

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

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 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 June 16, 2014 until June 16, 2015,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **442050**

Robert E. Robinson
ISSUING OFFICER

Matthew J. [Signature]
ACTING 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.



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Mailing Date: APR 08 2014

Ms. Jody Crowley, Vice President
Mentor ABI, LLC
639 Granite Street, Suite 215
Braintree, Massachusetts 02184

RE: Neurorestorative Pennsylvania
Building 2, 6816 West Lake Road
Fairview Pennsylvania 16415
442050

Dear Ms. Crowley:

The Department has received your March 4, 2014 renewal application to operate the above Personal Care Home pursuant to Title 55, PA Code, Chapter 2600. A regular license is being issued in response to your application. Your license is enclosed.

Please be advised that, pursuant to 55 Pa. Code § 20.31 (relating to annual inspection), the Department is required to conduct an onsite inspection of the above Personal Care Home at least once every twelve months. The Department will conduct an inspection of Neurorestorative Pennsylvania within the next twelve months. If evidence of noncompliance with Title 55, PA. Code, Chapter 2600 is found during the inspection, the Department will take appropriate enforcement action.

If you have any questions about the Department's revised process, please contact the Bureau of Human Services Licensing's Provider Support Hotline at 1-866-503-3926 or by electronic mail at ra-pwarlheadquarters@state.pa.us.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", written over a horizontal line.

Matthew J. Jones
Director

Enclosure
License