

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

July 2, 2025

[REDACTED], PROGRAM DIRECTOR
MENTOR ABI LLC
[REDACTED]

RE: NEURORESTORATIVE
PENNSYLVANIA
10589 NORTH EDGEWOOD DRIVE
LAKE CITY, PA, 16423
LICENSE/COC#: 44796

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/20/2025 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 #: *44796* License Expiration: *05/19/2026*
 Address: *10589 NORTH EDGEWOOD DRIVE, LAKE CITY, PA 16423*
 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: *07/12/2016* Issued By: *L&I*

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *03/20/2025*

Inspection Dates and Department Representative

03/20/2025 - 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: *0* Are 60 Years of Age or Older: *3*
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

03/20/2025 - Full
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *04/17/2025*

Inspections / Reviews (*continued*)

05/22/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/27/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 05/26/2025

06/16/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/27/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/27/2025

07/02/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/27/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

105g - Lint Removal and Duct Cleaning

3. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 3/20/25, there was an approximate 1/2 inch accumulation of lint in the lint trap of the dryer. There were no clothes in the dryer at the time.

Plan of Correction

Accept ([redacted]) - 05/22/2025)

The dryer lint trap was cleaned day of the inspection by [redacted] Staff education was completed with the staff by [redacted] Posters were hung as reminders to clean the lint trap for staff on 3/21/25 by [redacted] The Administrator or designee will check the dryer lint trap 1x weekly for 4 weeks and titrate down based on compliance. The first weekly check will occur by 4/19/25.

Licensee's Proposed Overall Completion Date: 04/19/2025

Implemented ([redacted]) - 07/02/2025)

132a - Monthly Fire Drill

4. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the month of November 2024.

Plan of Correction

Accept ([redacted]) - 05/22/2025)

The program will complete education with the Administrator by 4/30/25. Beginning in the month of April the program will move from the maintenance department to the Residential Supervisor completing the monthly fire drills. To ensure ongoing compliance monthly fire drills will be reviewed with the team monthly during the Safety Committee Meeting.

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented ([redacted]) - 07/02/2025)

187b - Date/Time of Medication Admin.

5. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On 2/25/25 at 8 PM, resident #3 was not administered [redacted] Staff person A signed the February 2025 MAR as medication given on 2/25/25 at 8 PM

Plan of Correction

Accept ([redacted]) - 05/22/2025)

Education was provided to the staff member on how to complete the med administration process. Education was completed on 2/28/25 by [redacted]

187b - Date/Time of Medication Admin. (continued)

Staff will complete a narcotic count and key exchange signature sheet at each shift change to review medications and ensure all controlled substances were administered.

Nursing will review the narc count sheets monthly during Med Cart audits. Any discrepancies will be reported to the PD.

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented () - 07/02/2025

187d - Follow Prescriber's Orders

6. Requirements

2600. 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 is prescribed [redacted]. However, resident #3 was not administered [redacted] on 2/25/25 at 8 PM.

Plan of Correction

Accept () - 06/16/2025

Education was provided to the staff member on how to complete the med administration process. Education was completed on 3/21/25 by [redacted].

Staff will complete a narcotic count and key exchange signature sheet at each shift change to review medications and ensure all controlled substances were administered.

Nursing will review the narc count sheets monthly during Med Cart audits. Any discrepancies will be reported to the PD.

Licensee's Proposed Overall Completion Date: 05/27/2025

Implemented () - 07/02/2025

188b - Medication Error Reporting

7. Requirements

2600. 188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #3 is prescribed [redacted]. However, resident #3 was not administered [redacted] on 2/25/25 at 8 PM. The medication error was not reported to the prescriber.

Plan of Correction

Accept () - 06/16/2025

The Program Director completed education with the administrative team on reporting requirements.

The program will utilize a Med Error Checklist to ensure all reporting requirements are met.

The program will review the Med Error Checklist the following day during Daily Stand Up to ensure all requirements are met. Documentation will be kept.

The program will complete education on the reporting requirements. Education will be completed by June 30, 2025.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented () - 07/02/2025