing caps were covered by maintenance to ensure non were placed in there.

Education will be completed with all participants and staff on the smoking policy. This will be done by ( ) via Relias for staff and Resident Council for participants.

( ) Residential Supervisor, is responsible for ensuring education is completed.

Licensee's Proposed Overall Completion Date: 10/04/2024

Implemented ( ) - 12/04/2024)

162e - Menu Changes

8. Requirements

2600.

162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Description of Violation

On ( ) Salisbury steak was listed on the menu for the dinner meal. Cabin ( ) was served ravioli instead. No notice was provided to the residents in advance of the meal.

Plan of Correction

Accept ( ) - 10/08/2024)

Education will be completed with staff on the regulation and its requirement via Relias by ( ) .

The Residential Supervisor will do 3 separate spot checks weekly x 4 weeks, then monthly x 3 months to ensure the menu is correct and meals are prepared as indicated. Documentation of the spot check will be submitted to QI and PD to be kept on file. These will begin the week of ( ) .

( ) Residential Supervisor, is responsible for ensuring education is completed.

162e - Menu Changes (*continued*)

Licensee's Proposed Overall Completion Date: 10/04/2024

Implemented [REDACTED] - 12/12/2024)