

Department of Human Services  
Bureau of Human Service Licensing

February 22, 2021

[REDACTED], PROGRAM DIRECTOR  
MENTOR ABI LLC  
6816 WEST LAKE ROAD  
FAIRVIEW, PA 16415

RE: NEURORESTORATIVE  
PENNSYLVANIA  
BUILDING 2, 6816 WEST LAKE RD  
FAIRVIEW, PA, 16415  
LICENSE/COC#: 44205

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/04/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Suzy Quinn

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *NEURORESTORATIVE PENNSYLVANIA*      License #: *44205*      License Expiration Date: *06/16/2021*  
Address: *BUILDING 2, 6816 WEST LAKE RD, FAIRVIEW, PA 16415*  
County: *ERIE*      Region: *WESTERN*

**Administrator**

Name: [REDACTED]      Phone: *8144741977*      Email: [REDACTED]

**Legal Entity**

Name: *MENTOR ABI LLC*  
Address: *6816 WEST LAKE ROAD, FAIRVIEW, PA, 16415*  
Phone: *8144741977*      Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP*      Date: *05/30/1974*      Issued By: *Labor & Industry*

**Staffing Hours**

Ident Support Staff: *0*      Total Daily Staff: *12*      Working Staff: *9*

**Inspection**

Type: *Partial*      Notice: *Unannounced*      BHA Docket #: [REDACTED]  
Reason: *Complaint*      Exit Conference Date: *01/04/2021*

**Inspection Dates and Department Representative**

01/04/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *16*      Residents Served: *7*

**Secured Dementia Care Unit**

In Home: *No*      Area: [REDACTED]      Capacity: [REDACTED]      Residents Served: [REDACTED]

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *2*      Are 60 Years of Age or Older: *1*  
Diagnosed with Mental Illness: *7*      Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *5*      Have Physical Disability: *1*

## Inspections / Reviews

01/04/2021 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *02/08/2021*

2/18/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *02/28/2021*

2/22/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 85a - Sanitary Conditions

### 1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

### Description of Violation

*On 1/4/2021 at approximately 10:00am, room [REDACTED] was observed to have black stains of what appeared to be mold spots in a 4ft. by 3ft. area of the right wall.*

### Plan of Correction

Accepted

*A work order was submitted to maintenance following the licensing inspection. The room walls were cleaned with a mold cleaner (see attached) and the room was painted; before and after pictures attached. This was completed on January 25, 2021.*

*At the time of the licensing inspection, the room was not being utilized and is not needed to meet the building capacity. Moving forward the Administrator or Designee will ensure that all rooms, including those not utilized, are inspected at the time of the monthly inspection. This will be completed utilizing the monthly Environmental Survey attached). The first monthly inspection will be completed in February.*

**Completion Date:** 01/25/2021

### Document Submission

Implemented

*Violation corrected on 1.25.21; documentation attached.*