

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

November 15, 2024

[REDACTED], PROGRAM DIRECTOR  
MENTOR ABI LLC  
[REDACTED]

RE: NEURORESTORATIVE  
PENNSYLVANIA  
6726 WALNUT CREEK DRIVE  
FAIRVIEW, PA, 16415  
LICENSE/COC#: 44695

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/18/2024 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 #:** 44695      **License Expiration:** 11/05/2024

**Address:** 6726 WALNUT CREEK DRIVE, 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:** 08/19/2015      **Issued By:** Fairview Township

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 6      **Waking Staff:** 5

**Inspection Information**

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

**Reason:** Renewal      **Exit Conference Date:** 07/18/2024

**Inspection Dates and Department Representative**

07/18/2024    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:** 1      **Are 60 Years of Age or Older:** 0

**Diagnosed with Mental Illness:** 5      **Diagnosed with Intellectual Disability:** 0

**Have Mobility Need:** 1      **Have Physical Disability:** 0

**Inspections / Reviews**

07/18/2024 - Full

**Lead Inspector:** [REDACTED]      **Follow Up Type:** POC Submission      **Follow Up Date:** 08/01/2024

Inspections / Reviews (*continued*)

## 08/15/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/11/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 08/22/2024

## 09/04/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/11/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/30/2024

## 11/15/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/11/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 81b Resident Personal Equipment

## 2. 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

Resident #1 had a bedside enabler on the left side of their bed. However, the bed side enabler had approximately 5 to 6 inches of movement towards/away from the bed's mattress, and 4 to 5 inches of movement towards the head and foot of the bed from the enabler's original position, resulting in an aggregate range of motion of approximately 8 to 10 inches.

Resident #1 had a bedside enabler on the left side of their bed. However, the bed side enabler had 3 uncovered areas of space approximately 4 by 10 inches in size.

## Plan of Correction

Accept (█) - 09/04/2024)

The program will review the Manufacturer specs with maintenance the week of 8.12.24. After review, maintenance will ensure the Enablers are secured appropriately per the specs. Training will be completed with Maintenance, PT and the CMs regarding appropriate securing of Enablers.

Staff will be educated on the requirement to ensure Enablers are secure, covered and in good repair. This education will be provided by █ by 8.31.24.

A task was added to the participants POC for staff to review the Enabler every evening when the participant is put in bed.

On 8/11/24 the task was added to PCC by █.

Licensee's Proposed Overall Completion Date: 08/29/2024

Implemented (█) - 11/15/2024)

## 82a Poisonous Materials

## 3. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

## Description of Violation

At approximately 11:25 a.m., there was a plastic bottle with an original label of Green Works Clorox All Purpose Cleaner located in the home's laundry room. However, the bottle's label had been crossed out with black marker and had the word "Windex" written in black marker on the bottle. The bottle was approximately 2/3 full of blue liquid.

## Plan of Correction

Accept (█) - 08/15/2024)

The bottles were removed when discovered during the inspection.

The staff will be educated on Hazardous Materials during the staff meeting by Katy Peterson in August. Staff will also complete Hazard Chemicals: The Essentials in Relias by 8.31.24.

During the weekly walk through the RS will check all chemicals to ensure they are labeled appropriately. These will begin the week of 8.12.24. Documentation will be kept on the shared drive.

Licensee's Proposed Overall Completion Date: 08/31/2024

82a Poisonous Materials (*continued*)

Implemented [REDACTED] - 11/15/2024)

## 103f Refrigerator/Freezer Temps

## 4. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

## Description of Violation

*At approximately 11:30 a.m., the stainless-steel stand-up refrigerator in the home's kitchen had a temperature reading of 43 degrees indicated on the thermometer in the refrigerator. The refrigerator's temperature was set at 41 degrees Fahrenheit.*

## Plan of Correction

Accept [REDACTED] - 08/15/2024)

*The temperature setting was corrected at the time of inspection while on site.*

*Education will be provided to the staff on the requirement by 8.31.24 by Katy Peterson.*

*The Weekly Walk Through sheet was updated on 8.11.24 by Katy Peterson. The update includes a spot check of fridge/ freezer temps. The Weekly Walk Thru will be submitted to QI and kept on file. This will begin the week of 8.12.24.*

Licensee's Proposed Overall Completion Date: 08/31/2024

Implemented [REDACTED] - 11/15/2024)

## 103g Storing Food

## 5. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

## Description of Violation

*At approximately 11:32 a.m., there was an unsealed plastic bag of Great Value Original Pork Sausage Patties in the home's stainless-steel refrigerator located in the kitchen. The plastic bag of sausages had a tear approximately 3 x 6 inches in size. There were approximately 10 sausage patties in the bag.*

*At approximately 11:32 a.m., there was an unsealed plastic bag of Great Value Crinkle Cut French Fried Potatoes in the home's stainless-steel refrigerator located in the kitchen. The plastic bag had a tear approximately 2 x 4 inches in size. The plastic bag was approximately 1/3 full of the french fries.*

## Plan of Correction

Accept [REDACTED] - 08/15/2024)

*Both items were removed and thrown away at the time of discovery by Rachel Brothers.*

*All staff will be educated on the requirement that all food shall be stored in closed or sealed containers. This education will be completed by [REDACTED] by 8.31.24.*

*The weekly walk through sheet was updated on 8.10.24 by [REDACTED]. The update now includes a spot check of all food to ensure it is sealed and dated. This Walk Through will begin the week of August 12th. The form will be submitted to QI and kept on file.*

103g - Storing Food (continued)

Licensee's Proposed Overall Completion Date: 08/31/2024

Implemented [REDACTED] - 11/15/2024)

141a 1-10 Medical Evaluation Information

6. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident #2's documented medical evaluation completed on [REDACTED], did not include a height evaluation. The field was blank.

Plan of Correction

Accept [REDACTED] - 09/04/2024)

The PBS DME will be reviewed with the PCP during the next clinic and will be updated to include the participants height.

Education will be provided to the nursing team and the CM by 8.31.24 by [REDACTED]. Education will include ensuring the DME is completed.

All DMEs will be reviewed by 8.31.24 by the Case Manager to ensure all are accurate.

DMEs will be submitted to QI x 3 months for review to ensure accuracy. Documentation of the review will be kept.

It is anticipated that Dr. [REDACTED] will be on site for clinic on 9.4.24. The review will be completed by [REDACTED].

Licensee's Proposed Overall Completion Date: 09/04/2024

Implemented [REDACTED] - 11/15/2024)

144d - Smoking Outside

8. Requirements

2600.

144.d. Smoking outside of the smoking room is prohibited.

Description of Violation

At approximately 11:55 a.m., there was a 5-pound silver coffee can approximately 6 feet from the point of egress leading to the home’s rear patio that had over 100 cigarette butts in it and a second 5-pound silver coffee can underneath the table located on the home’s rear patio with over 100 cigarette butts in it. However, the home’s designated smoking area is located at the bottom of the home’s driveway,

144d - Smoking Outside (continued)

Plan of Correction

Accept [REDACTED] - 09/04/2024)

The can was removed at the time of discovery during the inspection.

All staff and participants were educated by [REDACTED] on 7.18.24 on the requirement of smoking in approved areas. All staff will be formally educated by 8.31.24 by [REDACTED].

The program is having the area reviewed for Safe Smoking as it's a desired area by the participants due to the shade.

This will be completed by [REDACTED], Case Manager, during the September Resident Council meeting. This will be completed by 9.30.24.

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

Implemented [REDACTED] - 11/15/2024)

227g -Support Plan Signatures

9. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #3's most recent support plan completed on [REDACTED], did not include resident #3's signature. The field was blank.

Resident #4's most recent support plan completed on [REDACTED] did not include resident #4's signature. The field was blank.

Plan of Correction

Accept [REDACTED] - 08/15/2024)

Education was provided by licensing to the Case Manager at this time during the inspection on the requirement that all RASPs are to be signed. Formal education will be provided by [REDACTED] by 8.31.24.

All RASPs will be reviewed to ensure signature is included. This will be completed by 8.18.24 by [REDACTED].

Documentation of the review will be kept on file.

All RASPs will be submitted to QI for review X 3 months to ensure completion. The reviewed RASPs will be kept on file.

Licensee's Proposed Overall Completion Date: 08/31/2024

Implemented [REDACTED] - 11/15/2024)