

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

April 1, 2025

[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 10/31/2024, 12/23/2024 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:** 11      **Waking Staff:** 8

**Inspection Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint, Incident      **Exit Conference Date:** 12/23/2024

**Inspection Dates and Department Representative**

10/31/2024 On Site: [REDACTED]  
12/23/2024 Off Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information			
<b>License Capacity:</b> 8		<b>Residents Served:</b> 7	
Secured Dementia Care Unit			
<b>In Home:</b> No	<b>Area:</b>	<b>Capacity:</b>	<b>Residents Served:</b>
Hospice			
<b>Current Residents:</b> 0			
Number of Residents Who:			
<b>Receive Supplemental Security Income:</b> 4		<b>Are 60 Years of Age or Older:</b> 1	
<b>Diagnosed with Mental Illness:</b> 7		<b>Diagnosed with Intellectual Disability:</b> 0	
<b>Have Mobility Need:</b> 4		<b>Have Physical Disability:</b> 6	

**Inspections / Reviews**

10/31/2024 - Partial  
**Lead Inspector:** [REDACTED]      **Follow Up Type:** POC Submission      **Follow Up Date:** 01/19/2025

Inspections / Reviews (*continued*)

## 02/18/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/31/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 02/25/2025

## 03/06/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/31/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/31/2025

## 04/01/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/31/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 23a - Activities of Daily Living Assistance

### 1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

#### Description of Violation

Resident [REDACTED] resident assessment and support plan, dated [REDACTED], includes diagnoses of anoxic brain damage not elsewhere classified, other lack of coordination, unsteadiness on feet, mild cognitive impairment of uncertain or unknown etiology, and personal history of other mental and behavioral disorders. Resident [REDACTED] requires extensive supervision in the home, cannot leave the home unattended, is unaware of unsafe areas, requires handheld assistance of 2 to walk or use a wheeled walker, and needs assistance with repositioning when in [REDACTED] wheelchair. Staff are to check on [REDACTED] every 15 minutes during waking hours, hourly during sleeping hours and are to be within arm's reach in the community setting.

On the afternoon of [REDACTED] when walking by the home, staff person A observed resident [REDACTED] laying on the porch, out of [REDACTED] wheelchair, alone and unsupervised. Staff person A attended to resident [REDACTED] who reported [REDACTED] fell and hit [REDACTED] head. Staff person A and staff person B, who was working in the home at the time, began planning to take resident [REDACTED] to the hospital. Staff person A left the home to gather paperwork for the hospital while staff person B assisted resident [REDACTED] to the bathroom. When staff person A returned to the home, resident [REDACTED] was in the bathroom, sitting on the toilet, alone and unsupervised for an undetermined amount of time. Resident [REDACTED] was sent to the emergency room and returned to the home with no injuries.

#### Plan of Correction

Accept [REDACTED] - 03/06/2025)

On 12/10/24 the program assigned all staff the video training, in Relias, Abuse: Preventing, Recognizing and Reporting Abuse. This training will be completed by 1/10/2025.

To ensure compliance with this regulation the Admin Team completed the online Mandated Reporter Training. This training was completed by 1/10/2025. Verification of completion was submitted to the PD and kept on file.

All staff that work in the home will receive in-person training by the Administrator and/or Supervisor on all participants Support plans; this training is to be completed by 2/15/25.

Please add a monthly step to include the administrator will meet with all direct care staff and review the needs of each resident for whom the staff provides direct care, as indicated in the resident's RASP, to ensure all resident's needs are met. The administrator will meet with all new hires prior to performing direct care, and all direct care staff within 24 hours of any significant change RASPs. Documentation will be kept.

Please indicate begin date.

Initial training occurred with all current staff by 2.15.25, monthly training will begin in March and will be completed with all staff by 3.31.25.

Significant change training within 24 hours will begin 2.25.25.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented [REDACTED] 04/01/2025)

## 42c - Treatment of Residents

### 2. Requirements

42c Treatment of Residents (continued)

2600.

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

Description of Violation

Resident [redacted] reported to staff person D, that staff person C touched [redacted] buttocks while [redacted] was in the bathroom, and [redacted] sat in the bathroom the entire time [redacted] was on the toilet, making [redacted] feel very uncomfortable.

Plan of Correction

Accepted [redacted] - 03/06/2025)

On On 12/10/24 the program assigned all staff the video training, in Relias, Abuse: Preventing, Recognizing and Reporting Abuse. This training will be completed by 1/10/2025.

To ensure compliance with this regulation the Admin Team completed the online Mandated Reporter Training. This training was completed by 1/10/2025. Verification of completion was submitted to the PD and kept on file.

On 2/20/25 and 3/6/25 a representative from GECAC will conduct training with the staff. Additionally, the program is having a trainer in the 2/3-2/5 to conduct training on abuse with the staff.

Please add a step to include weekly for 1 month and monthly thereafter, the administrator or designee will privately interview 1 resident to ensure they are being treated with dignity and respect. Documentation will be kept.

Please indicate begin date.

The administrator will begin weekly interviews of one person per week; the first week will be completed by 3/7/25 and will continue weekly x 4 weeks. Monthly interviews will begin in April with one person per month thereafter.

Licensee's Proposed Overall Completion Date: 03/07/2025

Implemented [redacted] - 04/01/2025)

184a Resident's Meds Labeled

3. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident [redacted] is prescribed [redacted] Solution, inject subcutaneously 3 times per day as per sliding scale:

0 - 150 = 0

151 - 200 = 3

201 - 250 = 6

251 - 300 = 9

301 - 350 = 12

351 - 400 = 15

However, the pharmacy label for resident [redacted] [redacted] Solution, does not include

**184a Resident's Meds Labeled (continued)**

*the sliding scale.*

**Plan of Correction**

Accept [REDACTED] - 03/06/2025)

*All staff were provided education on Policy 1.53b Medication Administration and the Med Error Procedure to include disciplinary action. All staff were provided this education by the Supervisor or designee by 1/31/2025.*

*On 12/12/24 the program updated the Weekly Walk Through checklist that is to be completed by the Supervisor and/or Administrator weekly. The update includes completing a Medication Pass Observation or Pass Verification dependent on the time the checklist is completed. The update includes instructions on how to complete this and document it. The new checklist began the week of 12/16/23.*

*Med cart audits are completed by floor staff weekly; these are submitted to the Supervisor and nursing for review.*

*Med cart audits are also completed by nursing monthly.*

*Cart audits include comparing the MAR to the label of each medication.*

*Staff were provided education on this process by 1.31.25. Education was completed by the respective Residential Supervisor, [REDACTED] and [REDACTED].*

*The week of 2/3/25 weekly cart audits continued following education.*

*The week of 2/3/25 weekly cart audits continued being reviewed by the Supervisor and nursing, following education.*

*Please indicate begin date for monthly med cart audits. Monthly cart audits continued in February following reeducation.*

**Licensee's Proposed Overall Completion Date: 02/25/2025**

Implemented [REDACTED] 04/01/2025)

**187a - Medication Record****4. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

**Description of Violation**

*Resident [REDACTED] is prescribed [REDACTED], take 1 tablet by mouth 3 times daily for [REDACTED]. This medication was not administered to the resident on [REDACTED] and [REDACTED] at 8:00 p.m., however, staff person E and staff person F signed the resident's October 2024 medication administration record indicating this medication was*

187a - Medication Record (continued)

administered to the resident.

Plan of Correction

Accept [REDACTED] - 03/06/2025)

All staff were provided education on Policy 1.53b Medication Administration and the Med Error Procedure to include disciplinary action. All staff were provided this education by the Supervisor or designee by 1/31/2025.

On 12/12/24 the program updated the Weekly Walk Through checklist that is to be completed by the Supervisor and/or Administrator weekly. The update includes completing a Medication Pass Observation or Pass Verification dependent on the time the checklist is completed. The update includes instructions on how to complete this and document it. The new checklist began the week of 12/16/23.

Please clarify the date the new checklist began. 12/16/2024

Licensee's Proposed Overall Completion Date: 02/25/2025

Implemented [REDACTED] - 04/01/2025)

187d - Follow Prescriber's Orders

5. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] checks 3 times per day and [REDACTED] per sliding scale. However, a [REDACTED] check was not completed, and medication was not administered on [REDACTED] at 4:00 p.m.

Resident [REDACTED] is prescribed [REDACTED], take 1 tablet by mouth 3 times daily for [REDACTED]. On [REDACTED] and [REDACTED] resident [REDACTED] did not receive [REDACTED] 8:00 p.m. dose.

On [REDACTED] resident [REDACTED] did not receive any of [REDACTED] prescribed 8:00 p.m. medications to include: [REDACTED] 1 by mouth at bedtime for [REDACTED], take 1 by mouth 3 times daily for [REDACTED]; [REDACTED], take 2 by mouth 2 times a day for [REDACTED], take 2 capsules 2 times daily for [REDACTED], 1 by mouth 3 times daily for [REDACTED] take 1 by mouth 3 times daily for [REDACTED], take 2 tablets by mouth every day for [REDACTED], take 0.5 tablet 3 times daily for [REDACTED] take 1 tablet by mouth every day for [REDACTED], take 2 tablets by mouth every day for [REDACTED], take 1 by mouth every night for [REDACTED].

Resident [REDACTED] is prescribed [REDACTED], take 0.5 tablet 3 times daily for [REDACTED]. On [REDACTED] resident [REDACTED] did not receive [REDACTED] 9:00 p.m. dose.

Plan of Correction

Accept [REDACTED] - 03/06/2025)

All staff were provided education on Policy 1.53b Medication Administration and the Med Error Procedure to include disciplinary action. All staff were provided this education by the Supervisor or designee by 1/31/2025.

On 12/12/24 the program updated the Weekly Walk Through checklist that is to be completed by the Supervisor

**187d - Follow Prescriber's Orders (continued)**

*and/or Administrator weekly. The update includes completing a Medication Pass Observation or Pass Verification dependent on the time the checklist is completed. The update includes instructions on how to complete this and document it. The new checklist began the week of 12/16/23.*

*Beginning 2.25.25 the program will review the Staffing Grid to ensure that a Med Tech is present in the home at all times. Any staffing needs will be reviewed during the Daily Review call to ensure proper coverage.*

**Licensee's Proposed Overall Completion Date: 02/25/2025**

**Implemented [REDACTED] - 04/01/2025)**