



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**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 10589 NORTH EDGEWOOD DRIVE, LAKE CITY, PA 16423  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes  
TYPE OF SERVICE TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 5  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller  
(MAXIMUM CAPACITY)

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

This certificate is granted in accordance with the Human Services 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 December 28, 2016 until May 28, 2017,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **447961**

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
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.



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DEPARTMENT OF HUMAN SERVICES

JAN 05 2017

Ms. Carole Jones, Program Director  
Mentor ABI, LLC  
6816 West Lake Road  
Fairview, Pennsylvania 16415

RE: Neurorestorative Pennsylvania  
10589 North Edgewood Drive  
Lake City, Pennsylvania 16423  
License #: 447961

Dear Ms. Jones:

As a result of the Department of Human Services' licensing inspection on November 17, 2016 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2600.11(b) or 55 Pa.Code § 2800.11(b) (relating to procedural requirements for licensure or approval of personal care homes a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

Jacqueline L. Rowe  
Director

Enclosures  
License  
License Inspection Summary

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: Neurorestorative Pennsylvania		License Number: 44796
Address: 10589 North Edgewood Drive, Lake City, PA 16423		County: Erie
Administrator: Stacey Meeder		Region: WEST
Legal Entity Name: Mentor ABI, LLC		
Legal Entity Address: 6816 West Lake Road, Fairview, PA 16415		
Certificate(s) of Occupancy R-3 08/08/2016 Labor & Industry		
Staffing Hours Resident Support: N/A                      Total Daily Staff: 3                      Waking Staff: 2		
Type of Inspection: Partial                      BHA Docket Number: N/A                      Notice: Unannounced		
Reason(s) for Inspection(s) New		
On-Site Inspections Dates and Department Representatives On-Site 11/17/2016: Park, Beth; McConnell, Deb		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details Partial or Full Triggers:                      Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 5 Number of Residents Served: 3 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 0 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

*Carol Jones, Program Director 12/06/14*

Violation Report: 44796 - 11/17/2016 - Park, Beth  
 PCH Name: Neurorestorative Pennsylvania

1. REGULATION 55 Pa.Code §2600  
 2600.103(c) - Food shall be protected from contamination while being stored, prepared, transported and served.

2a. DESCRIPTION OF VIOLATION  
 There was an open and unsealed 40 ounce bag of potatoes, mostly full, in the lower right corner cupboard in the kitchen.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

THE BAG OF POTATOES WAS SEALED WHILE THE INSPECTORS WERE PRESENT. THE STAFF IN THE HOME HAVE BEEN INSTRUCTED REGARDING 2600.103. THE ADMINISTRATOR (RESIDENTIAL SUPERVISOR) WILL CONDUCT <sup>daily</sup> SPOT CHECKS TO ENSURE ONGOING COMPLIANCE WITH THIS REGULATION. ANY IMPROPERLY STORED FOOD WILL BE DISPOSED OF IMMEDIATELY UPON DISCOVERY

Carole Jones, Program Director 12/06/16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Carole Jones*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CAROLE JONES, PROG. DIRECTOR</i>	Date <i>12/06/16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12/12/16  
 (Date)

Plan of correction implementation status as of 12/12/16  
 (Date)

The above plan of correction was approved by *JW*  
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *JW*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44796 - 11/17/2016 - Park, Beth  
PCH Name: Neurorestorative Pennsylvania

1. REGULATION 55 Pa.Code §2600  
2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

There was a thick layer of lint covering the entire lint trap of the dryer located in the laundry room on the main floor.  
There was a thick layer of lint covering the entire lint trap of the dryer located in the basement.  
There were no clothes in either dryer at the time of inspection.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

THE LINT WAS REMOVED FROM BOTH LINT TRAPS AT THE TIME OF THE INSPECTION. THE DRYER IN THE BASEMENT IS NOT BEING USED AND WAS UNPLUGGED.

THE RESIDENTIAL SUPERVISOR PLACED A CLIP BOARD W/ LINT REMOVAL EXPECTATIONS AND CHECK OFF NEAR THE MAIN LAUNDRY ROOM DRYER. STAFF HAVE BEEN INFORMED OF THE EXPECTATIONS. FAILURE TO FOLLOW LINT REMOVAL PROTOCOLS WILL RESULT IN DISCIPLINARY ACTION.

Within 15 days of receipt of the plan of correction: a designated staff person will check the lint trap of each dryer being used daily to ensure that lint is removed after each use. *nm* 12/12/16

*Carole Jones, Program Director* 12-6-2016

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *Carole Jones*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Carole Jones Prog. Director*      Date *12-6-2016*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12/12/16  
(Date)

Plan of correction implementation status as of 12/12/16  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *nm*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *nm*  
(Initials)