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

June 18, 2025

[redacted]
MENTOR ABI LLC
[redacted]

RE: NEURORESTORATIVE
PENNSYLVANIA
BUILDING 2, 6816 WEST LAKE RD
FAIRVIEW, PA, 16415
LICENSE/COC#: 44205

[redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/11/2025 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 #**: *44205* **License Expiration**: *04/16/2026*

Address: *BUILDING 2, 6816 WEST LAKE RD, 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: *C 2 LP* **Date**: *05/30/1974* **Issued By**: *Dept L & I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *14* **Waking Staff**: *11*

Inspection Information

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

Reason: *Complaint* **Exit Conference Date**: *04/11/2025*

Inspection Dates and Department Representative

04/11/2025 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: *2* **Are 60 Years of Age or Older**: *0*

Diagnosed with Mental Illness: *8* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *6* **Have Physical Disability**: *2*

Inspections / Reviews

04/11/2025 - Partial

Lead Inspector: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *05/24/2025*

Inspections / Reviews *(continued)*

05/28/2025 POC Submission

Submitted By: [redacted] **Date Submitted:** *06/09/2025*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *06/07/2025*

06/18/2025 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/09/2025*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

16c - Written Incident Report

1. Requirements

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident [redacted] is prescribed a [redacted] capsule and a [redacted] capsule of Fluoxetine in the morning. On [redacted] at 8:00 a.m., staff person A administered two [redacted] capsules and a [redacted] capsule of [redacted] to the resident. On [redacted] at 3:30pm staff person A notified the home's Administrator and Program Administrator of the medication error found during a medication cart audit. However, this medication error was not reported to the Department until [redacted] at 3:45 p.m.

On [redacted] at 3:30 p.m., staff person A completed a medication cart audit and reported to the home's Administrator that resident [redacted] prescribed once daily was not administered on [redacted] at 8:00 a.m. However, this medication error was not reported to the Department until [redacted] at 3:45 p.m.

On [redacted] at 3:30 p.m., staff person A completed a medication cart audit and reported to the home's Administrator that resident [redacted] 's [redacted] prescribed twice daily was not administered on [redacted] at 8:00 a.m. However, this medication error was not reported to the Department until [redacted] at 3:45 p.m.

Repeat Violation: [redacted]

Plan of Correction ***Accept [redacted] - 05/28/2025)***

On April 14, 2025 the Program Director updated the Daily Stand Up report to include the Date of discovery and date of occurrence to ensure timeliness with all requirements.
On April 28, 2025 the Program Director worked with the team to develop a plan to mitigate med errors; a Med Error Tracking system was developed to ensure ongoing compliance with all reporting requirements.
The Med Error Tracker is reviewed daily with the team in the morning on the Daily Review Call and then again on the Daily Wrap Up call to provide continuous monitoring and ensure completion of all action items, including timely reporting. Documentation is kept.

Licensee's Proposed Overall Completion Date: *05/22/2025*

Implemented [redacted] 06/18/2025)

183e - Storing Medications

2. Requirements

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident [redacted] is prescribed [redacted] of [redacted] subcutaneous injections pen in the evening. Per the manufacture's instructions, the pen expires 28 days after opening. The medication pen in the medication cart was opened [redacted] and expired [redacted].

183e Storing Medications *(continued)*

Plan of Correction ***Accept [redacted] - 05/28/2025)***

On 5/22/25 the team reviewed the current weekly Med Cart Audit; it was updated to include tracking of insulin open and expiration dates. Education will be completed with the staff on the new form by the Residential Supervisor or designee by 5/30/25. The new Med Cart Audit will start the week of 6/1/25.
Weekly cart audits will be reviewed by the residential supervisor and the program nurse to ensure completion and to ensure medications are available as ordered.
On 5/16/25 the Program Director added Med Cart Reviews to [redacted] agenda for the Daily Review Call to ensure ongoing compliance with requirements. On 5/22/25 the Program Director implemented the agenda as a process. The program will review the weekly Med Cart Audits on Fridays with the team on the Daily Review call to provide continuous monitoring and ensure completion of all action items, including timely reporting. Documentation is kept.

Licensee's Proposed Overall Completion Date: *05/22/2025*

Implemented [redacted] - 06/18/2025)

185a - Implement Storage Procedures

3. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident [redacted] was prescribed blood sugar checks six times per day via a [redacted] meter, with special instructions for staff to use a fingerstick glucometer if the [redacted] meter is not working, and if blood sugar is over [redacted] switch out set and reservoir, call Supervisor/On call immediately and notify provider. However, resident [redacted] blood sugar was not checked via the [redacted] meter or fingerstick glucometer on the following dates and times:

[redacted]

Plan of Correction ***Accept [redacted] - 05/28/2025)***

The staff member who did not complete the BG check was pulled from administering medications by [redacted] and will not be able to pass meds until repeating the course.
The nursing team runs a daily medication administration audit report. The report instructions were updated to include running the report from the 1st of the month through the current day to ensure appropriate action steps are taken. Nursing was notified of the change during the Daily Review Call by [redacted] on May 20, 2025. By May 31, 2025, all nurses will receive formal education by [redacted].
On April 28, 2025 the Program Director worked with the team to develop a plan to mitigate med errors; a Med Error Tracking system was developed to ensure ongoing compliance with all reporting requirements.
The Med Error Tracker is reviewed daily with the team in the morning on the Daily Review Call and then again on the Daily Wrap Up call to provide continuous monitoring and ensure completion of all action items and requirements. Documentation is kept.

185a - Implement Storage Procedures *(continued)*

Licensee's Proposed Overall Completion Date: *05/31/2025*

Implemented [redacted] 06/18/2025)

187d - Follow Prescriber's Orders

4. Requirements

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

Description of Violation

Resident[redacted] is prescribed [redacted], take 1 capsule by mouth daily; however, on [redacted] at 8:00 a.m. this medication was not administered.

Resident [redacted] is prescribed [redacted] by mouth daily; however, on [redacted] at 8:00 a.m. the medication was not administered.

Resident [redacted] is prescribed a [redacted] capsule and a [redacted] capsule of [redacted] in the morning. On [redacted] at 8:00 a.m., staff member A administered two [redacted] capsules and a [redacted] capsule of [redacted] to the resident.

Resident [redacted] is prescribed [redacted] of [redacted] subcutaneous injections pen in the evening. However, from [redacted] to [redacted] the resident was administered medication from an injection pen which expired on [redacted]

Resident [redacted] is prescribed [redacted] capsule by mouth in the morning. On [redacted] this medication was not administered. .

Repeat Violation: [redacted]

Plan of Correction ***Accept [redacted] - 05/28/2025)***

Staff member A received Med Counseling on March 21, 2025 by [redacted].
Staff member B had verification that Resident [redacted] was given and a dropped dose was ordered. This was shared with licensing during the inspection.
All staff will be educated by [redacted] by May 31, 2025 on the requirements for insulin related to open dates and expiration dates.
On April 28, 2025 the Program Director worked with the team to develop a plan to mitigate med errors; a Med Error Tracking system was developed to ensure ongoing compliance with all reporting requirements.
The Med Error Tracker is reviewed daily with the team in the morning on the Daily Review Call and then again on the Daily Wrap Up call to provide continuous monitoring and ensure completion of all action items, including timely reporting. Documentation is kept.

Licensee's Proposed Overall Completion Date: *05/31/2025*

Implemented [redacted] - 06/18/2025)

188c - Medication Error Documentation

5. Requirements

2600.
188.c. Documentation of medication errors and the prescriber's response shall be kept in the resident's record.

Description of Violation

Resident [redacted] is prescribed a [redacted] capsule and a [redacted] capsule of [redacted] in the morning. On [redacted] at 8:00 a.m., staff person A administered two [redacted] capsules and a [redacted] capsule of [redacted] to the resident. On [redacted] at 3:30pm staff person A notified the home's Administrator and Program Administrator of the medication error found during a medication cart audit. However, the prescriber was not notified until [redacted] at 7:25am.

Plan of Correction ***Accept [redacted] - 05/28/2025)***

Education was provided to the team by [redacted] during the Daily Review Call on May 14, 2025. Formal education will be completed by [redacted] by May 31, 2025.
On April 28, 2025 the Program Director worked with the team to develop a plan to mitigate med errors; a Med Error Tracking system was developed to ensure ongoing compliance with all requirements.
The Med Error Tracker is reviewed daily with the team in the morning on the Daily Review Call and then again on the Daily Wrap Up call to provide continuous monitoring and ensure completion of all action items and requirements. Documentation is kept.

Licensee's Proposed Overall Completion Date: *05/31/2025*

Implemented [redacted] - 06/18/2025)