

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

March 6, 2025

[REDACTED]  
MENTOR ABI LLC  
[REDACTED]

RE: NEURORESTORATIVE  
PENNSYLVANIA  
1331 DUTCH ROAD  
FAIRVIEW, PA, 16415  
LICENSE/COC#: 44818

[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 #:** 44818      **License Expiration:** 09/26/2024

**Address:** 1331 DUTCH 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:** 10/24/2016      **Issued By:** Fairview Township

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 7      **Waking Staff:** 5

**Inspection Information**

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

**Reason:** Complaint      **Exit Conference Date:** 01/06/2025

**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:** 0

**Diagnosed with Mental Illness:** 4      **Diagnosed with Intellectual Disability:** 2

**Have Mobility Need:** 2      **Have Physical Disability:** 2

**Inspections / Reviews**

12/17/2024 - Partial

**Lead Inspector:** [REDACTED]      **Follow Up Type:** POC Submission      **Follow Up Date:** 01/19/2024

Inspections / Reviews (*continued*)

## 02/04/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/25/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 02/07/2025

## 02/25/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/25/2025

Reviewer: [REDACTED]

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

## 03/06/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/25/2025

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

Multiple times throughout the day, an agent of the Department requested access to staff timecards/timesheets. These were never received.

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.

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

Implemented [REDACTED] 03/06/2025)

63a - First Aid/CPR Training

3. 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 and staff person C.

From 11:00 PM on [REDACTED] to 7:00 AM on [REDACTED], there were 5 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 5 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.

Plan of Correction

Accept [REDACTED] - 02/04/2025)

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

63a First Aid/CPR Training (continued)

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.

By 12/27/24 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.

Licensee's Proposed Overall Completion Date: 01/31/2025

Implemented [REDACTED] - 03/06/2025)

63b - Current First Aid Training

4. 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 and staff person C.

Plan of Correction

Accept [REDACTED] - 02/04/2025)

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.

By 12/27/24 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.

Licensee's Proposed Overall Completion Date: 01/31/2025

Implemented [REDACTED] - 03/06/2025)