

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

December 28, 2022

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

RE: NEURORESTORATIVE  
PENNSYLVANIA  
6816 WEST LAKE ROAD  
FAIRVIEW, PA, 16415  
LICENSE/COC#: 44710

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/10/2022 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 #: *44710* License Expiration: *11/05/2023*  
 Address: *6816 WEST LAKE ROAD, FAIRVIEW, PA 16415*  
 County: *ERIE* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

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

**Certificate(s) of Occupancy**

Type: *R-3* Date: *10/02/2015* Issued By: *Fairview Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *7* Waking Staff: *5*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *11/10/2022*

**Inspection Dates and Department Representative**

*11/10/2022 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *8* Residents Served: *4*  
 Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: *0*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *3* Are 60 Years of Age or Older: *0*  
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *3* Have Physical Disability: *4*

**Inspections / Reviews**

**11/10/2022 Partial**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/12/2022*

**12/14/2022 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *12/28/2022*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/21/2022*

Inspections / Reviews (*continued*)

## 12/22/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/28/2022

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/29/2022

## 12/28/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/28/2022

Reviewer: [REDACTED]

Follow Up Type: Not Required

164a - Withholding Meals

1. Requirements

2600.

164.a. A home may not withhold meals, beverages, snacks or desserts as punishment. Food and beverages may be withheld in accordance with prescribed medical or dental procedures.

Description of Violation

On [redacted] resident #1 refused dinner. On [redacted] at approximately [redacted], resident #1 asked staff person A for a bowl of cereal; however, staff person A told resident #1 to wait until the next staff person arrived at [redacted] for breakfast.

Plan of Correction

Accept ([redacted] - 12/22/2022)

The staff member was removed from the schedule pending investigation.

The staff member that was working thought that because meal times were posted that participants were only able to eat during those posted times. The staff member was educated on the requirements prior to returning to work on 8/24/22. .

To ensure this never happens again all staff were educated on August 18, 2022 by [redacted]; see attached.

Who removed the staff member, and on what date? [redacted] on 8/13/22

Who educated the staff member prior t returning to work on 8/24/22? [redacted], see attached

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented [redacted] 12/28/2022)