

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

March 6, 2025

[REDACTED]
MENTOR ABI LLC
[REDACTED]

RE: NEURORESTORATIVE
PENNSYLVANIA
6726 WALNUT CREEK DRIVE
FAIRVIEW, PA, 16415
LICENSE/COC#: 44695

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/17/2024 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 #: *44695* License Expiration: *11/05/2025*
 Address: *6726 WALNUT CREEK DRIVE, 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: *08/19/2015* Issued By: *Fairview Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *8* Waking Staff: *6*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *01/03/2025*

Inspection Dates and Department Representative

12/17/2024 On Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *5* Residents Served: *5*
 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: *5* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *3* Have Physical Disability: *3*

Inspections / Reviews

12/17/2024 - Partial
 Lead Inspector: [Redacted] Follow Up Type: *POC Submission* Follow Up Date: *01/20/2025*

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: 02/07/2025

02/25/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/27/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/28/2025

03/06/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/27/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

At 9:00 a.m. an agent of the Department requested staff timecards for staff that worked in the home from [redacted] to [redacted]. However, the home did not provide this information.

Plan of Correction

Accept ([redacted] - 02/25/2025)

On 1/14/25 the program developed a new process for reviewing daily schedules. The team was educated by [redacted] Program Director, on 1/15/25 on the new process.

[redacted], Program Director, will complete routine spot checks of the program staffing Grids. Routine spot checks will begin the week of 1/20/25. Documentation will be kept.

The information not provided to the department was the schedule and who provided care. This is directly related to grids indicated above. All other information was provided upon request.

On 2.7.25 at 11:54am a message was left for [redacted] to provide technical assistance; awaiting return call.

Proposed Overall Completion Date: 02/07/2025

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented ([redacted] - 03/06/2025)

63a - First Aid/CPR Training

2. 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 A, 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 B, staff person C, and staff person D.

On [redacted] from 7:00 AM - 3:00 PM, there were [redacted] residents present in the home. During this time there was [redacted] staff person present in the home; however, this staff person was not trained in first aid and certified in obstructed airway techniques and CPR.

From 11:00 PM on [redacted] to 7:00 AM on [redacted] there were [redacted] residents present in the home. During this time there was 1 staff person present in the home; however, this staff person was not trained in first aid and certified in obstructed airway techniques and CPR.

From 11:00 PM on [redacted] to 7:00 AM on [redacted] there were [redacted] residents present in the home. During this time there was 1 staff person present in the home; however, this staff person was not trained in first aid and certified in obstructed airway techniques and CPR.

63a First Aid/CPR Training (continued)

Plan of Correction

Directed [redacted] - 02/25/2025

The program brought in outside CPR trainers 12/14/24 12/20/24. Additional classes were conducted 1/9/25, 1/11/25 and classes are scheduled for 1/17/25, 1/18/25 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.

The homes supervisor completes a daily staffing grid. The grid includes ensuring a CPR certified staff member is in the home at all times. The daily review of the staffing grids began 12.28.24.

The home is using an external source for all CPR training needs. The training of all staff was completed as of 1.19.25.

Beginning the week of 1/21/25 the Program Director or designee will complete routine spot checks of the daily Staffing Grids.

Documentation will be kept.

Proposed Overall Completion Date: 02/07/2025

Directed:

By 2/28/25 and daily thereafter, the administrator or designee will 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.

[redacted] 2/25/25

Directed Completion Date: 02/28/2025

Implemented [redacted] 03/06/2025

63b - Current First Aid Training

3. 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.

Description of Violation

Staff person A, 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 B, staff person C and staff person D.

Plan of Correction

Accept [redacted] - 02/25/2025

The program brought in outside CPR trainers 12/14/24 12/20/24. Additional classes were conducted 1/9/25,

63b - Current First Aid Training (continued)

1/11/25 and classes are scheduled for 1/17/25, 1/18/25 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.

The homes supervisor completes a daily staffing grid. The grid includes ensuring a CPR certified staff member is in the home at all times. The daily review of the staffing grids began 12.28.24.

The home is using an external source for all CPR training needs. The training of all staff was completed as of 1.19.25. Beginning the week of 1/21/25 the Program Director or designee will complete routine spot checks of the daily Staffing Grids.

Documentation will be kept.

Proposed Overall Completion Date: 02/07/2025

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented (██████) 03/06/2025)

183d - Prescription Current

4. 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

On ████████, resident ████████ was prescribed ████████, apply topically to the skin twice daily to bilateral foot for six weeks. This medication was discontinued on ████████ however the medication was present in the home.

Plan of Correction

Accept (██████) - 02/24/2025)

The ████████ was removed from the cart at the time of the inspection by the staff member completing the Cart Audit with the licensing inspector.

By 2/1/24 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 the week of 2/7/25 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: 02/07/2025

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented (██████) - 03/06/2025)