

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

April 1, 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 12/04/2024, 12/09/2024, 01/03/2025 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: *11/05/2025*
 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* Exit Conference Date: *12/23/2024*

Inspection Dates and Department Representative

12/04/2024 On Site: [Redacted]
 12/09/2024 On Site: [Redacted]
 01/03/2025 Off Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *8* Residents Served: *7*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *4* Are 60 Years of Age or Older: *1*
 Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *4* Have Physical Disability: *6*

Inspections / Reviews

12/04/2024 - 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

The assessment and support plan, dated [REDACTED], for resident [REDACTED] indicates the resident requires total assistance with personal shopping and staff of the home will shop for the resident. The resident did not receive this assistance as required for the months of October 2024 and November 2024.

The assessment and support plan, dated [REDACTED], for resident [REDACTED] indicates the resident requires total assistance with personal shopping and staff of the home will shop for the resident. The resident did not receive this assistance as required for the months of October 2024 and November 2024.

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

2600.

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

Description of Violation

On [REDACTED] at approximately 7:45p.m., while passing medication to resident [REDACTED], staff person A yelled at resident [REDACTED] stating how many times have I told you not to talk when I do your medications and how many times have I told you not to move when I do your medications? Resident [REDACTED] stood up and walked to the kitchen to get some water, and staff person A got in [REDACTED] face and told [REDACTED] you only move when I tell you to move. Staff person A also argued with resident [REDACTED] about [REDACTED] shower days, insisting [REDACTED] had to get a shower that day and [REDACTED] would not be using [REDACTED] "special" medicated shampoo, which other staff indicate [REDACTED] looks forward to. Staff person A continued to argue with resident [REDACTED] about

42c - Treatment of Residents (continued)

taking a shower, until resident ■ ran into ■ room and shortly thereafter ran outside, visibly shaking because ■ was so upset by staff person A.

Plan of Correction**Accept ■ - 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.

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 ■ - 04/01/2025)**60a - Staff/Support Plan****3. 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

At 11:11 a.m., agents of the Department observed direct care staff person B exit Cabin 1 to go and give a medication in Cabin 2, leaving no staff in the home until 11:17 a.m. when staff person B returned. Another person who is not a staff of the home, but works as a private duty aide with resident #1 was sent to cover Cabin 1 and arrived at 11:13 a.m. According to staff this occurs daily.

Plan of Correction**Accept ■ - 03/06/2025)**

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.

By 1/31/25 All staff received education on Abandonment and ensuring a staff member is always in the building. Staffing needs will be discussed daily during the Daily Stand Up meeting to ensure all buildings are staffed appropriately.

On 1/16/25 the program implemented a new process to ensure grids are updated daily and submitted to the PD. The PD will complete random spot checks on the grids.

Please indicate the begin date and frequency for spot checks. Formatted spot checks began 2.25.25 and will continue monthly thereafter.

60a - Staff/Support Plan (continued)

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

Implemented [REDACTED] - 04/01/2025)

63a - First Aid/CPR Training

4. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

Staff person C, the home's Quality Improvement Specialist, Licensed Practical Nurse, Certified Brain Injury Specialist, Personal Care Home Administrator, and an American Red Cross First Aid/CPR/AED Instructor, provided First Aid/CPR training certifications to multiple staff who did not adequately complete the hands-on practice portion of the training, to include staff person A, staff person D, staff person E, and staff person F.

On [REDACTED] from 3:00 PM - 11:00 PM, there were 8 residents present in the home. During this time there were 2 staff persons present in the home; however, neither of these staff persons were trained in first aid and certified in obstructed airway techniques and CPR.

On [REDACTED] from 7:00 AM - 3:00 PM, there were 8 residents present in the home. During this time there were 2 staff persons present in the home; however, neither staff person was trained in first aid and certified in obstructed airway techniques and CPR.

Plan of Correction

Accept [REDACTED] - 02/18/2025)

The program brought in outside CPR trainers 12/14/24 - 12/20/24 and 1/17/25 and 1/19/25.

At this time all programs have at least one CPR/FA Certified staff member on each shift.

The program will work with an outside entity to ensure training compliance following hire and bi-annually as required.

HR runs monthly Certification reports that are sent to the program; these will be reviewed and monitored monthly by the Supervisors and Program Director to ensure compliance.

Beginning January 2025, the administrator or designee review the staff schedule to ensure at least 1 staff person who is trained in first aid and certified in obstructed airway techniques and CPR, who did not receive this certification from [REDACTED], is present in the home at all times. Documentation will be kept.

Proposed Overall Completion Date: 01/30/2025

Licensee's Proposed Overall Completion Date: 01/30/2025

Implemented [REDACTED] - 04/01/2025)

63b - Current First Aid Training

5. Requirements

2600.

63.b. Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.

63b Current First Aid Training (continued)

Description of Violation

Staff person C, the home's Quality Improvement Specialist, Licensed Practical Nurse, Certified Brain Injury Specialist, Personal Care Home Administrator, and an American Red Cross First Aid/CPR/AED Instructor, provided First Aid/CPR training certifications to multiple staff who did not adequately complete the hands on practice portion of the training, to include staff person A, staff person D, staff person E, and staff person F.

Plan of Correction

Accept [redacted] - 03/06/2025)

The program brought in outside CPR trainers 12/14/24 12/20/24 and 1/17/25 and 1/19/25. At this time all programs have at least one CPR/FA Certified staff member on each shift. The program will work with an outside entity to ensure training compliance following hire and bi annually as required. HR runs monthly Certification reports that are sent to the program; these will be reviewed and monitored monthly by the Supervisors and Program Director to ensure compliance. Beginning January 2025, the administrator or designee review the staff schedule to ensure at least 1 staff person who is trained in first aid and certified in obstructed airway techniques and CPR, who did not receive this certification from [redacted], is present in the home at all times. Documentation will be kept.

Please add a step to include by 3/10/25, all staff who were trained in first aid and certified in obstructed airway techniques are CPR and received this certification from [redacted] will be retrained by an individual other than [redacted], who is certified as a trainer, by a hospital, or other recognized health care organization. Documentation will be kept. This was completed by January 19, 2025.

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

Implemented [redacted] - 04/01/2025)

183d - Prescription Current

6. Requirements

2600. 183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident [redacted] was prescribed [redacted] capsule, take 1 capsule by mouth 3 times a day on [redacted]. This medication was in the home's medication cart; however, the medication was discontinued on [redacted].

Plan of Correction

Accept [redacted] - 03/06/2025)

This medication was removed the day of the inspection. By 1/31/2025 all staff were educated on the Med Cart audit process. Documentation of the education is on file. They were also educated on the Med Error procedure, including education and disciplinary action related to incorrect med cart audits. 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.

183d Prescription Current (continued)

Who provided all staff education by 1/31/25? Education was completed by the respective Residential Supervisor; [redacted] and [redacted].

Please indicate when weekly med cart audits began. The week of 2/3/25 weekly cart audits continued following education.

Please indicate how often supervisors and nursing are reviewing weekly med cart audits, and begin date. 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 re education.

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

Implemented [redacted] - 04/01/2025)

184a - Resident's Meds Labeled

7. 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

There was a [redacted] of [redacted] for resident [redacted] in the med cart. However, this medication did not have a pharmacy label.

Resident [redacted] is prescribed [redacted] take 2 caps by mouth twice daily. However, the medication label indicates: [redacted]. Staff interviews indicate that the home has been administering the incorrect medication from [redacted] through [redacted].

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 12/16/24.

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.

184a - Resident's Meds Labeled (continued)

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 re-education.

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

Implemented [redacted] - 04/01/2025)

187d - Follow Prescriber's Orders

9. Requirements

2600.

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

Description of Violation

Resident [redacted] is prescribed [redacted] – take 2 caps by mouth twice daily. However, the medication label indicates: [redacted]. Staff interviews indicate that the home has been administering the incorrect medication dosage from [redacted] through [redacted].

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 12/16/24.

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 re-education.

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

Implemented [redacted] - 04/01/2025)