





**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Emailing Date: April 11, 2025

[REDACTED]  
Mentor ABI LLC  
[REDACTED]

RE: Neurorestorative Pennsylvania  
6816 West Lake Road  
Building 2  
Fairview, PA 16415  
License #: 44205

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on August 8, 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 cursive script that reads "Juliet Marsala".

Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License  
Licensing Inspection Summary

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

**Facility Information**

Name: *NEURORESTORATIVE PENNSYLVANIA* License #: *44205* License Expiration: *10/23/2024*  
Address: *BUILDING 2, 6816 WEST LAKE RD, FAIRVIEW, PA 16415*  
County: *ERIE* Region: *WESTERN*

**Administrator**

Name: [REDACTED]

**Legal Entity**

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

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *05/30/1974* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *9* Waking Staff: *7*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Complaint, Provisional, Incident* Exit Conference Date: *08/08/2024*

**Inspection Dates and Department Representative**

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

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *16* 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: *2* Are 60 Years of Age or Older: *0*  
Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *1* Have Physical Disability: *0*

**Inspections / Reviews**

**08/08/2024 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/16/2024*

10/08/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/04/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 10/16/2024

10/30/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/29/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/15/2024

03/25/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/18/2024

Reviewer: [REDACTED]

Follow-Up Type: Exception

## 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

*According to multiple resident and staff interviews, on 7/14/24 at approximately 7:00 p.m. direct care staff A pre-poured multiple resident's medications, to include residents #1 and #2, in preparation for the home's 8:00 p.m. medication pass. However, while administering medications, direct care staff A incorrectly administered the following medications to resident #1, which were prescribed to resident #2: \*Baclofen 20mg, Simvastatin 20mg, Diazepam 5mg and Vitamin D3 1000 units.*

*This medication error was not reported to The Department until 7/17/24.*

### Plan of Correction

Accepted [REDACTED] 10/08/2024)

*On 7.17.24 the reportable was completed and submitted.*

*On 7.14.24 the Med Tech was pulled from passing meds by [REDACTED] until retaking the med course.*

*During the Safety Meeting held on 7.19.24 education was provided to the team on timely reporting.*

*On 9.10.24 the Med Error Checklist was updated to include the reporting requirements. This is to be used any time a med error occurs. The checklist is to be sent to the team for review.*

*On 7.23.24 during the staff meeting, all staff were educated by [REDACTED] on the Medication Procedure.*

*On 9.27.24 the Med Tech was issued a final written warning by [REDACTED].*

*On 7.19.24 an additional column was added to the Equality Grid to indicate the time an incident occurred as well as the time it was reported. The team will continue to review all reportables on the Daily Stand Up. QI will review the information on the EQG monthly during the Safety Meeting and ensure all incidents were completed timely per regulations.*

**Licensee's Proposed Overall Completion Date: 10/03/2024**

Implemented [REDACTED] - 03/20/2025)

## 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

*There was an uncovered enabler attached to resident #1's bed in bedroom #7. The enabler had an internal open area measuring approximately 14 x 18 inches.*

*There was an uncovered and unsecured enabler attached to resident #3's bed in bedroom #8. The enabler moved approximately 2 to 3 inches head to toe and had an internal open area measuring approximately 17 x 22 inches and 4 ½ inches from the post bar to the mattress.*

81b - Resident Personal Equipment (continued)

**Plan of Correction**

Accept [REDACTED] - 10/08/2024)

On 8.8.24 all bed rails were covered by the staff on duty. On 8.8.24 a maintenance request was submitted to have the enabler secured; this was completed by maintenance by 8.9.24.

On 8.13.24 a task was added to PCC by [REDACTED]. The task will require staff to review a participants Enabler and Cover each shift to ensure requirements are met.

On 9.24.24 during the staff meeting, [REDACTED] completed education on completion of POC / signing off on the tasks. This review included enablers and bed rail covers.

On 9.8.24 the programs weekly walk through sheet was updated by [REDACTED]. The update includes verifying all bed rail covers are on, secure, in good repair and free of hazards.

See attached.

Licensee's Proposed Overall Completion Date: 10/03/2024

Implemented [REDACTED] - 03/20/2025)

85e - Trash Outside Home

**5. Requirements**

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

**Description of Violation**

There were multiple garbage items that were on the ground and not in a dumpster or behind the home and by the shed to include the following: 2 x bedframes, a box spring, 2 x washers, a refrigerator, 2 x gas grills, an air conditioning unit, 2 walkers and multiple stakes and tubing.

**Plan of Correction**

Accept [REDACTED] - 10/30/2024)

The program was in the process of a summer clean up removing all old appliances and large materials from the facility. A dumpster was ordered on 8.8.24 by [REDACTED] that arrived on 8.9.24 and arrived on 8.10.24 to have all items placed in receptacles.

On 8.8.24 maintenance was educated verbally by [REDACTED] on the requirement of having a dumpster on site prior to cleaning out any large items for the garbage.

All major clean up projects will be reviewed with the Program Director prior to implementation.

Project review will occur prior to any project. Their are no current projects planned.

Licensee's Proposed Overall Completion Date: 10/08/2024

Implemented [REDACTED] - 03/20/2025)

88a - Surfaces

**6. Requirements**

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

**Description of Violation**

There was an area measuring approximately 24 x 4 inches, of water damage to the wall/floor with the cove base partially detached from the wall, next to the shower stall in the private bathroom in bedroom #5.

88a - Surfaces (continued)

Repeat Violation: 2/14/22

Plan of Correction

Accept [redacted] - 10/08/2024)

On 8.8.24 a maintenance request was completed by [redacted] to have the floor repaired. The water damage was repaired by maintenance by 8.23.24.

During the Team Lead meeting on 8.13.24 the Team Leads were educated on appropriate and accurate completion of the monthly Environmental Survey. The ES is designed to ensure compliance in all areas including ensuring the home is in good repair. The ES was updated by [redacted] on 8.10/24 to include ensuring their is no water damage.

Licensee's Proposed Overall Completion Date: 10/03/2024

Implemented [redacted] - 03/20/2025)

95 - Furniture and Equipment

8. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The shower head was detached and on the floor of the tub in the bathroom in bedroom #8.

Plan of Correction

Accept [redacted] - 10/30/2024)

The shower head was attached during the inspection on 8.8.24 by the staff on duty. The participant had detached the shower head themselves and placed in the tub without notification or reason.

Staff will receive education during the staff meeting in November, set for the 19th. Education will be completed by [redacted] and will review the regulation with the staff.

Maintenance to secure the shower head by 11/15/24 to ensure it is unable to be removed.

The Environmental Survey's will be updated by [redacted] by 11/1/24 to begin usage in November. The update will include checking the bathroom to ensure all showerheads are intact.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented [redacted] - 03/20/2025)

132g - Fire Drills Days/Times

9. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely conducts fire drills at the end of the month. Fire drills were conducted on the following dates: 12/27/23, 1/27/24, 2/27/24, 5/27/24, 11/29/23, 3/29/24, 6/29/24.

Plan of Correction

Accept [redacted] - 10/30/2024)

On 8.23.24 the maintenance consultant was educated verbally by [redacted] on the requirement that drills

132g - Fire Drills Days/Times (continued)

must be rotated and not always done at routine times.

During the month of September maintenance conducted the fire drill during a different week of the month. It was completed 9/17, the second week of the month.

For the FY 25 year the program has added a section the fire drill review to include indicating which week of the month the drill was completed. This will be reviewed during the Safety Meeting to ensure rotation. This will begin with the month of October.

Licensee's Proposed Overall Completion Date: 10/31/2024

Implemented [redacted] - 03/20/2025)

183b - Meds and Syringes Locked

10. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

There was a 96 count bottle of antacid tablets and an 8 ounce bottle of Arctic Ice Pain relieving gel, unsecured unattended and accessible, on the shelf over the toilet in the private bathroom in bedroom #5.

Plan of Correction

Accept [redacted] - 10/08/2024)

The items were removed from the bathroom by [redacted] during the inspection.

The participant was educated by [redacted] that medications cannot be kept in a participants room; they need turned into nursing upon return to the program.

Education will be completed with the staff during the October staff meeting on 10.22.24. Education will be provided by [redacted].

The monthly bedroom checklist was updated on 10.3.24 by [redacted] to include checking to see if there are any medications in the bedroom. These are to be completed monthly by the team lead and submitted to the RS for review.

Licensee's Proposed Overall Completion Date: 10/03/2024

Implemented [redacted] - 03/20/2025)

187b - Date/Time of Medication Admin.

12. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On 7/14/24 at approximately 8:00 p.m., direct care staff A documented administering the following medications to resident #1: Atorvastatin 20mg, Buspirone HCL 5mg, Cinnamon 500mg, Fish Oil 1000mg and Gabapentin 300mg on the resident's July 2024 medication administration record (MAR). However, according to resident and staff interviews, these medications were not administered to the resident and another resident's medications were administered in error.

On 7/14/24 at approximately 8:00 p.m., direct care staff A documented administering the following medications to resident #2: Baclofen 20mg, Simvastatin 20mg, Diazepam 5mg, Vitamin D3 1000 unit on the resident's July 2024

**187b - Date/Time of Medication Admin. (continued)**

medication administration record (MAR). However, according to resident and staff interviews, these medications were not administered to the resident at the time recorded.

**Plan of Correction****Accept [REDACTED] - 10/08/2024)**

On 7.17.24 the reportable was completed and submitted.

On 7.14.24 the Med Tech was pulled from passing meds by [REDACTED] until retaking the med course.

During the Safety Meeting held on 7.19.24 education was provided to the team on timely reporting.

On 9.10.24 the Med Error Checklist was updated to include the reporting requirements. This is to be used any time a med error occurs. The checklist is to be sent to the team for review.

On 7.23.24 during the staff meeting, all staff were educated by [REDACTED] on the Medication Procedure.

On 9.27.24 the Med Tech was issued a final written warning by [REDACTED].

On 7.19.24 an additional column was added to the Equality Grid to indicate the time an incident occurred as well as the time it was reported. The team will continue to review all reportables on the Daily Stand Up. QI will review the information on the EQG monthly during the Safety Meeting and ensure all incidents were completed timely per regulations.

Licensee's Proposed Overall Completion Date: 10/03/2024

**Implemented [REDACTED] - 03/20/2025)****187d - Follow Prescriber's Orders****13. Requirements**

2600.

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

**Description of Violation**

According to multiple resident and staff interviews, on 7/14/24 at approximately 7:00 p.m. direct care staff A pre-poured multiple resident's medications, to include residents #1 and #2, in preparation for the home's 8:00 p.m. medication pass. However, while administering medications, direct care staff A incorrectly administered the following medications to resident #1, which were prescribed to resident #2: \*Baclofen 20mg, Simvastatin 20mg, Diazepam 5mg and Vitamin D3 1000 units

**Plan of Correction****Accept [REDACTED] 10/08/2024)**

On 7.17.24 the reportable was completed and submitted.

On 7.14.24 the Med Tech was pulled from passing meds by [REDACTED] until retaking the med course.

During the Safety Meeting held on 7.19.24 education was provided to the team on timely reporting.

On 9.10.24 the Med Error Checklist was updated to include the reporting requirements. This is to be used any time a med error occurs. The checklist is to be sent to the team for review.

On 7.23.24 during the staff meeting, all staff were educated by [REDACTED] on the Medication Procedure.

On 9.27.24 the Med Tech was issued a final written warning by [REDACTED].

On 7.19.24 an additional column was added to the Equality Grid to indicate the time an incident occurred as well as the time it was reported. The team will continue to review all reportables on the Daily Stand Up. QI will review the information on the EQG monthly during the Safety Meeting and ensure all incidents were completed timely per regulations.

Licensee's Proposed Overall Completion Date: 10/03/2024

187d - Follow Prescriber's Orders (continued)

Implemented [redacted] - 03/20/2025)

225a - Assessment 15 Days

14. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #2 has a bedside enabler attached to [redacted] bed. However, the resident's assessment and support plan, dated [redacted]/23 and [redacted]/23, does not address the specific need for the device, the intended use and any risks associated with the use, the residents ability to use the device safely for the purpose it was intended

Plan of Correction

Accept [redacted] - 10/30/2024)

On 9.2.24 The RASP Completions and Requirements document was updated by [redacted]. The instructions now include all time frame requirements. This update was sent to the team on 9.2.24 by [redacted]

On 10.4.24 the Bed Rail Assessment form was updated by [redacted] to include ensuring this information is indicated on the RASP.

The weekly walk through sheet was updated on 10.8.24 by [redacted] to include reviewing the enablers to ensure only authorized enablers are in use. The Residential Supervisors will be responsible for completing these and will begin utilizing the updated form the week of 10.8.24. RSs educated on the updated form on 10.8.24 by [redacted]

By 11/1/24 the Weekly Walk Through form will be updated by [redacted]. The review of Enablers will be updated to include verifying the authorized/ appropriate enabler is in place. This review will begin the week of 11/4/24 and is completed by the Residential Supervisors.

Licensee's Proposed Overall Completion Date: 11/08/2024

Implemented ([redacted] 03/20/2025)

225c - Additional Assessment

15. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1 has a bedside enabler attached to [redacted] r bed. However, the resident's assessment and support plan, dated [redacted]/23 and [redacted]3, does not address the specific need for the device, the intended use and any risks associated with the use, the residents ability to use the device safely for the purpose it was intended

Plan of Correction

Accept [redacted] - 10/30/2024)

On 9.2.24 The RASP Completions and Requirements document was updated by [redacted]. The instructions now include all time frame requirements. This update was sent to the team on 9.2.24 by [redacted].

**225c - Additional Assessment (continued)**

On 10.4.24 the Bed Rail Assessment form was updated by [REDACTED] to include ensuring this information is indicated on the RASP.

The weekly walk through sheet was updated on 10.8.24 by [REDACTED] to include reviewing the enablers to ensure only authorized enablers are in use. The Residential Supervisors will be responsible for completing these and will begin utilizing the updated form the week of 10.8.24. RSs educated on the updated form on 10.8.24 by [REDACTED]. By 11/1/24 the Weekly Walk Through form will be updated by [REDACTED]. The review of Enablers will be updated to include verifying the authorized/ appropriate enabler is in place. This review will begin the week of 11/4/24 and is completed by the Residential Supervisors.

**Licensee's Proposed Overall Completion Date: 11/08/2024**

**Implemented [REDACTED]/20/2025)**