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

March 24, 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 12/18/2024 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**: *10/23/2024*

Address: *BUILDING 2, 6816 WEST LAKE RD, FAIRVIEW, PA 16415*

County: *ERIE* **Region**: *WESTERN*

Administrator

Name [redacted] **Phone**: **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**: *l&i*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *13* **Waking Staff**: *10*

Inspection Information

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

Reason: *Complaint, Monitoring* **Exit Conference Date**: *12/30/2024*

Inspection Dates and Department Representative

12/18/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *16* **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: *5* **Have Physical Disability**: *3*

Inspections / Reviews

12/18/2024 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *01/16/2025*

01/27/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *02/25/2025*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/03/2025*

Inspections / Reviews *(continued)*

02/04/2025 POC Submission

Submitted By: [redacted] **Date Submitted:** *02/25/2025*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *02/28/2025*

03/24/2025 Document Submission

Submitted By: [redacted] **Date Submitted:** *02/25/2025*

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

5a1 DHS Access

1. Requirements

2600.
5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:
1. Agents of the Department.

Description of Violation

At 9:00 a.m. the department requested the staff schedule and staff timecard for staff that worked in the home from [redacted] to [redacted]. However, the home did not provide accurate staff schedules for the dates indicated and did not provide the staff time cards to indicate what staff worked directly with the residents on those dates.

Plan of Correction ***Accept ([redacted] - 01/27/2025)***

On 1/14/25 the program developed a new process for reviewing daily schedules. The team was educated by [redacted] Program Director, on 1/15/25 on the new process.
[redacted] Program Director, will complete routine spot checks of the program staffing Grids. Routine spot checks will begin the week of 1/20/25. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *01/24/2025*

Implemented [redacted] 03/05/2025)

62 Contact List

2. Requirements

2600.
62. List of Staff Persons The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

The home does not have a complete staff list that includes staff addresses and phone numbers.

Plan of Correction ***Accept [redacted] 02/04/2025)***

Upon entry the DHS rep asked for a list of staff names; the list of names and phone numbers were provided. The full list with all required information was not requested until the exit. At the time of the exit interview the DHS rep was provided a full list of staff names, emails, phone numbers and addresses immediately by [redacted] this information was provided via email. The home has a full list with all the requirements at all times.

Following the inspection the team was educated on the requirement to submit the full list to DHS upon arrival. The Residential Supervisors updated the list to show inactive and active staff including all relevant information. The list will be updated by the Residential Supervisor anytime a staff member is terminated, hired or goes inactive. This list is reviewed, at a minimum, weekly during the Daily Review and Wrap Up calls.

Licensee's Proposed Overall Completion Date: *02/15/2025*

Implemented [redacted] - 03/05/2025)

63a First Aid/CPR Training

3. Requirements

2600.
63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

63a - First Aid/CPR Training *(continued)*

Description of Violation

Staff person A, the home's Quality Improvement Specialist, Licensed Practical Nurse, Certified Brain Injury Specialist, Personal Care Home Administrator, and an American Red Cross First Aid/CPR/AED Instructor, provided First Aid/CPR training certifications to multiple staff who did not adequately complete the hands-on practice portion of the training, to include staff person B.

On [redacted] from 3:00 PM - 11:00 PM, there were 8 residents present in the home. During this time there was 1 staff person present in the home; however, this staff person was not trained in first aid and certified in obstructed airway techniques and CPR.

On [redacted] from 3:00 PM - 11:00 PM, there were 8 residents present in the home. During this time there was 1 staff person present in the home; however, this staff person was not trained in first aid and certified in obstructed airway techniques and CPR.

Plan of Correction ***Accept [redacted] 01/27/2025)***

The program brought in outside CPR trainers 12/14/24 - 12/20/24. Additional classes were conducted 1/9/25, 1/11/25 and classes are scheduled for 1/17/25, 1/18/25 and 1/19/25.
At this time all programs have at least one CPR/FA Certified staff member on each shift.
The program will work with an outside entity to ensure training compliance following hire and bi-annually as required.
HR runs monthly Certification reports that are sent to the program; these will be reviewed and monitored monthly by the Supervisors and Program Director to ensure compliance.
By 12/27/24 and daily thereafter, the administrator or designee will review the staff schedule to ensure at least 1 staff person who is trained in first aid and certified in obstructed airway techniques and CPR, who did not receive this certification from [redacted] is present in the home at all times. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *01/20/2025*

Implemented [redacted] - 03/05/2025)

63b - Current First Aid Training

4. Requirements

2600.
63.b. Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.

Description of Violation

Staff person A, the home's Quality Improvement Specialist, Licensed Practical Nurse, Certified Brain Injury Specialist, Personal Care Home Administrator, and an American Red Cross First Aid/CPR/AED Instructor, fraudulently provided First Aid/CPR training certifications to multiple staff who did not adequately complete the hands-on practice portion of the training, to include staff person B.

63b Current First Aid Training (continued)

Plan of Correction ***Accept [redacted] - 01/27/2025)***

The program brought in outside CPR trainers 12/14/24 12/20/24. Additional classes were conducted 1/9/25, 1/11/25 and classes are scheduled for 1/17/25, 1/18/25 and 1/19/25.
At this time all programs have at least one CPR/FA Certified staff member on each shift.
The program will work with an outside entity to ensure training compliance following hire and bi annually as required.
HR runs monthly Certification reports that are sent to the program; these will be reviewed and monitored monthly by the Supervisors and Program Director to ensure compliance.
By 12/27/24 and daily thereafter, the administrator or designee will review the staff schedule to ensure at least 1 staff person who is trained in first aid and certified in obstructed airway techniques and CPR, who did not receive this certification from [redacted] is present in the home at all times. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *01/20/2025*

Implemented [redacted] - 03/05/2025)

85a - Sanitary Conditions

5. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

There were multiple unsanitary conditions in the private bathroom in bedroom [redacted] to include:
** a large smear of feces in the toilet bowl and seat, measuring approximately 3 x 5 inches*
** multiple brown spots and smears over the entire sink and faucet*
** multiple brown spots and smears on the floor in front of the toilet, sink and shower.*

Plan of Correction ***Accept [redacted] - 01/27/2025)***

The program attempted to clean the participants room; participant refused multiple times. On 1/14/25 the Case Manager discussed the situation with the guardian, who spoke with the participant. On 1/14/25 the participant agreed to allow the program to clean his room. The program began working on cleaning the room 1/16/25.
On 1/14/25 the State Director, [redacted] educated the team on what to do in instances when a participant refuses room cleaning.
The administrator or designee will check the participants room weekly x 1 month and will titrate down if compliant. The weekly checks will begin the week of January 20, 2025. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *01/24/2025*

Implemented [redacted] - 03/05/2025)

88a - Surfaces

6. Requirements

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

88a Surfaces *(continued)*

Description of Violation

There are multiple black/grey mold spots and chipping paint in the ceiling of the bathroom in bedroom #5. Resident and staff interviews indicate there is a leak in the roof when snow thaws or heavy rain.

There were multiple brown, black grey spots and areas of mildew/mold, chipping paint and water damage to the ceiling, walls and tiled corners of the shower in bedroom [redacted].

Plan of Correction ***Accept [redacted] - 01/27/2025)***

On 12/19/24 the Participant was moved out of the room; maintenance is looking into the roof issue. On 1/16/25 [redacted] verified that the mold spots and the chipping paint were corrected in the bathroom.
By 1/31/25 the Team Lead and the Residential Supervisor will be educated by [redacted] on how to conduct a monthly Environmental Survey and the reporting requirements.
Beginning in February 2025 the Team Lead will complete the initial monthly Environmental Survey. Following completion of the Environmental Survey the Residential Supervisor will complete the Environmental Survey with the Team Lead to ensure accuracy of completion. This will be completed x 3 months.

Licensee's Proposed Overall Completion Date: *02/28/2025*

Implemented [redacted] - 03/05/2025)

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

7. Requirements

2600.
102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

The grab bar in the shower in bedroom [redacted] was unsecured, moving back and forth approximately 1 ½ inches, constituting a potential fall hazard.

Plan of Correction ***Accept[redacted] - 01/27/2025)***

On 1/16/25, [redacted] verified the grab bar in the room was fixed.
By 1/31/25 the Team Lead and the Residential Supervisor will be educated by [redacted] on how to conduct a monthly Environmental Survey and the reporting requirements.
Beginning in February 2025 the Team Lead will complete the initial monthly Environmental Survey. Following completion of the Environmental Survey the Residential Supervisor will complete the Environmental Survey with the Team Lead to ensure accuracy of completion. This will be completed x 3 months.

Licensee's Proposed Overall Completion Date: *02/28/2025*

Implemented ([redacted] - 03/05/2025)