

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

November 21, 2024

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

RE: NEURORESTORATIVE  
PENNSYLVANIA  
4155 ROXBURY DRIVE  
ERIE, PA, 16506  
LICENSE/COC#: 44696

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/30/2024 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 #:** 44696      **License Expiration:** 11/05/2024

**Address:** 4155 ROXBURY DRIVE, ERIE, PA 16506

**County:** ERIE      **Region:** WESTERN

**Administrator**

**Name:** [REDACTED]

**Legal Entity**

**Name:** MENTOR ABI LLC

**Address:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** R 4      **Date:** 08/21/2015      **Issued By:** Millcreek 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:** 08/30/2024

**Inspection Dates and Department Representative**

08/30/2024    On Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 6      **Residents Served:** 6

**Secured Dementia Care Unit**

**In Home:** No      **Area:**      **Capacity:**      **Residents Served:**

**Hospice**

**Current Residents:** 0

**Number of Residents Who:**

**Receive Supplemental Security Income:** 03      **Are 60 Years of Age or Older:** 0

**Diagnosed with Mental Illness:** 6      **Diagnosed with Intellectual Disability:** 0

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

**Inspections / Reviews**

08/30/2024 - Full

**Lead Inspector:** [REDACTED]      **Follow Up Type:** POC Submission      **Follow Up Date:** 09/15/2024

Inspections / Reviews (*continued*)

## 10/07/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/18/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 10/15/2024

## 11/06/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/18/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/11/2024

## 11/21/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/18/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 18 - Compliance With Laws

## 1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

## Description of Violation

Care Facility Carbon Monoxide Alarms Standards Act of June 23, 2016, requires that a carbon monoxide detector listed as complying with the Approved American National Standard for Gas and Vapor Detectors and Sensors be installed and maintained for any fossil fuel-burning device or appliance. At approximately 11:30 a.m., there was a gas operated furnace and hot water tank located in the basement furnace room. The room contained less than 15 feet of distance from the carbon monoxide emitting device to the furthest point in the room. However, there was no carbon monoxide detector immediately outside of the furnace room.

## Plan of Correction

Accept (████ - 10/07/2024)

On 8.30.24 a maintenance request was completed by Logan Mihalak for the Carbon Monoxide Detector being needed outside the furnace room.

By 9.11.24 the detector was placed by maintenance.

On 10.3.24 the monthly maintenance survey was updated to include ensuring the carbon monoxide detector is outside the furnace door. This was updated by ██████████.

This form will be reviewed by the RS each month to ensure all requirements are met.

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

Implemented (████ - 11/21/2024)

## 54a - Direct Care Staff

## 2. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

## Description of Violation

Direct care staff person A did not have a high school diploma, General equivalency diploma, or a record of transcript that included a graduation date.

Direct care staff person B did not have a high school Diploma, General Equivalency Diploma, or high school transcript with graduation date.

## Plan of Correction

Accept (████ - 11/06/2024)

The GED / HS diploma was requested by ██████████ on 10.4.24 from the HR department. If it is not on file as of 10.5.24 the staff member will be pulled from the floor until the document is received and in the file. The education was in the file at the time of inspection and available. These are attached as verification.

The office administrator and RSs will receive education on utilizing the staff file audit checklist by 10.15.24 by ██████████. Education will include utilizing the checklist from the time of hire and submitted to HR following Orientation. No staff member will start prior to the education requirements being submitted.

A new procedure for new hires was developed and submitted to the team by ██████████ on 10.30.24. All staff files will be audited by 45 days from date of hire, at 6 months and annually there after.

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

54a - Direct Care Staff (continued)

Implemented [redacted] - 11/21/2024)

85a - Sanitary Conditions

3. Requirements

2600.  
85.a. Sanitary conditions shall be maintained.

Description of Violation

At approximately 11:05 a.m., the common bathroom immediately next to the employee only office had a used container of men's Dove deodorant on the bathroom sink. The item was not labeled.

Plan of Correction

Accept [redacted] - 10/07/2024)

The deodorant was disposed of by the staff on duty at the time of the inspection.  
Staff will receive education by the RS during the October staff meeting on 10.22.24.  
The weekly walk through sheet will be updated by 10.15.24 by [redacted] to include checking all bathrooms for personal items and ensuring they are secured and marked appropriately. The RSs will be educated on the use of this form and will begin using it no later than the last week of October.

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

Implemented [redacted] - 11/21/2024)

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 10:58 a.m., the freezer of the stainless-steel refrigerator/freezer located in the kitchen had a temperature of 12 degrees Fahrenheit.

Plan of Correction

Accept [redacted] - 11/06/2024)

A maintenance request was completed at the time of the inspection by Logan Mihalak.  
The freezer was looked at by maintenance and a new part was ordered. The freezer temp was reviewed on 9.30.24 and verified as working appropriately.  
All staff will be educated on the importance of checking the temperatures and reporting any program needs immediately.  
The staff utilize a daily temp check, the RS utilizes a weekly walk through and the Team Lead completes a monthly Environmental Survey to ensure freezer and fridges are working. All three of these checks were completed and the issue was discovered, reported and fixed timely.

103f - Refrigerator/Freezer Temps (*continued*)

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

Implemented (████) - 11/21/2024)

## 103i - Outdated Food

## 5. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

## Description of Violation

*At approximately 11:20 a.m., there were multiple expired food items in the home's emergency food supply bin located in the dining room closet to include 4 cans of 12-ounce chunk light tuna with an expiration date of 9/2/23, and 2 boxes of Variety Pop Tart with a best used date of 12/8/23.*

## Plan of Correction

Accept (████) - 10/07/2024)

*The items were discarded at the time of the inspection by ██████████ and new supplies were ordered. The items were replaced on 9.2.24.*

*Education will be provided to the Team Leads during the TL meeting scheduled for October 15th. Education will be provided by ██████████.*

*By 10.15.24 the monthly Environmental Survey will be updated to include a review of all emergency food supplies and indicate the expiration date. These will be submitted to the RS monthly for review. The RS will ensure adequate storage food that is unexpired is in the kit at all times.*

Licensee's Proposed Overall Completion Date: 10/11/2024

Implemented (████) - 11/21/2024)

## 132g - Fire Drills Days/Times

## 6. 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 fire drills from February 2024, through June 2024, were conducted in the last five days of each month.*

## Plan of Correction

Accept (████) - 11/06/2024)

*Education was provided to maintenance verbally by ██████████ on 8.23.24 on the requirements for when fire drills need completed.*

*During the month of September fire drills were done during the beginning of the month. (second week)*

*To ensure compliance a column has been added to the EQG for review. Fire Drills monitoring will begin in October 2024 during the monthly Safety Committee Meetings reviewing September. The team will review the date of the drill and indicate which week it was completed. If at any time a drill is completed consecutively, the PD will review with maintenance to ensure the duplication doesn't happen a third time.*

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

Implemented (████) - 11/21/2024)

227a - Support Plan 30 Days

7. 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.

Description of Violation

Resident #1 date of admission [REDACTED], finalized support plan was completed on [REDACTED]

Plan of Correction

Accept [REDACTED] - 11/06/2024)

On 9.2.24 the RASP Completions and Requirements instruction sheet was updated by Katy Peterson. The instructions include all the time requirements. The team will be re-educated by [REDACTED] by [REDACTED]. All participant records will be reviewed to ensure compliance with the requirements. This will be completed by the Case Manager by 10.31.24. All RASPs will be submitted to QI for review x 3 months to ensure compliance. The submissions to begin the month of October and will be documented on the EQG.

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

Implemented [REDACTED] - 11/21/2024)