



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: DECEMBER 17, 2025

[REDACTED]
6816 West Lake Road
Fairview, PA 16415

RE: Neurorestorative Pennsylvania
License/COC#: 44663

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on November 10, 2025, of the above facility, that is operating pending an appeal, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Licensing Inspection Summary were found.

Correction of these violations in accordance with the specified plan of correction is required. Failure to correct this violation may result in further licensing enforcement action.

Sincerely,

A handwritten signature in cursive script that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

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: 6

Are 60 Years of Age or Older: 2

Diagnosed with Mental Illness: 8

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 7

Have Physical Disability: 7

Inspections / Reviews

11/10/2025 - Partial

Lead Inspector: *Lori Gillette*

Follow-Up Type: *Exception*

60a - Staff/Support Plan

1. 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 numerous dates during the overnight shift, including 9/25/25, 10/27/25, 10/30/25, 10/31/25, and 11/4/25, no staff person qualified to administer medication was present in the home. Resident #1, resident #2, and resident #3 are prescribed PRN medications.

On 10/26/25 from 12:00 p.m. – 2:00 p.m., the following residents were not administered their prescribed medications because no staff person qualified to administer medication was present in the home:

Resident #1 - Combivent Respimat 20 – 100 mcg, take 1 tablet by mouth four times daily.

Resident #1 - Inhale deeply into spirometer four times a day, every two hours while awake.

Resident #2 - Lorazepam 1 mg tablet, take 1 tablet by mouth every day at noon.

Resident #3 - Clonazepam .5 mg tablet, take 1 tablet by mouth every day at noon.

Resident #4 - Gabapentin 800 mg tablet, take 1 tablet by mouth three times daily.

Resident #4 - Primidone Oral Tablet 250 mg tablet, take 1 tablet by mouth three times a day.

Plan of Correction

Directed [REDACTED] - 12/04/2025)

Within 7 days of receipt of the plan of correction, the administrator will develop and implement a procedure to ensure that resident support plans are followed and that resident health and safety needs are met, to include ensuring a staff person qualified to administer medication is scheduled and present in the home at all times and adequate staff are present in the home at all times to safely evacuate and supervise residents in the event of an emergency.

Within 14 days of receipt of the plan of correction, the administrator will implement monitoring protocols to ensure the new procedure is effective. The administrator or designee will review schedules at least weekly.

Monitoring protocols will include, at a minimum, the administrator or designee will conduct weekly unannounced checks to ensure adequate staffing in the home, in addition to weekly resident and staff interviews related to staffing patterns and meeting the needs of the residents. Documentation will be kept.

Within 30 days of receipt of the plan of correction, the administrator will hold a quality management plan review and evaluation in accordance with §2600.26(b)(1) - (5). Emphasis will be placed on staff training, licensing violations and these directed plans of correction. Specific measures will be implemented by the administrator for areas needing improvement and regulatory compliance in accordance with §2600.26(c). Documentation will be kept.

65a - FS Orientation 1st Day

2. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.

65a - FS Orientation 1st Day (*continued*)

2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, hired [REDACTED]/24, did not receive orientation in any of the orientation topics in accordance with 2600.65(a).

Plan of Correction

Directed [REDACTED] - 12/04/2025)

Staff person A's employment was terminated on [REDACTED] 5.

Within 7 days of receipt of the plan of correction, the administrator will develop and implement policy and procedures to ensure that prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers complete orientation training in general fire safety and emergency preparedness in accordance with regulation §2600.65a.

Within 15 days of receipt of the plan of correction, the administrator will audit all staff records to ensure that prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers will have an orientation in general fire safety and emergency preparedness that includes all required topics in accordance with §2600.65(a). Documentation of the audit will be kept. New employee files will be audited on the first workday by the administrator or designee to ensure compliance with this regulation. Documentation of audits will be kept.

65b - Rights/Abuse 40 Hours

3. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A, hired [REDACTED]/24, did not complete trainings in any of the training topics in accordance with 2600.65(b).

Plan of Correction

Directed [REDACTED] - 12/04/2025)

Staff person A's employment was terminated on [REDACTED] 25.

65b - Rights/Abuse 40 Hours (continued)

Within 7 days of receipt of the plan of correction, the administrator will develop and implement policy and procedures to ensure that within 40 scheduled working hours, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers, complete orientation training in resident rights, emergency medical plan, mandatory reporting of abuse and neglect and reporting of reportable incidents and conditions in accordance with regulation §2600.65(b).

Within 15 days of receipt of the plan of correction, the administrator will audit all staff records to ensure that within 40 scheduled working hours, all direct care staff persons have completed orientation training in all training topics in accordance with regulation §2600.65(b). Documentation will be kept. New employee files will be audited within 40 scheduled working hours to ensure compliance with this regulation. Documentation of audits will be kept.

65d - Initial Direct Care Training

4. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired [REDACTED]/24, did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction

Directed [REDACTED] 12/04/2025)

Staff person A's employment was terminated on [REDACTED]/25.

Within 7 days of receipt of the plan of correction, the administrator will review all training records to ensure all direct care staff persons providing unsupervised direct care have a Direct Care Staff Training Course and Competency Certificate of Completion on file. Any direct care staff who do not have a Direct Care Staff Training Course and Competency Certificate of Completion on file, will not be permitted to provide unsupervised direct care until obtaining the Certificate. Documentation will be kept.

Within 15 days of receipt of the plan of correction, the administrator will audit all new employee files prior to the employee providing unsupervised direct care to ensure compliance with this regulation. Documentation will be kept.

187d - Follow Prescriber's Orders

5. Requirements

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

2600.

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

Description of Violation

On 10/26/25 from 12:00 p.m. – 2:00 p.m., the following residents were not administered their prescribed medications because no staff person qualified to administer medication was present in the home:

Resident #1 - Combivent Respimat 20 – 100 mcg, take 1 tablet by mouth four times daily.

Resident #1 - Inhale deeply into spirometer four times a day, every two hours while awake.

Resident #2 - Lorazepam 1 mg tablet, take 1 tablet by mouth every day at noon.

Resident #3 - Clonazepam .5 mg tablet, take 1 tablet by mouth every day at noon.

Resident #4 - Gabapentin 800 mg tablet, take 1 tablet by mouth three times daily

Resident #4 - Primidone Oral Tablet 250 mg tablet, take 1 tablet by mouth three times a day.

Plan of Correction

Directed [REDACTED] /04/2025)

Within 7 days of receipt of the plan of correction, the administrator will develop and implement a procedure to ensure that resident support plans are followed and that resident health and safety needs are met, to include ensuring a staff person qualified to administer medication is scheduled and present in the home at all times and adequate staff are present in the home at all times to safely evacuate and supervise residents in the event of an emergency.

Within 14 days of receipt of the plan of correction, the administrator will implement monitoring protocols to ensure the new procedure is effective. The administrator or designee will review schedules at least weekly.

Monitoring protocols will include, at a minimum, the administrator or designee will conduct weekly unannounced checks to ensure adequate staffing in the home, in addition to weekly resident and staff interviews related to staffing patterns and meeting the needs of the residents. Documentation will be kept.

Within 30 days of receipt of the plan of correction, the administrator will hold a quality management plan review and evaluation in accordance with §2600.26(b)(1) - (5). Emphasis will be placed on staff training, licensing violations and these directed plans of correction. Specific measures will be implemented by the administrator for areas needing improvement and regulatory compliance in accordance with §2600.26(c). Documentation will be kept.