

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

March 6, 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 12/04/2024 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 1      **Date:** 01/26/2015      **Issued By:** Fairview Township

**Staffing Hours**

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

**Inspection Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**

**Reason:** Complaint      **Exit Conference Date:** 01/03/2025

**Inspection Dates and Department Representative**

12/04/2024 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:** 7

**Inspections / Reviews**

12/04/2024 - Partial

**Lead Inspector:** [REDACTED]      **Follow Up Type:** POC Submission      **Follow Up Date:** 01/19/2025

Inspections / Reviews (*continued*)

## 02/04/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/27/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 02/11/2025

## 02/18/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/27/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/01/2025

## 03/06/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/27/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

60a - Staff/Support Plan

1. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

Resident [redacted] is diagnosed with [redacted] with recurrent seizures and is prescribed [redacted] spray, use [redacted] in the nose as needed (1 spray in first nostril after seizure for 5 minutes, can administer 2nd dose in 2nd nostril if seizure persists after 10 more minutes. Maximum 2 sprays per day.) However, on [redacted] from 9:00 a.m. to 11:42 a.m., there was no one qualified to administer medication present in the home.

Plan of Correction

Accept [redacted] - 02/18/2025)

All active staff that work in the home received in-person training by the Administrator and/or Supervisor on all participants Support plans; this training was completed by 1/15/24.

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 included 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.

The Med Tech Trainer or designee will complete monthly reviews of the Med Tech files to ensure compliance X 6 months; and then quarterly moving forward. The Med Tech Trainer or designee will be trained on how to complete the review during the month of January 2025 and will begin the monthly review in February 2025. Documentation of the review will be kept on file.

Please add a step(s) to ensure a staff person qualified to administer medication is present in the home at all times: Beginning 2.12.25 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.

Proposed Overall Completion Date: 02/12/2025

Licensee's Proposed Overall Completion Date: 02/12/2025

Implemented [redacted] - 03/06/2025)

187d - Follow Prescriber's Orders

2. Requirements

2600.

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

Description of Violation

On [redacted] at 8:00 a.m., resident [redacted] was not administered the following medications, because they were not available in the home:

[redacted] tablet, take 1 tablet by mouth every day, [redacted] tablet, take 1 tablet by mouth daily, [redacted] tablet, take 1 tablet by mouth daily, [redacted] tablet, take 1 tablet by mouth twice daily, [redacted] tablet, take 1 tablet by mouth daily, [redacted] tablet, take 1 tablet by mouth every day, and [redacted] tablet, take 1 tablet by mouth daily.

Resident [redacted] is prescribed [redacted] tablet, take 1 tablet by mouth two times per day for 21 days. However, on [redacted] at 8:00 p.m. and [redacted] at 8:00 p.m. this medication was not administered to the resident.

## 187d Follow Prescriber's Orders (continued)

**Plan of Correction**

Accept [REDACTED] - 02/18/2025)

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 1/10/2025.

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 included 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.

The Med Tech Trainer or designee will complete monthly reviews of the Med Tech files to ensure compliance X 6 months; and then quarterly moving forward. The Med Tech Trainer or designee will be trained on how to complete the review during the month of January 2025 and will begin the monthly review in February 2025. Documentation of the review will be kept on file.

Please clarify the following:

Is 1.53b the correct policy staff were educated on? Yes, policy 1.53b (PA Specific) Medication Management Medication Facilitation PA was reviewed.

Did the new checklist begin the week of 12/16/23? This was a typing error, the new checklist began 12/16/24.

What immediate measures were taken to resolve this violation? For example, were resident #2's medications received? If so, on what date? The medication was a time limited medication. Upon notification that the medication was missed, the PCP was notified with no additional orders given.

Please add a step(s) to address maintaining ongoing compliance for medications not being available in the home.

By 3/1/24 all Team Leads will be educated by the Residential Supervisor on the completion of a Med Cart Audit. Med Cart Audits will continue to be completed by the program weekly. Weekly cart audits will continue and are completed by the homes Team Lead or designee.

Weekly Med Cart Audits are sent to the Residential Supervisor and the Nursing Department. Any medication found to be expired or discontinued will immediately be removed from the med cart and destroyed in accordance with 2600.183f.

During the monthly Nursing Med Cart Audit, the nurse will ensure all expired medications are removed from the cart. Medications are destroyed and documented on a destruction log. Documentation is kept.

Proposed Overall Completion Date: 03/01/2025

Licensee's Proposed Overall Completion Date: 03/01/2025

Implemented [REDACTED] - 03/06/2025)