

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

March 7, 2025

[REDACTED]
MENTOR ABI LLC
[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 08/09/2024, 08/09/2024, 08/23/2024 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: *6* Waking Staff: *5*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *08/23/2024*

Inspection Dates and Department Representative

08/09/2024 On Site [Redacted]
 08/09/2024 Off Site [Redacted]
 08/23/2024 Off Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *8* Residents Served: *4*
 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: *4* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *2* Have Physical Disability: *4*

Inspections / Reviews

08/09/2024 - Partial
 Lead Inspector: [Redacted] Follow Up Type: *POC Submission* Follow Up Date: *09/13/2024*

09/20/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/12/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 09/27/2024

10/08/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/12/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission

Follow Up Date: 12/01/2024

03/07/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/12/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident [REDACTED]'s most recent assessment and support plan completed on [REDACTED], and [REDACTED], indicates an ambulation service need of, participant needs verbal cues to wear [REDACTED] bilateral ankle foot orthosis. Patient is very reliant on power wheelchair for ambulation. Patient is a high fall risk and often refuses to ask for staff assistance. Participant has a call bell to alert staff when [REDACTED] needs assistance. And a plan to meet this service need of, patient is extremely reliant on power wheelchair for ambulation due to decline in health. Participant refuses to wear [REDACTED] ankle foot orthosis in the home. Staff can provide encouragement. Participant is compliant, requires total assistance with application and removal. Participant is independent across level terrain but requires plus one supervision to contact guard for uneven terrain. Independent on stairs with handrails if [REDACTED] is walking with ankle foot orthosis. When supervision is recommended will use ramps while in [REDACTED] power chair. Participant is a high fall risk often refuses to ask for staff assistance. On [REDACTED] staff member A completed a MA-51 for resident [REDACTED] to be assessed for Rehabilitation at St. Vincent Hospital and possible admission to skilled nursing due to decline. However, resident [REDACTED] was not assessed for a need of a higher level of care by The Greater Erie Community Action Committee. Resident [REDACTED] had approximately 17 falls from [REDACTED], through [REDACTED] to include,

On [REDACTED], Resident [REDACTED] was toileting while unattended when resident [REDACTED] tripped and fell onto the floor striking [REDACTED] head on the floor. Resident [REDACTED] sustained a laceration above the right eye approximately ½ inch in size with a hematoma approximately the size of a golf ball. Emergency medical services transported resident [REDACTED] to St Vincent Hospital Where [REDACTED] was admitted for an acute fracture of the right lateral orbital wall and an acute fracture of the right spenozygomatic suture.

On [REDACTED] Resident [REDACTED] was walking in [REDACTED] room tripped and fell onto [REDACTED] face causing resident [REDACTED] to suffer a nosebleed and a laceration on the tip of [REDACTED] nose. Resident [REDACTED] was transported to Millcreek Community Hospital where [REDACTED] was subsequently diagnosed with a nasal bone fracture and a fractured orbital bone.

On [REDACTED] at approximately 8:00 p.m., resident [REDACTED] attempted to transfer from [REDACTED] bed and fell onto the floor with [REDACTED] face contacting the floor. Resident [REDACTED] was transported to Mill Creek Emergency Room. Upon arrival to Mill Creek Hospital resident [REDACTED] was diagnosed with a comminuted broken nasal passage.

Plan of Correction

Accept [REDACTED] - 10/08/2024)

The participant was seen by the PCP on 9.13.24. At that time an MA51 was completed indicating that the participant needs a SNF. On 9.13.24 the Case Manager issued a 30 day notice as well as submitting the referral to GECAC.

All participants with falls will be reviewed on high risk. The team will review what caused the fall and determine appropriate actions.

High risk notes will be monitored weekly x one month, monthly x three months. Monitoring will done by the PD and documentation will be kept. Weekly checks will start the first week of October.

42b Abuse (continued)

Education will be completed with the team on this process by Katy Peterson. Education will be completed by 10.31.24.

High Risk note reviews began 9.18.24. These are completed by the Program Director; this POC facilitated the reviews.

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

Implemented [redacted] - 03/07/2025)

42c - Treatment of Residents

2. Requirements

2600.

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

Description of Violation

Resident [redacted]'s most recent assessment and support plan completed on [redacted] and [redacted], indicates an eating personal care need of, participant has moderate to severe oropharyngeal dysphasia. Participant's food is to be pureed consistency per [redacted] swallowing precautions and a plan to meet this service need of staff to utilize place guard and clothing protector and obtain puree consistency. Participant is noted to have poor lip closure and poor oral containment. As needed, staff will feed the participant. To assist with removal of residuals from lips as needed to maintain dignity and to facilitate efficient eating. And a personal hygiene care need of participant requires one staff assistance to complete personal hygiene routine participant has a shower chair participant to have a body audit completed during every shower. Participant often uses [redacted] sexual aids while in the shower. Staff to make sure items are cleaned after each use. And a plan to meet this service need of staff to make sure the participant uses [redacted] shower chair while showering. Staff to queue participant throughout shower and participant tends to perseverate on areas. Wash buttocks by leaning left and right instead of standing. Staff to provide assistance when brushing [redacted] teeth. Will complete a body audit during every shower. Staff will note and report any red marks or sore spots or bruising on body audit form. Staff will make sure to clean all sexual aids after use in shower. However, on [redacted] and [redacted], staff member B failed to assist resident [redacted] with [redacted] dietary and showering needs, causing resident [redacted] to feel angry and helpless.

Plan of Correction

Accept [redacted] - 10/08/2024)

The staff member was pulled from the floor pending investigation. This was done by [redacted]. Done on [redacted]

Education on treatment of residents will be completed by the Case Manager during the September staff meeting. Documentation of the meeting will be kept on the shared drive. Education to include ensuring documentation on POC of completed tasks. The September staff meeting was canceled. This will be completed on 10.22.24.

The RS will do weekly spot checks of POC completion x four weeks, monthly spot checks x three months.

Documentation will kept on file. Weekly checks will begin the first week of October. This will start after the staff meeting; should begin the week of 10.28.24.

Licensee's Proposed Overall Completion Date: 10/28/2024

Implemented [redacted] - 03/07/2025)

225d - Higher Level of Care

3. Requirements

225d - Higher Level of Care (continued)

2600.

225.d. If the resident’s physician or appropriate assessment agency determines that the resident requires a higher level of care, a plan for placement shall be made as soon as possible by the administrator in conjunction with the resident or designated person, or both.

Description of Violation

On [redacted], staff member A completed a MA-51 for resident [redacted] to be assessed for Rehabilitation at St. Vincent Hospital and possible admission to a skilled nursing due to decline. However, resident [redacted] was not assessed for a determination of level of higher care by The Greater Erie Community Action Committee. Resident [redacted] has had approximately 17 falls from [redacted], to [redacted], to include,

On [redacted] Resident [redacted] was toileting while unattended when resident [redacted] tripped and fell onto the floor striking [redacted] head on the floor. Resident [redacted] sustained a laceration above the right eye approximately 1/2 inch in size with a hematoma approximately the size of a golf ball. Emergency medical services transported resident [redacted] to St Vincent Hospital Where [redacted] was admitted for an acute fracture of the right lateral orbital wall and an acute fracture of the right spenozygomatic suture.

On [redacted], Resident [redacted] was walking in [redacted] room tripped and fell onto [redacted] face causing resident [redacted] to suffer a nosebleed and a laceration on the tip of [redacted] nose. Resident [redacted] was transported to Millcreek Community Hospital where [redacted] was subsequently diagnosed with a nasal bone fracture and a fractured orbital bone.

On 7/25/24, at approximately 8:00 p.m., resident [redacted] attempted to transfer from [redacted] bed and fell onto the floor with [redacted] face contacting the floor. Resident [redacted] was transported to Mill Creek Emergency Room. Upon arrival to Mill Creek Hospital resident [redacted] was diagnosed with a comminuted broken nasal passage.

Plan of Correction

Accept [redacted] 10/08/2024)

The participant was seen by the PCP on [redacted] At that time an MA51 was completed indicating that the participant needs a SNF. On [redacted] the Case Manager issued a 30 day notice as well as submitting the referral to GECAC. All participants with falls will be reviewed on high risk. The team will review what caused the fall and determine appropriate actions.

High risk notes will be monitored weekly x one month, monthly x three months. Monitoring will done by the PD and documentation will be kept. Weekly checks will start the first week of October.

High Risk note reviews began 9.18.24. These are completed by the Program Director; this POC facilitated the reviews.

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

Implemented [redacted] - 03/07/2025)

227a - Support Plan 30 Days

4. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department’s support plan form.

227a - Support Plan 30 Days (continued)

Description of Violation

Resident [REDACTED]'s most recent assessment and support plan completed on [REDACTED], and [REDACTED], indicates an eating personal care need of, participant has moderate to severe oropharyngeal dysphagia. Participant's food is to be pureed consistency per [REDACTED] swallowing precautions, and a plan to meet this service need of, staff to utilize place guard and clothing protector and obtain puree consistency. Participant is noted to have poor lip closure and poor oral containment. As needed, staff will feed the participant, assist with removal of residuals from lips as needed to maintain dignity and to facilitate efficient eating. However, on [REDACTED] and [REDACTED] staff B failed to assist resident [REDACTED] with eating [REDACTED] dinner time meal.

Resident [REDACTED]'s most recent assessment and support plan completed on [REDACTED], and [REDACTED], indicates a personal hygiene care need of, participant requires one staff's assistance to complete personal hygiene routine participant has a shower chair participant to have a body audit completed during every shower. Participant often uses [REDACTED] sexual aids while in the shower. Staff to make sure items are cleaned after each use. And a plan to meet this service need of, staff to make sure the participant uses [REDACTED] shower chair while showering. Staff to queue participant throughout shower and participant tends to perseverate on areas. Wash buttocks by leaning left and right instead of standing. Staff to provide assistance when brushing [REDACTED] teeth. Will complete a body audit during every shower. Staff will note and report any red marks or sore spots or bruising on body audit form. Staff will make sure to clean all sexual aids after use in shower. However, on [REDACTED], and [REDACTED] staff B failed to assist resident [REDACTED] with [REDACTED] showering needs.

Plan of Correction

Accept [REDACTED] - 10/08/2024)

The staff member was pulled from the floor pending investigation. This was done by [REDACTED]. Done on [REDACTED]

Education on treatment of residents will be completed by the Case Manager during the September staff meeting. Documentation of the meeting will be kept on the shared drive. Education to include ensuring documentation on POC of completed tasks. The September staff meeting was canceled. This will be completed on 10.22.24.

The RS will do weekly spot checks of POC completion x four weeks, monthly spot checks x three months.

Documentation will kept on file. Weekly checks will begin the first week of October. This will start after the staff meeting; should begin the week of 10.28.24.

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

Implemented [REDACTED] - 03/07/2025)