

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

December 12, 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 08/27/2025 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 #:** 44818 **License Expiration:** 04/22/2026
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 TWP

Staffing Hours

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

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 09/16/2025

Inspection Dates and Department Representative

08/27/2025 **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: 4 **Are 60 Years of Age or Older:** 1
Diagnosed with Mental Illness: 4 **Diagnosed with Intellectual Disability:** 2
Have Mobility Need: 2 **Have Physical Disability:** 2

Inspections / Reviews

08/27/2025 - Partial

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 10/16/2025

Inspections / Reviews (*continued*)

10/29/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/03/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 11/05/2025

11/05/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/03/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/03/2025

12/12/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/03/2025

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 [redacted] tablets, take 2 tablets by mouth every 6 hours as needed for [redacted]. Resident [redacted] requested this medication at approximately 4:00 AM on the following dates; however, the medication was not administered timely, as no staff were present during the overnight shift who were qualified to administer medication:

Date: Time of Administration:

[redacted] [redacted]

These medication errors were not reported to the Department.

Repeat Violation: [redacted]

Plan of Correction

Accept [redacted] - 11/05/2025)

On 8/27/25, the Case Manager reported the med errors to the department. Staff members will be educated on the requirements of what constitutes a medication error. Education will be completed by Quality Improvement by 11/14/25. All grievances will be monitored by Quality Improvement. This will continue 10/10/25, and documentation will be kept. All grievances will be reviewed upon submission, as well as monthly during the monthly Quality Meeting. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 11/14/2025

Implemented [redacted] - 12/12/2025)

42b - Abuse

2. Requirements

2600.

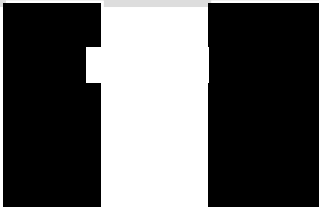
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident [redacted] is prescribed [redacted] tablets, take 2 tablets by mouth every 6 hours as needed for [redacted]. Resident [redacted] requested this medication at approximately 4:00 AM on the following dates; however, the medication was not administered timely, as no staff were present during the overnight shift who were qualified to administer medication:

Date: Time of Administration:

42b Abuse (continued)



These untimely administrations left the resident in uncomfortable pain, resulting in the resident being unable to fall back asleep on each of these occurrences.

Plan of Correction

Accept [redacted] - 11/05/2025)

Participant routinely wakes up 4:00 am to start [redacted] day and does not return to bed.

The Residential Supervisor will ensure a Med Tech is scheduled on each shift; in the event that a Med Tech is not assigned, staff will be educated to call the Supervisor for assistance. Education will be completed by the Program Manager by 10/24/25.

All grievances will be monitored by Quality Improvement. This will continue 10/10/25, and documentation will be kept. All grievances will be reviewed upon submission, as well as monthly during the monthly Quality Meeting. Documentation will be kept.

The Residential Supervisor or designee will privately interview 2 residents to ensure they are timely receiving medication when requested. This will be completed weekly x 1 month, and then monthly for 3 months.

Documentation will be kept and reviewed at quality management plan review meetings. This will begin the week of 11/10/25.

Licensee's Proposed Overall Completion Date: 11/15/2025

Implemented [redacted] - 12/12/2025)

44e - Complaint Submission

3. Requirements

2600.

44.e. Within 2 business days after the submission of a written complaint, a status report shall be provided by the home to the complainant. If the resident is not the complainant, the resident and the resident's designated person shall receive the status report unless contraindicated by the support plan. The status report must indicate the steps that the home is taking to investigate and address the complaint.

Description of Violation

On [redacted] and [redacted], a written complaint regarding not receiving PRN medication when requested was filed in the home by resident [redacted]. The home did not provide a status report within 2 business days to resident [redacted].

Plan of Correction

Accept [redacted] - 11/05/2025)

Our internal policy will be reviewed and updated to align with Regulation 44e. The policy will be updated by Quality Improvement by 11/14/25.

Management will be educated on the updated policy by Quality Management by 11/30/25.

All grievances will be monitored by Quality Improvement. This will continue 10/10/25, and documentation will be kept. All grievances will be reviewed upon submission, as well as monthly during the monthly Quality Meeting. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 11/30/2025

44e - Complaint Submission (continued)

Implemented [redacted] 12/12/2025)

44f - Written Decision

4. Requirements

2600.

44.f. Within 7 days after the submission of a written complaint, the home shall give the complainant and, if applicable, the designated person, a written decision explaining the home's investigation findings and the action the home plans to take to resolve the complaint. If the resident is not the complainant, the affected resident shall receive a copy of the decision unless contraindicated by the support plan. If the home's investigation validates the complaint allegations, a resident who could potentially be harmed or the designated person shall receive a copy of the decision, with the name of the affected resident redacted, unless contraindicated by the support plan.

Description of Violation

On [redacted] and [redacted] a written complaint regarding not receiving PRN medication when requested was filed in the home by resident [redacted]. The home did not provide a written decision explaining the home's investigation findings and the action the home plans to take to resolve the complaint within 7 days after submission to resident [redacted].

Plan of Correction

Accept [redacted] - 11/05/2025)

Our internal policy will be reviewed and updated to align with Regulation 44f. The policy will be updated by Quality Improvement by 11/14/25.

Management will be educated on the updated policy by Quality Management by 11/30/25.

All grievances will be monitored by Quality Improvement. This will continue 10/10/25, and documentation will be kept. All grievances will be reviewed upon submission, as well as monthly during the monthly Quality Meeting.

Documentation will be kept.

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented [redacted] - 12/12/2025)

60a - Staff/Support Plan

5. 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

Resident [redacted] is prescribed [redacted] tablets, take 2 tablets by mouth every 6 hours as needed for pain/fever. Resident [redacted] requested this medication at approximately 4:00 AM on the following dates; however, the medication was not administered timely, as no staff were present during the overnight shift who were qualified to administer medication:

Date:

Time of Administration:

[redacted]

[redacted]

These untimely administrations left the resident in uncomfortable pain, resulting in the resident being unable to fall

60a - Staff/Support Plan (continued)

back asleep on each of these occurrences.

Plan of Correction

Accept ([redacted] - 11/05/2025)

The home will ensure a Med Tech is scheduled on each shift; in the event that a Med Tech is not assigned, staff will be educated to call the Supervisor for assistance. Education will be completed by the Program Manager by 10/24/25. The Residential Supervisor will review the daily schedules to ensure a Med Tech is scheduled for each shift. This will begin 10/13/25.

Med Tech classes are offered monthly for an ongoing opportunity for education. The Med Tech training is conducted by the Med Tech Trainer. The next course is being offered on 10/28/25 and 10/29/25.

The Residential Supervisor or designee will privately interview 2 residents to ensure they are timely receiving medication when requested. This will be completed weekly x 1 month, and then monthly for 3 months.

Documentation will be kept and reviewed at quality management plan review meetings. This will begin the week of 11/10/25.

Licensee's Proposed Overall Completion Date: 11/14/2025

Implemented ([redacted] - 12/12/2025)

187d - Follow Prescriber's Orders

6. Requirements

2600.

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

Description of Violation

Resident [redacted] is prescribed [redacted] tablets, take 2 tablets by mouth every 6 hours as needed for [redacted]. Resident [redacted] requested this medication at approximately 4:00 AM on the following dates; however, the medication was not administered timely, as no staff were present during the overnight shift who were qualified to administer medication:

Date:

Time of Administration:

[redacted]

[redacted]

These untimely administrations left the resident in uncomfortable pain, resulting in the resident being unable to fall back asleep on each of these occurrences.

Repeat Violation: [redacted]

Plan of Correction

Accept ([redacted] - 11/05/2025)

The home will ensure a Med Tech is scheduled on each shift; in the event that a Med Tech is not assigned, staff will be educated to call the Supervisor for assistance. Education will be completed by the Program Manager by 10/24/25.

The Residential Supervisor will review the daily schedules to ensure a Med Tech is scheduled for each shift. This will begin 10/13/25.

187d - Follow Prescriber's Orders (continued)

Med Tech classes are offered monthly for an ongoing opportunity for education. The Med Tech training is conducted by the Med Tech Trainer. The next course is being offered on 10/28/25 and 10/29/25.

The Residential Supervisor or designee will privately interview 2 residents to ensure they are timely receiving medication when requested. This will be completed weekly x 1 month, and then monthly for 3 months. Documentation will be kept and reviewed at quality management plan review meetings. This will begin the week of 11/10/25.

Licensee's Proposed Overall Completion Date: 11/14/2025

Implemented [redacted] - 12/12/2025)

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 [redacted] is prescribed [redacted] tablets, take 2 tablets by mouth every 6 hours as needed for [redacted]. Resident [redacted] requested this medication at approximately 4:00 AM on the following dates; however, the medication was not administered timely, as no staff were present during the overnight shift who were qualified to administer medication:

Date: Time of Administration:

[redacted] [redacted]

These medication errors were not reported to the Department.

Plan of Correction

Accept [redacted] - 11/05/2025)

On 8/27/25, the Case Manager reported the med errors to the department.

Staff members will be educated on the requirements of what constitutes a med error. Education will be completed by Quality Improvement by 11/14/25.

All grievances will be monitored by Quality Improvement. This will continue 10/10/25, and documentation will be kept. All grievances will be reviewed upon submission, as well as monthly during the monthly Quality Meeting. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 11/14/2025

Implemented [redacted] - 12/12/2025)

227c - Support Plan Revision

8. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident’s needs as indicated on the current assessment.

Description of Violation

Resident [redacted] assessment was completed on [redacted]; however, the resident’s support plan was not completed until [redacted]

Resident [redacted]’s assessment, dated [redacted] indicates the resident cannot self-administer medications. However, the resident’s support plan, dated [redacted] does not indicate the plan to meet this need, or the responsible party.

Plan of Correction

Accept ([redacted] 11/05/2025)

On 8/27/25, the Case Manager updated the RASP to include the plan to meet the need and the responsible party for Medication Management.

On 9/12/25, the program director completed education on RASP requirements and utilization of the Admission Checklist with the case manager.

On 9/19/25, the Case Manager completed an audit of all participant RASPs to ensure they were timely and accurate; findings are documented.

The administrator or designee will review all RASPs on a monthly basis to ensure they are completed timely. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 11/05/2025

Implemented [redacted] - 12/12/2025)

227g -Support Plan Signatures

9. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [redacted] participated in the development of [redacted] support plan on [redacted] However, the date the resident signed the support plan is not indicated.

Plan of Correction

Accept ([redacted] - 11/05/2025)

On 10/10/25, the RASP Completions and Requirements document was updated by Quality Improvement to include the requirements for signature and date on the RASP.

On 10/10/25, the Case Manager was educated by Quality Improvement on the updated document.

By 10/24/25, the Case Manager will review all of the participant RASPs to ensure they are signed and a date is included. Documentation will be kept.

The administrator or designee will review all RASPs on a monthly basis to ensure they are completed timely. Documentation will be kept.

The Case Manager reviewed the RASP with the participant on 12/17/24; the date was added to the RASP signature page on 10/16/25 by the Case Manager.

Licensee's Proposed Overall Completion Date: 11/05/2025

Implemented [redacted] - 12/12/2025)