

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MENTOR ABL, LLC

LEGAL ENTITY

To operate NEURORESTORATIVE PENNSYLVANIA

NAME OF FACILITY OR AGENCY

Located at BUILDING 2, 6816 WEST LAKE RD, FAIRVIEW, PA 16415

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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 16  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare 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 April 23, 2012 until June 15, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 442050

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

DIRECTOR

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.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
ROOM 631 HEALTH & WELFARE BUILDING  
625 FORSTER STREET  
HARRISBURG, PENNSYLVANIA 17120

ADULT RESIDENTIAL LICENSING

PHONE: (717)783-3670  
FAX: (717)783-5662

APR 26 2012

Mr. William Duffy, COO  
Mentor ABI, LLC  
639 Granite Street, Suite 215  
Braintree, Massachusetts 02184

RE: NeuroRestorative Pennsylvania  
6816 West Lake Road  
Building # 2  
Fairview, Pennsylvania 16415

Dear Mr. Duffy:

As a result of your personal care home's recent change in the name of the facility from Mentor ABI, LLC to NeuroRestorative Pennsylvania, as well as your change in legal entity address from 313 Congress Street, Boston, Massachusetts, 02210 to 639 Granite Street Suite 215, Braintree, Massachusetts, 02184, a new license is being issued under the authority of 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). The expiration date of the license remains unchanged. Your revised license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Ronald Melusky" followed by a stylized flourish.

Ronald Melusky  
Director

Enclosure