

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

October 7, 2025

[REDACTED]  
MENTOR ABI LLC  
[REDACTED]

RE: NEURORESTORATIVE  
PENNSYLVANIA  
4155 ROXBURY DRIVE  
ERIE, PA, 16506  
LICENSE/COC#: 44696

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/07/2025, 04/14/2025 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 #: *44696* License Expiration: *11/05/2025*  
 Address: *4155 ROXBURY DRIVE, ERIE, PA 16506*  
 County: *ERIE* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *MENTOR ABI LLC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *R 4* Date: *08/21/2015* Issued By: *Millcreek TWP*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *5* Waking Staff: *4*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *04/28/2025*

**Inspection Dates and Department Representative**

04/07/2025 On Site: [REDACTED]  
 04/14/2025 Off Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *6* Residents Served: *5*  
 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: *5* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

04/07/2025 - Partial  
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *06/23/2025*

Inspections / Reviews (*continued*)

## 07/22/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/26/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 07/29/2025

## 09/06/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/26/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/29/2025

## 10/07/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/26/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 42c - Treatment of Residents

## 1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

## Description of Violation

On or about [REDACTED], Staff Person A was overheard telling resident [REDACTED] that [REDACTED] would make sure dice was played when resident [REDACTED] requested dice not to be played so late at night by residents and staff because it keeps [REDACTED] awake at night.

## Plan of Correction

Accepted [REDACTED] - 09/06/2025)

Staff was pulled off of the floor pending investigation.

The program held a mandatory Resident Rights training for all staff May 13, 15 and 16, 2025. The program held a mandatory Dignity and Respect training for all staff May 27, 28, 30 and June 5, 2025. The training was conducted by GECAC.

The program is working with GECAC and the Ombudsman to schedule routine in person training at least annually. Case Manager or designee will interview one PBS weekly x 4 weeks to ensure they are treated with Dignity and Respect, then monthly for 3 months. Interviews will begin the week of 8/17/25.

Licensee's Proposed Overall Completion Date: 08/23/2025

Implemented [REDACTED] - 10/07/2025)

## 60a - Staff/Support Plan

## 2. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

## Description of Violation

Resident [REDACTED] initial resident assessment and support plan, dated [REDACTED] indicates the resident requires extensive supervision in the home, cannot leave the home unattended, is unaware of unsafe areas, recommends 1:1 supervision for safety and redirection, and two staff are placed at the home to meet supervision needs. At admission, all residents sign a structured day program agreement indicating they will attend the therapeutic recreational activity center (TRAC) program, not located in the home, Monday through Friday.

On [REDACTED] at approximately, 3:00 pm., resident [REDACTED] had a verbal and physical altercation with another resident while attending the TRAC program. TRAC program staff intervened, and the PA State Police were called. Staff interviews indicate resident [REDACTED] requires 1:1 supervision, and this supervision is only provided during meals when at the TRAC program.

## Plan of Correction

Directed [REDACTED] - 09/06/2025)

The program will conduct a RASP review of the participants in the home and evaluate supervision levels for appropriateness for each participant. The review will be completed by July 25, 2025.

After completion of the review, all staff will be trained and educated on the appropriate supervision levels for each participant. Education will be completed by the supervisor and will be completed by August 8, 2025.

The programs Residential Supervisor will conduct weekly spot checks of supervision x 4 in the residence and at the TRAC program weeks beginning the week of August 10, 2025.

The administrator or designee will review the schedule to ensure staffing is adequate to meet the residents' needs

60a - Staff/Support Plan (continued)

both in the home and at the TRAC program. Documentation will be kept.

Proposed Overall Completion Date: 08/16/2025

**Directed:**

By 9/10/25 and weekly thereafter, the administrator or designee will review the schedule as indicated above.

█ 9/6/25

Directed Completion Date: 09/10/2025

Implemented █ - 10/07/2025)

65a - FS Orientation 1st Day

3. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

**Description of Violation**

Staff Person A, whose first day of work was █, did not receive orientation on any of the required training in any of the following topics:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

**Plan of Correction**

Accept █ - 09/06/2025)

Staff member is currently a per diem staff, prior to his next scheduled shift he will complete FS Orientation 1st Day Training. Education will be completed by █, Residential Supervisor.

All supervisors will be educated on the Staff File requirements. Education will be provided by PD, █ and will be completed by July 11, 2025.

To ensure on-going compliance all new hire staff files will be audited by the Office Administrator or designee within 45 days of hire.

The Residential Supervisor will audit all staff files by 8/22/25 to ensure all staff have Fire Safety Training. Any staff member that have not had this training will complete it by 8/31/25.

65a FS Orientation 1st Day (*continued*)

Licensee's Proposed Overall Completion Date: 08/31/2025

Implemented [REDACTED] - 10/07/2025)

## 65b - Rights/Abuse 40 Hours

**4. Requirements**

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

**Description of Violation**

Staff Person A completed [REDACTED] 40th scheduled work hour. However, this staff person did not complete any of the required training in the following topics:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102).
4. Reporting of reportable incidents and conditions.

**Plan of Correction**

Directed [REDACTED] - 09/06/2025)

Staff member completed the required training within his first 40 hours. Transcripts that were provided to licensing attached. The program is requesting this violation be withdrawn.

Staff member no longer works here to complete the training.

The program has implemented a staff file audit checklist that is completed initially by the Office Coordinator within 30 days of hire.

Proposed Overall Completion Date: 08/12/2025

**Directed:**

By 9/26/25, the administrator or designee will audit all staff files to ensure all staff have completed training in accordance with 2600.65b within 40 scheduled working hours from the date of hire. Documentation will be kept.

[REDACTED] 9/6/25

Directed Completion Date: 09/26/2025

Implemented [REDACTED] - 10/07/2025)

## 141a 1-10 Medical Evaluation Information

**5. Requirements**

2600.

141a 1-10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department’s request.

**Description of Violation**

Resident [redacted] medical evaluation, dated [redacted] did not include an assessment of the resident's cognitive functioning. This section of the form is blank.

**Plan of Correction**

Accept [redacted] - 07/22/2025)

By July 11, 2025 the [redacted], LPN will contact the PCP to obtain the necessary information.

Education will be provided to the nursing team on DME requirements. Education will be completed by [redacted] Program Director, by July 11, 2025.

All July DMEs will be reviewed by the Administrative Team by August 1, 2025 to ensure all requirements are met. If no further concerns, routine monitoring will be continued.

Licensee's Proposed Overall Completion Date: 08/01/2025

Implemented [redacted] 10/07/2025)