

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#: 44663

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/20/2024 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 #: *44663* License Expiration: *09/26/2024*  
 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: *1* Date: *01/26/2015* Issued By: *Fairview TWP*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *16* Waking Staff: *12*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *11/26/2024*

**Inspection Dates and Department Representative**

11/20/2024 On Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *8* 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: *6* Are 60 Years of Age or Older: *2*  
 Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *8* Have Physical Disability: *8*

**Inspections / Reviews**

11/20/2024 - Partial  
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *12/20/2024*

Inspections / Reviews *(continued)*

## 12/30/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/15/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/15/2025

## 03/07/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/15/2025

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] has been diagnosed with the following to include, [REDACTED] and [REDACTED]. Resident [REDACTED] most recent assessment and support plan finalized on [REDACTED] and [REDACTED], indicated a service need for toileting of, "participant requires total physical assistance with hygiene practices after having a bowel movement, participant is a two-person transfer in all toiletings" and a service plan to meet this need of, "participant is to be a two-person transfer for all transfers. One staff is to assist participant physically with the transfer and the second staff member is to assist with hygiene and clothing". On [REDACTED] at approximately 12:30 p.m., staff member A stated to resident [REDACTED] that [REDACTED] was bald. Resident [REDACTED] responded to staff member A, I am not all the way bald. Staff member A then stated to resident [REDACTED], "Just shut the [REDACTED] up". A short time later resident [REDACTED] requested staff member A assist [REDACTED] with toileting, however, staff member A refused the request. A short time later resident [REDACTED] began using a call bell to request assistance with toileting while in the rear common bathroom. Staff member A positioned [REDACTED] person next to the call bell notification center and continuously muted the call bells initiated by resident [REDACTED]. Staff member B confronted staff member A as to why [REDACTED] was not providing resident [REDACTED] assistance with toileting. Staff member A then went down the hall towards the common bathroom where resident [REDACTED] was attempting to toilet, and then reappeared a short time later. Staff member B then went to resident [REDACTED] to determine if [REDACTED] was still in need of assistance with toileting. Resident [REDACTED] still in need of assistance with toileting, began stating in a raised voice [REDACTED] wouldn't help me; [REDACTED] wouldn't help me". When [REDACTED] toileting was completed staff member B assisted transporting resident [REDACTED] back to the common area. Upon resident [REDACTED] seeing staff member A [REDACTED] began repeatedly stating in a raised voice to staff member A "you wouldn't help me; you wouldn't help me".

Resident [REDACTED] is diagnosed with multiple diagnoses to include, [REDACTED], [REDACTED] and [REDACTED]. Resident [REDACTED] most recent assessment and support plan were completed on [REDACTED], and [REDACTED], with an assessed bladder service need of, "participant requires verbal cues in some physical assistance with toileting, participant is to utilize a Texas catheter daily" and a plan to meet this service need of, "staff is to offer participant [REDACTED] urinal every two hours, participant is noted to have intermittent incontinence, participant is to utilize a Texas catheter daily. On [REDACTED] at approximately 9:15 a.m., staff member C observed resident [REDACTED] to have had a rubber band placed around [REDACTED] left knee area trapping [REDACTED] catheter against [REDACTED] left leg. However, due to staff member C's belief that the rubber band was "supposed to be there" the observation was not reported. At approximately 6:08 p.m., staff member C was providing care to resident [REDACTED] and observed the resident's left knee to be purple in color. Staff member C notified staff member D. Staff member D concerned by the appearance of resident [REDACTED] leg notified staff member E who upon arrival observed resident [REDACTED] left leg to be purple and cool to the touch from the knee down. The rubber band was cut off of resident [REDACTED] left knee and [REDACTED] was then transported to the Millcreek hospital. Upon arrival to the Millcreek hospital resident [REDACTED] was treated for "a rubber band around [REDACTED] left leg above the knee for over 8 hours". Resident [REDACTED] was subsequently discharged from the Millcreek hospital with an order for [REDACTED] tablet give one tablet by mouth two times a day for soft tissue injury for 21 days.

REPEAT [REDACTED] et al., [REDACTED]

42b Abuse (continued)

Plan of Correction

Accept ( - 12/30/2024)

On staff person A was suspended by the supervisor pending investigation. On staff person A was terminated by the Program Director.

On staff person B was suspended by the supervisor pending investigation. On the program moved forward with the termination process for staff person B; attempts to contact were unsuccessful, HR will officially process the termination the week of .

On On the program assigned all staff the video training, in Relias, Abuse: Preventing, Recognizing and Reporting Abuse. This training will be completed by .

To ensure compliance with this regulation the Admin Team will complete the online Mandated Reporter Training. They will be required to complete this training by 1/10/2025. Verification of completion will be submitted to the PD and kept on file.

The Executive team will meet daily X 1 month to review compliance; this meeting will be titrated down based on compliance.

Licensee's Proposed Overall Completion Date: 01/10/2025

Implemented - 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 most recent assessment and support plan completed on and respectively, indicated a service need of toileting as, "participant requires total physical assistance with hygiene practices after having a bowel movement participant is a two person transfer in all toileting" and a service plan to meet this need of, "participant is to be a two person transfer for all transfers. One staff is to assist participants physically with the transfer and the second staff member is to assist with hygiene and clothing". However, on , when resident requested Staff member F for assistance with toileting responded to resident by stating in a raised voice "what the do you want, I already scrubbed and changed you".

REPEAT

Plan of Correction

Accept - 12/30/2024)

On staff person A was suspended by the supervisor pending investigation. On staff person A was terminated by the Program Director.

On staff person B was suspended by the supervisor pending investigation. On the program moved forward with the termination process for staff person B; attempts to contact were unsuccessful, HR will officially process the termination the week of .

On On the program assigned all staff the video training, in Relias, Abuse: Preventing, Recognizing and Reporting Abuse. This training will be completed by .

To ensure compliance with this regulation the Admin Team will complete the online Mandated Reporter Training. They will be required to complete this training by . Verification of completion will be submitted to the PD and kept on file.

The Executive team will meet daily X 1 month to review compliance; this meeting will be titrated down based on

42c Treatment of Residents (continued)

compliance.

Licensee's Proposed Overall Completion Date: 01/10/2025

Implemented [REDACTED] 03/07/2025)

227a - Support Plan 30 Days

3. 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 [REDACTED] most recent assessment and support plan was finalized on [REDACTED], and [REDACTED], respectively, indicated a service need of toileting as, "participant requires total physical assistance with hygiene practices after having a bowel movement participant is a two person transfer in all toileting" and a service plan to meet this need of, "participant is to be a two person transfer for all transfers. One staff is to assist participants physically with the transfer and the second staff member is to assist with hygiene and clothing". On [REDACTED], at approximately 12:30 p.m., resident [REDACTED] requested staff members A's assistance with toileting multiple times, however staff member A failed to provide toileting services to resident [REDACTED]

Resident [REDACTED] most recent assessment and support plan was finalized on [REDACTED], and [REDACTED], respectively, indicated a service need of toileting as, "participant requires total physical assistance with hygiene practices after having a bowel movement participant is a two person transfer in all toileting" and a service plan to meet this need of, "participant is to be a two person transfer for all transfers. One staff is to assist participants physically with the transfer and the second staff member is to assist with hygiene and clothing". On [REDACTED], resident [REDACTED] requested staff members F's assistance with toileting, however staff member F failed to provide toileting services to resident [REDACTED]

Plan of Correction

Accept [REDACTED] - 12/30/2024)

On [REDACTED] staff person A was suspended by the supervisor pending investigation. On [REDACTED] staff person A was terminated by the Program Director.

On [REDACTED] staff person B was suspended by the supervisor pending investigation. On [REDACTED] the program moved forward with the termination process for staff person B; attempts to contact were unsuccessful, HR will officially process the termination the week of [REDACTED].

On [REDACTED] the program assigned all staff the video training, in Relias, Abuse: Preventing, Recognizing and Reporting Abuse. This training will be completed by [REDACTED].

To ensure compliance with this regulation the Admin Team will complete the online Mandated Reporter Training. They will be required to complete this training by [REDACTED] Verification of completion will be 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 [REDACTED]

The Executive team will meet daily X 1 month to review compliance; this meeting will be titrated down based on compliance.

Licensee's Proposed Overall Completion Date: 01/15/2025

Implemented [REDACTED] - 03/07/2025)