pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **MENTOR ABI LLC**
LEGAL ENTITY

To operate **NEURORESTORATIVE PENNSYLVANIA**
NAME OF FACILITY OR AGENCY

Located at **6816 WEST LAKE ROAD, FAIRVIEW, PA 16415**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **8**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

PROVISIONAL

Restrictions:

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **September 19, 2025** until **March 19, 2026**, unless sooner revoked for non-compliance with applicable laws and regulations.

No: **447101**

ISSUING OFFICER

ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628P – 04/23

Pennsylvania
Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: SEPTEMBER 19, 2025

[redacted]
Mentor ABI LLC
6816 West Lake Road
Fairview, Pennsylvania 16415

RE: Neurorestorative Pennsylvania
License/COC #: 447101

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department) licensing inspections on April 8, 2025, April 22, 2025, April 30, 2025, May 1, 2025, May 29, 2025, and July 28, 2025, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), mistreatment or abuse of residents being cared for in the facility, failure to submit an acceptable plan to correct noncompliance items, and failure to comply with the acceptable plan to correct noncompliance items, the Department hereby REVOKES your certificate of compliance (license number 447100) dated November 5, 2024 to November 5, 2025 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1); (4) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from September 19, 2025 to March 19, 2026.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600 Section:	Class of Violation	Census at Inspection	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
187(d)	II	7	$5	$35	5 calendar days from the Mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[redacted]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: [redacted]

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]

Legal Entity

Name: *MENTOR ABI LLC*

Address: *6816 WEST LAKE ROAD, FAIRVIEW, PA, 16415*

Phone: [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**: *10* **Waking Staff**: *8*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *07/28/2025*

Inspection Dates and Department Representative

05/29/2025 - On-Site: [redacted]

07/28/2025 - 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: *3* **Are 60 Years of Age or Older**: *1*

Diagnosed with Mental Illness: *7* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *3* **Have Physical Disability**: *7*

Inspections / Reviews

05/29/2025 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/02/2025*

Inspections / Reviews *(continued)*

08/12/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/15/2025*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/14/2025*

08/18/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/15/2025*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *08/24/2025*

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

On 5/24/25, resident #1 did not receive his prescribed Iodine-Povidine 10% Swab Treatment and Silver Alginate, after Iodine-Povidine application apply Silver Alginate to dorsal toes (right great toe, 2nd & 3rd toe, left 2nd toe), roll gauze then secure with tape. Change daily. The home did not report this incident to the Department until 5/27/25 at 5:20 p.m.

Plan of Correction ***Accept [redacted] - 08/18/2025)***

On 8/1/25 the program updated the Med Error Checklist to include the requirements for completing the reportable per regulations.
The Administrators will be educated on the updated checklist by [redacted]. It will begin being utilized 8/4/25.
The program will continue to review the Med Error Checklists daily as part of the Med Error Mitigation Plan.

Who updated the Med Error Checklist on 8/1/25? [redacted]
By what date will the Administrators be educated on the updated checklist by [redacted]? The team was educated on the updated checklist during Daily Review Call on 8/4/25.
Who will continue to review the Med Error Checklists daily as part of the Med Error Mitigation Plan? Program Director and Administrators.

Licensee's Proposed Overall Completion Date: *08/22/2025*

Implemented [redacted] - 08/28/2025)

42b - Abuse

2. Requirements

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident #2's documentation of medical evaluation, dated [redacted]/24, indicates [redacted] was prescribed an International Dysphagia Diet Standardization Initiative (IDDSI) Level 7 diet - meats cut into bite sized pieces, cut sandwiches into quarters. Resident #2 experienced choking incidents on 11/1/24, 12/28/24, and 5/15/25. On 5/16/25, the resident's physician ordered a Speech Therapy Evaluation and Treatment as indicated. On 5/16/25, staff person A conducted the evaluation and the resident's physician prescribed an IDDSI Level 6 diet - meat must be cooked tender and chopped so pieces are no bigger than 1.5cm x 1.5cm and soft, and no regular dry bread due to high choking risk. A modification was made by staff person A for sandwiches on soft bread cut into quarters.

On 5/20/25 at approximately 7:15 a.m., resident #2 was served a frozen then microwaved sausage egg and cheese croissant breakfast sandwich cut into quarters, with the sausage meat being approximately 4 times the size permitted per his IDDSI level 6 diet. At approximately 7:18 a.m., resident #2 began choking. Staff person B performed several back blows and asked the resident if that was working, and [redacted] shook [redacted] head no. Staff person B attempted the Heimlich

42b - Abuse (continued)

maneuver while the resident was in a seated position at the table. At approximately 7:20 a.m., staff person C arrived to relieve staff person B. Staff person C observed staff person B performing the Heimlich maneuver and staff person B said to staff person C, "I need help, please help." Staff person C attempted the Heimlich maneuver while the resident was in a seated position without success. Staff person C went to a nearby home to get assistance from another staff. At approximately 7:23 a.m., staff person C and staff person D arrived and resident #2 was hunched over the table, still actively choking. Staff were able to get [redacted] to a standing position and staff person D performed approximately 5 abdominal thrusts when the resident went limp and became unresponsive. Staff lay resident #2 on [redacted] back on the floor and staff person B performed compressions. At 7:25 a.m., staff person D called 911 and indicated resident #2 was actively choking and laying on his back, wheezing. The 911 operator indicated not to have resident #2 on [redacted] back and get [redacted] on his side, so staff put [redacted] on [redacted] side. Resident #2 kept rolling to [redacted] back and tried to grab at [redacted] face. [redacted] fingers and face turned from white to a blueish purple color. Staff person D continued to talk to the 911 operator while staff person B got the resident a pillow and placed it under [redacted] head and waited with [redacted] for emergency medical services to arrive.

At 7:32 a.m., emergency medical services arrived and found resident #2 on the floor, unresponsive with agonal respirations and was notably cyanotic. Emergency medical services were able to clear some food from the resident's upper airway and removed his lower dentures. While enroute to the hospital, resident #2 went into cardiac arrest in the ambulance. Emergency medical services assessed using a laryngoscope and removed food debris from the lower airway and intubated the resident. Resident #2 ceased to breathe on [redacted] date of death. Resident #2's death certificate indicates the immediate cause of death as cardiac arrest, with underlying causes as aspiration and chronic dysphagia.

Repeat Violation: 8/9/24 et al., 4/26/24 et al.

Plan of Correction ***Accept ([redacted] - 08/18/2025)***

All staff will be trained on each individual participant's specialized diet and swallowing precautions by the Speech Pathologist by the end of the day on August 8, 2025.
Staff will be trained upon hire (prior to providing care independently to the participant) and annually. Any time a Change in Care occurs, all staff will be trained within 24 hours of the change.
Management reviews changes in care every business day and training reports monthly.

Please indicate the following:
Who will train staff upon hire (prior to providing care independently to the participant) and annually? Administrator of the home or designee.
Who will train all staff within 24 hours of a Change in Care? Administrator of the home or designee.

Please add a step, including retraining all staff regarding the requirement to call 911 immediately if a participant begins choking before starting CPR. Documentation will be kept. Please include the completion date. All staff will be trained by the Administrator by 8/22/25; documentation will be kept.

Please add a monitoring step to include, weekly for 2 months and monthly thereafter, the administrator or designee will observe at least 1 meal for a resident who is prescribed a special diet, to ensure the prescribed special diet is adhered to. Documentation will be kept. Please indicate begin date. The Speech Therapist or designee will begin weekly observations beginning the week of 8/18/25; these will be completed weekly x 2 months and then monthly for at least 6 months.

42b - Abuse *(continued)*

Licensee's Proposed Overall Completion Date: *08/22/2025*

Not Implemented [redacted] - 08/28/2025)

142a - Secure Medical Care

3. Requirements

2600.
142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

Description of Violation

Resident #2's documentation of medical evaluation, dated [redacted]/24, indicates [redacted] was prescribed an International Dysphagia Diet Standardization Initiative (IDDSI) Level 7 diet - meats cut into bite sized pieces, cut sandwiches into quarters. Resident #2 experienced choking incidents on 11/1/24, 12/28/24, and 5/15/25. On 5/16/25, the resident's physician ordered a Speech Therapy Evaluation and Treatment as indicated. On [redacted]25, staff person A conducted the evaluation and the resident's physician prescribed an IDDSI Level 6 diet - meat must be cooked tender and chopped so pieces are no bigger than 1.5cm x 1.5cm and soft, and no regular dry bread due to high choking risk. A modification was made by staff person A for sandwiches on soft bread cut into quarters.

On [redacted]/25 at approximately 7:15 a.m., resident #2 was served a frozen then microwaved sausage egg and cheese croissant breakfast sandwich cut into quarters, with the sausage meat being approximately 4 times the size permitted per [redacted] IDDSI level 6 diet. At approximately 7:18 a.m., resident #2 began choking. Staff person B performed several back blows and asked the resident if that was working, and [redacted] shook [redacted] head no. Staff person B attempted the Heimlich maneuver while the resident was in a seated position at the table. At approximately 7:20 a.m., staff person C arrived to relieve staff person B. Staff person C observed staff person B performing the Heimlich maneuver and staff person B said to staff person C, "I need help, please help." Staff person C attempted the Heimlich maneuver while the resident was in a seated position without success. Staff person C went to a nearby home to get assistance from another staff. At approximately 7:23 a.m., staff person C and staff person D arrived and resident #2 was hunched over the table, still actively choking. Staff were able to get [redacted] to a standing position and staff person D performed approximately 5 abdominal thrusts when the resident went limp and became unresponsive. Staff lay resident #2 on [redacted] back on the floor and staff person B performed compressions. At 7:25 a.m., staff person D called 911 and indicated resident #2 was actively choking and laying on [redacted] back, wheezing. The 911 operator indicated not to have resident #2 on [redacted] back and get [redacted] on [redacted] side, so staff put [redacted] on [redacted] side. Resident #2 kept rolling to [redacted] back and tried to grab at [redacted] face. [redacted] fingers and face turned from white to a blueish purple color. Staff person D continued to talk to the 911 operator while staff person B got the resident a pillow and placed it under his head and waited with him for emergency medical services to arrive.

At 7:32 a.m., emergency medical services arrived and found resident #2 on the floor, unresponsive with agonal respirations and was notably cyanotic. Emergency medical services were able to clear some food from the resident's upper airway and removed [redacted] lower dentures. While enroute to the hospital, resident #2 went into cardiac arrest in the ambulance. Emergency medical services assessed using a laryngoscope and removed food debris from the lower airway and intubated the resident. Resident #2 ceased to breathe on [redacted] date of death. Resident #2's death certificate indicates the immediate cause of death as cardiac arrest, with underlying causes as aspiration and chronic dysphagia.

Repeat Violation: 4/26/24

142a - Secure Medical Care (continued)

Plan of Correction ***Accept [redacted] - 08/18/2025)***

All staff involved were re-educated on the requirements to call 911 immediately if a participant begins choking before starting Abdominal Thrusts and Back Blows on [redacted]/25 via phone; they will also receive formal education by August 22, 2025.
All other staff will be re-educated on the requirements by the Supervisors, and training will be completed by August 22, 2025.
Supervisors will ensure all staff have the training completed by August 22, 2025.

Please add a step, including retraining all staff regarding the requirement to call 911 immediately if a participant begins choking before starting CPR. Documentation will be kept. Please include the completion date. All staff will be trained by the Administrator by 8/22/25; documentation will be kept.

Licensee's Proposed Overall Completion Date: *08/22/2025*

Implemented [redacted] - 08/28/2025)

161d - Dietary Needs

4. Requirements

2600.
161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Description of Violation

Resident #2's documentation of medical evaluation, dated [redacted]/24, indicates [redacted] was prescribed an International Dysphagia Diet Standardization Initiative (IDDSI) Level 7 diet - meats cut into bite sized pieces, cut sandwiches into quarters. Resident #2 experienced choking incidents on 11/1/24, 12/28/24, and 5/15/25. On 5/16/25, the resident's physician ordered a Speech Therapy Evaluation and Treatment as indicated. On 5/16/25, staff person A conducted the evaluation and the resident's physician prescribed an IDDSI Level 6 diet - meat must be cooked tender and chopped so pieces are no bigger than 1.5cm x 1.5cm and soft, and no regular dry bread due to high choking risk. A modification was made by staff person A for sandwiches on soft bread cut into quarters.

On [redacted]/25 at approximately 7:15 a.m., resident #2 was served a frozen then microwaved sausage egg and cheese croissant breakfast sandwich cut into quarters, with the sausage meat being approximately 4 times the size permitted per [redacted] IDDSI level 6 diet. At approximately 7:18 a.m., resident #2 began choking. Staff person B performed several back blows and asked the resident if that was working, and [redacted] shook [redacted] head no. Staff person B attempted the Heimlich maneuver while the resident was in a seated position at the table. At approximately 7:20 a.m., staff person C arrived to relieve staff person B. Staff person C observed staff person B performing the Heimlich maneuver and staff person B said to staff person C, "I need help, please help." Staff person C attempted the Heimlich maneuver while the resident was in a seated position without success. Staff person C went to a nearby home to get assistance from another staff. At approximately 7:23 a.m., staff person C and staff person D arrived and resident #2 was hunched over the table, still actively choking. Staff were able to get [redacted] to a standing position and staff person D performed approximately 5 abdominal thrusts when the resident went limp and became unresponsive. Staff lay resident #2 on [redacted] back on the floor and staff person B performed compressions. At 7:25 a.m., staff person D called 911 and indicated resident #2 was actively choking and laying on [redacted] back, wheezing. The 911 operator indicated not to have resident #2 on [redacted] back and get [redacted] on [redacted] side, so staff put [redacted] on [redacted] side. Resident #2 kept rolling to [redacted] back and tried to grab at [redacted] face. [redacted] fingers and face turned from white to a blueish purple color. Staff person D continued to talk to the 911 operator while staff person B got the resident a pillow and placed it under [redacted] head and waited with [redacted] for emergency medical

161d - Dietary Needs (continued)

services to arrive.

At 7:32 a.m., emergency medical services arrived and found resident #2 on the floor, unresponsive with agonal respirations and was notably cyanotic. Emergency medical services were able to clear some food from the resident's upper airway and removed [redacted] lower dentures. While enroute to the hospital, resident #2 went into cardiac arrest in the ambulance. Emergency medical services assessed using a laryngoscope and removed food debris from the lower airway and intubated the resident. Resident #2 ceased to breathe on [redacted] date of death. Resident #2's death certificate indicates the immediate cause of death as cardiac arrest, with underlying causes as aspiration and chronic dysphagia.

Plan of Correction ***Accept [redacted] - 08/18/2025)***

All staff will be trained on each individual participant's specialized diet and swallowing precautions by the Speech Pathologist by the end of the day on August 8, 2025.

Staff will be trained upon hire (prior to providing care independently to the participant) and annually. Any time a Change in Care occurs, all staff will be trained within 24 hours of the change.
Management reviews changes in care every business day and training reports monthly.

Please indicate the following:
Who will train staff upon hire (prior to providing care independently to the participant) and annually? Administrator of the home or designee.
Who will train all staff within 24 hours of a Change in Care? Administrator of the home or designee.

Please add a monitoring step to include, weekly for 2 months and monthly thereafter, the administrator or designee will observe at least 1 meal for a resident who is prescribed a special diet, to ensure the prescribed special diet is adhered to. Documentation will be kept. Please indicate begin date. The Speech Therapist or designee will begin weekly observations beginning 8/14/25; these will be completed weekly x 2 months and then monthly for at least 10 months.

Licensee's Proposed Overall Completion Date: *08/22/2025*

Implemented [redacted] - 08/28/2025)

187d - Follow Prescriber's Orders

5. Requirements

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

Description of Violation

Resident #1 was prescribed Iodine-Povidine 10% Swab Treatment and Silver Alginate, after Iodine-Povidine application apply Silver Alginate to dorsal toes (right great toe, 2nd & 3rd toe, left 2nd toe), roll gauze then secure with tape. Change daily. However, on [redacted]/25, this treatment was not administered to the resident because staff person E

187d - Follow Prescriber's Orders (continued)

indicated [redacted] was not trained to perform wound care treatment for this resident.

Repeat Violation: 12/4/24 et al., 10/31/24 et al., 4/26/24

Plan of Correction ***Accept [redacted] - 08/18/2025)***

All staff providing the treatment were provided with training by the Nursing team or a trained trainer. Training began on July 8, 2025.
All staff are trained on the treatment prior to providing it, and documentation is kept in the home.
All Change in Care's are reviewed on a daily basis. to ensure staff are trained within 24 hours.

Please indicate the following:
What date was staff training completed? August 8, 2025; all new staff are trained prior to providing care.
Who reviews change in care daily? Program Director and Administrator.

Please add an observation step, to include weekly for 2 months and monthly thereafter, the administrator or designee will observe all staff providing wound care to a resident, to ensure the prescriber's directions are followed. Documentation will be kept.
The Nurse or designee will begin weekly observations beginning the week of 8/18/25; these will be completed weekly x 2 months and then monthly for three months.

Licensee's Proposed Overall Completion Date: 08/22/2025 ***Not Implemented [redacted] - 08/28/2025)***

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

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]

Legal Entity

Name: *MENTOR ABI LLC*

Address: *6816 WEST LAKE ROAD, FAIRVIEW, PA, 16415*

Phone: [redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: **Total Daily Staff:** *10* **Waking Staff:** *8*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date:** *05/01/2025*

Inspection Dates and Department Representative

04/30/2025 - On-Site: [redacted]

05/01/2025 - On-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: *3* **Are 60 Years of Age or Older:** *1*

Diagnosed with Mental Illness: *6* **Diagnosed with Intellectual Disability:** *0*

Have Mobility Need: *3* **Have Physical Disability:** *7*

Inspections / Reviews

04/30/2025 - Partial

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *05/26/2025*

Inspections / Reviews *(continued)*

05/28/2025 - POC Submission

Submitted By: [redacted] **Date Submitted:** *06/14/2025*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *06/14/2025*

08/28/2025 - Document Submission

Submitted By: [redacted] **Date Submitted:** *06/14/2025*

Reviewer: [redacted] **Follow-Up Type:** *Enforcement*

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

Resident #1's assessment and support plan, dated [redacted]/24, indicates the resident requires total physical assistance with securing and using transportation and the home's plan to meet the need indicates "Nursing will manage all aspects of securing and using transport". However, on 4/30/25, multiple resident and staff interviews indicate that due to a lack of staffing, multiple residents were not transported to the TRAC program. Resident #1 stated that [redacted] woke up and was dressed and ready to go to the program but was not picked up which made the resident very upset.

Repeat Violation: 12/4/24, 10/31/24

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

The administrative team will be educated by the Program Director on the requirements of Transportation as it's outlined in the RASP. The PD will complete the education by 5/30/25.
The program will work with the State Director on creating an enhanced staffing plan to include transportation needs and back-up coverage. The program has a target date of 6/15/25 to create the plan.
The team will review transportation needs daily during the Daily Stand Up call to mitigate any concerns. This review will begin May 26, 2025, documentation will be kept.

Licensee's Proposed Overall Completion Date: *06/15/2025*

Implemented [redacted] 08/28/2025)

42v - Resident-Home Contract

2. Requirements

2600.
42.v. A resident has the right to receive services contracted for in the resident-home contract.

Description of Violation

Resident #1's resident home contract, dated [redacted]/21, indicates "Services Provided – A full activities program promoting the resident's active involvement with other residents, family and the community. The program provides social, physical, intellectual and recreational actives in a planned, coordinate and structured manner." However, multiple resident and staff interviews indicate that due to a lack of staffing, multiple residents were not transported to the TRAC program. Resident #1 stated that [redacted] woke up and was dressed and ready to go to the program but was not picked up which made the resident very upset.

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

The administrative team will be educated by the Program Director on the requirements of Transportation as it's outlined in the RASP. The PD will complete the education by 5/30/25.
The program will work with the State Director on creating an enhanced staffing plan to include transportation needs and back-up coverage. The program has a target date of 6/15/25 to create the plan.
The team will review transportation needs daily during the Daily Stand Up call to mitigate any concerns. This review will begin May 26, 2025, documentation will be kept.

Licensee's Proposed Overall Completion Date: *06/15/2025*

42v - Resident-Home Contract *(continued)*

Implemented [redacted] - 08/28/2025)

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

On 4/30/25, multiple resident and staff interviews indicate that due to a lack of staffing, multiple residents were not transported to the TRAC program. Resident #1 stated that [redacted] woke up and was dressed and ready to go to the program but was not picked up which made the resident very upset.

Repeat Violation: 12/4/24

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

The administrative team will be educated by the Program Director on the requirements of Transportation as it's outlined in the RASP. The PD will complete the education by 5/30/25.
The program will work with the State Director on creating an enhanced staffing plan to include transportation needs and back-up coverage. The program has a target date of 6/15/25 to create the plan.
The team will review transportation needs daily during the Daily Stand Up call to mitigate any concerns. This review will begin May 26, 2025, documentation will be kept.

Licensee's Proposed Overall Completion Date: *06/15/2025*

Implemented ([redacted] - 08/28/2025)

185a - Implement Storage Procedures

5. 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

There were multiple incorrect glucometer readings on resident #2's April 2025 medication administration record (MAR) to include:
**4/29/25 at 8:00 a.m. indicates blood glucose of 66, however glucometer reads 69.*
**4/21/25 at 11:30 a.m. indicates blood glucose of 228, however glucometer reads 223.*
**4/20/25 at 8:00 a.m. indicates blood glucose of 250, however glucometer reads 230, 11:30 a.m. indicates a blood glucose of 85, however glucometer reads 82.*
**4/7/25 at 8:00 p.m. indicates blood glucose of 211, however there is no blood glucose reading for that date/time.*
**4/6/25 at 4:30 p.m. indicates blood glucose of 127 and 197 at 8:00 p.m., however there is no blood glucose reading for that date/time.*
**4/4/25 at 8:00 p.m. indicates blood glucose of 250, however there is no blood glucose reading for that date/time.*
**4/3/25 at 8:00 p.m. indicates blood glucose of 289, however there is no blood glucose reading for that date/time.*

Resident #2's glucometer indicates multiple blood glucose checks on the following dates and times which were not

185a - Implement Storage Procedures (continued)

recorded by the home to include:
**4/25/25 indicates blood glucose of 59 at 8:23 a.m., 56 at 9:09 a.m. and 79 at 10:03 a.m.*
**4/18/25 indicates blood glucose of 65 at 7:19 a.m. and 173 at 9:03 a.m.*
**4/2/25 indicates blood glucose of 452 at 8:39 p.m. and 126 at 9:10 p.m.*

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

Staff member A was t[redacted] Upon investigation, it was determined that other Med Tech's had transposed numbers when completing documentation; education will be provided to the Med Tech's on the process for documentation. Education will be provided by the Administrator or Designee by June 15, 2025.
The Administrator will review the MAR and the glucometer weekly x 4 weeks, documentation will be kept on the Weekly Walk Through Form; this will begin the week of 5/25/25. If no concerns are noted after 4 weeks, the program will return to Monthly reviews by the nursing department during Med Cart audits.

Licensee's Proposed Overall Completion Date: *06/21/2025*

Implemented [redacted] - 08/28/2025)

187b - Date/Time of Medication Admin.

6. 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 4/15/25, resident #3's April 2025 medication administration record (MAR) indicated that direct care staff A administered the resident's Urea external cream 40% was administered at 8:00 p.m. However, according to resident and staff interviews the resident did not receive this medication.

[redacted]

Staff person A was [redacted] Med Tech's will be provided education by the Administrator or designee by June 15, 2025 on the Medication Administration process to include documentation.
The Administrator will complete participant interviews weekly x 4 weeks, documentation will be kept on the Weekly Walk Through Form; this will begin the week of 5/25/25. The interview will include asking participants if they were administered all medications. If no concerns, this will be completed by June 21, 2025.

Licensee's Proposed Overall Completion Date: *06/21/2025*

Not Implemented [redacted] - 08/28/2025)

187d - Follow Prescriber's Orders

7. Requirements

187d - Follow Prescriber's Orders *(continued)*

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

Description of Violation

Resident #3 is prescribed Urea external cream 40% - apply to feet topically one time a day for dry skin. On 4/15/25, resident #3's April 2025 medication administration record (MAR) indicated that direct care staff A administered the resident's Urea external cream 40% was administered at 8:00 p.m. However, according to resident and staff interviews the resident did not receive this medication.

Repeat Violation: 12/4/24, 10/31/24

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

Staff person A was [redacted] Med Tech's will be provided education by the Administrator or designee by June 15, 2025 on the Medication Administration process to include documentation.
The Administrator will complete participant interviews weekly x 4 weeks, documentation will be kept on the Weekly Walk Through Form; this will begin the week of 5/25/25. The interview will include asking participants if they were administered all medications. If no concerns, this will be completed by June 21, 2025.

Licensee's Proposed Overall Completion Date: *06/21/2025*

Not Implemented [redacted] - 08/28/2025)

225c - Additional Assessment

8. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

Description of Violation

Resident #1's annual assessment was completed on [redacted]/24, however previous support plan was completed on 9/25/23.

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

The Program Director will provide education to the Case Managers on RASP requirements by May 30, 2025.
The Case Manager will complete an audit of all RASPs in the home to ensure all requirements have been met. The audit will be completed by June 7, 2025. Documentation will be kept.
The program will review the RASP weekly x 4 weeks by the Residential Supervisor. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *06/07/2025*

Implemented ([redacted] - 08/28/2025)

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

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]

Legal Entity

Name: *MENTOR ABI LLC*

Address: *6816 WEST LAKE ROAD, FAIRVIEW, PA, 16415*

Phone: [redacted] *COM*

Certificate(s) of Occupancy

Type: *R-3* **Date:** *10/02/2015* **Issued By:** *Fairview Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *10* **Waking Staff:** *8*

Inspection Information

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

Reason: *Incident* **Exit Conference Date:** *04/22/2025*

Inspection Dates and Department Representative

04/08/2025 - On-Site: [redacted]

04/22/2025 - 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: *3* **Are 60 Years of Age or Older:** *1*

Diagnosed with Mental Illness: *7* **Diagnosed with Intellectual Disability:** *0*

Have Mobility Need: *3* **Have Physical Disability:** *7*

Inspections / Reviews

04/08/2025 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/15/2025*

06/27/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/18/2025*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/01/2025*

07/23/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/18/2025*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *08/17/2025*

08/28/2025 - Document Submission

Submitted By: [redacted] **Date Submitted**: *08/18/2025*

Reviewer: [redacted] **Follow-Up Type**: *Enforcement*

42b - Abuse

1. Requirements

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 3/28/25, at approximately 9:00 a.m., staff person B grabbed resident #3 by the right arm while in the van to be transported to the therapeutic recreational activities center (TRAC) program. Resident #3 had two finger-shaped, dark purple bruises on the inside of [redacted] *upper right arm as a result of this incident. Resident #3 indicated it was painful and that* [redacted] *is fearful of staff person B.*

Repeat Violation: 8/9/24 et al., 4/26/24

Plan of Correction ***Directed*** [redacted] ***- 07/23/2025)***

The staff member was [redacted] *at the time of the allegation, pending investigation. At the conclusion of the investigation, the program did not support the allegation of physical abuse. The participant has a history of inaccurate reporting due to limited cognition and being led by the interviewer. The staff member and the resident were on the bus with other witnesses; there were no reports of physical abuse occurring at the time of the reported event.*
Following the conclusion of the DHS investigation, the staff member was returned to work with no concerns.
In January 2025 the program had GECAC conduct in person training with all staff members on Abuse prevention. The program has reached out to GECAC to have an additional training provided at this time and all staff member will be required to attend. The program is awaiting confirmation of training dates from the outside entity but is attempting to have training completed by 8/29/25.
The program is working with GECAC on securing future training dates for annual Abuse Prevention training.

Directed: The training by GECAC, or another external entity, will occur no later than 8/15/25, and will be documented in accordance with §2600.65(i). [redacted] *7/23/2025*

Directed: The administrator will address the description of this regulatory violation specifically with staff person B by 8/1/25. Afterwards, the administrator or designee will directly supervise staff person B for at least 5 hours per week until 10/15/25. Documentation will be kept and, at a minimum, will include dates, times, name(s) of administrator or designee, relevant observations, and opportunities for improved provision of direct care. [redacted]*. 7/23/2025*

Directed: The administrator will hold a quality management plan review and evaluation by 8/15/2025 in accordance with §2600.26(b)(1) - (5). Emphasis will be placed on staff training, licensing violations and these plans of correction. Specific measures will be implemented by the administrator for areas needing improvement and regulatory compliance in accordance with §2600.26(c) [redacted]*. 7/23/2025*

Directed Completion Date: *08/15/2025*

Not Implemented [redacted] ***- 08/28/2025)***

187b - Date/Time of Medication Admin.

2. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

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

Description of Violation

On 4/1/25, at approximately 8:00 a.m., resident #1 was not administered the following prescribed medications: Amantadine 100mg, Baclofen 10mg, Famotidine F/C 20mg, Levetiracetam F/C 750mg, Loratadine 10mg, and Metoprolol Tartrate 25mg. However, staff person A signed resident #1's April 2025 medication administration record (MAR) indicating that the medications were administered.

On 3/7/25, at 8:00 p.m., resident #4 was not administered Lorazepam 1mg as prescribed. However, staff person A signed resident #4's March 2025 MAR indicating that the medication was administered.

Plan of Correction ***Directed [redacted] - 07/23/2025)***

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.
All Med Techs will have monthly observations by a Nurse or a Qualified Practicum Observer for three months. The program will return to the required bi-annual observations of there are no further concerns.

Directed: Monthly observations will begin no later than 8/15/2025, and documentation will be kept. [redacted] 7/23/2025

Directed Completion Date: *08/15/2025*

Not Implemented [redacted] - 08/28/2025)

187d - Follow Prescriber's Orders

3. Requirements

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

Description of Violation

On 4/1/25, at approximately 8:00 a.m., resident #1 was administered resident #2's prescribed medications to include: Benztropine Mesylate 0.5mg, Buspirone HCL 30mg, Citalopram HBR F/C 20mg, Daily-Vite 400mcg, Docusate Sodium 100mg, Fenofibrate 145mg, Gabapentin 600mg, Levetiracetam F/C 250mg, Levetiracetam F/C 500mg, Levothyroxine Sodium 175mcg, Lithium Carbonate ER 450mg, Vitamin D3 125mcg, and Citalopram HBR F/C 10mg. Resident #1 was transported to the hospital and diagnosed with drug ingestion, accidental. Due to this medication error, resident #1 was not administered the following prescribed medications, on 4/1/25, at 8:00 a.m.: Amantadine 100mg, Baclofen 10mg, Famotidine F/C 20mg, Levetiracetam F/C 750mg, Loratadine 10mg, and Metoprolol Tartrate 25mg.

Resident #4 is prescribed Lorazepam 1mg, take by mouth three times daily. On 3/7/25, at 8:00 p.m., resident #4 was not administered this mediation as prescribed.

Repeat Violation: 12/4/24 et al., 10/31/24 et al., 4/26/24

187d - Follow Prescriber's Orders (continued)

Plan of Correction ***Accept [redacted] - 07/23/2025)***

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.
All Med Techs will have monthly observations by a Nurse or a Qualified Practicum Observer for three months. The program will return to the required bi-annual observations of there are no further concerns.
The program will hold a quality management plan review and evaluation by 8/15/25. Emphasis will be placed on staff training, licensing violations and these plans of correction. Specific measures will be implemented by the administrator for areas needing improvement.

Licensee's Proposed Overall Completion Date: *08/15/2025*

Not Implemented [redacted] - 08/28/2025)