



Pennsylvania  
**Department of Human Services**

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: JULY 18, 2025**

[REDACTED]  
Mentor ABI LLC  
6816 West Lake Road  
Fairview, Pennsylvania 16415

RE: Neurorestorative Pennsylvania  
License #: 44663

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on April 30, 2025, May 22, 2025, and May 30, 2025, of the above facility, that is operating pending an appeal, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Licensing Inspection Summary were found.

Correction of these violations in accordance with the specified plan of correction is required. Failure to correct these violations may result in further licensing enforcement action.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Licensing Inspection Summary

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

**Facility Information**

Name: *NEURORESTORATIVE PENNSYLVANIA* License #: *44663* License Expiration: *09/26/2024*  
Address: *6816 WEST LAKE ROAD, FAIRVIEW, PA 16415*  
County: *ERIE* Region: *WESTERN*

**Administrator**

Name: [REDACTED]

**Legal Entity**

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

**Certificate(s) of Occupancy**

Type: *I-1* Date: *01/26/2015* Issued By: *Fairview Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *15* Waking Staff: *11*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint, Incident* Exit Conference Date: *04/30/2025*

**Inspection Dates and Department Representative**

04/30/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *8* Residents Served: *8*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *6* Are 60 Years of Age or Older: *2*  
Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *7* Have Physical Disability: *7*

Inspections / Reviews

04/30/2025 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *Exception*

## 60a - Staff/Support Plan

## 1. 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 #1's Resident Assessment Support Plan (RASP) dated [REDACTED]/24 and resident #2's RASP dated [REDACTED]/24 indicate the residents require the assistance of 2 staff for transferring in/out of bed/chair and for toileting. Additionally, the residents signed a structured day program indicating they will attend the home's off-site Therapeutic Recreational Activities Center (TRAC) during the week, Monday through Friday. On 4/30/25 at approximately 10:00 a.m. residents #1 and #2 were observed in the home. Staff indicate the home is short staffed today, so residents #1 and #2 were unable to attend the TRAC program.*

*Repeat violation: 12/4/24*

**Plan of Correction****Directed [REDACTED] - 06/24/2025)**

*Directed: Within 1 week of receipt of the plan of correction - The administrator will review each resident's assessment and support plan and create a tailored staffing plan with enhanced staffing levels to adequately meet the residents' needs at all times. The staffing plan will include substitute personnel coverage in accordance with §2600.61 and transportation assistance in accordance with §2600.171(b)(4) and (7). [REDACTED] 6/24/25*

*Directed: Within 2 weeks of receipt of the plan of correction - The administrator will implement monitoring protocols to ensure the staffing plan is effective. The administrator or designee will review schedules at least weekly. Monitoring protocols will include, at a minimum, the administrator's or designee's twice per week unannounced observations of staffing in the home and at the TRAC program, along with weekly resident and staff interviews related to staffing patterns and meeting the needs of the residents. [REDACTED] 6/24/25*

*Directed: Within 30 days of receipt of the plan of correction - The administrator will hold a quality management plan review and evaluation in accordance with §2600.26(b)(1) - (5). Emphasis will be placed on staff training, licensing violations and these directed plans of correction. Specific measures will be implemented by the administrator for areas needing improvement and regulatory compliance in accordance with §2600.26(c). [REDACTED] 6/24/25*

**Directed Completion Date: 07/24/2025**

## 132d - Evacuation

## 2. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

**Description of Violation**

*During the fire drill on 4/28/25 at 6:20a.m., the evacuation time was 5 minutes and 20 seconds. The home's maximum safe evacuation time specified in writing on 3/4/25 by a fire safety expert is 5 minutes.*

132d - Evacuation (*continued*)**Plan of Correction****Directed** [REDACTED] - 06/24/2025)

*Directed: Within 1 day of receipt of the plan of correction - The administrator will monitor all fire drills and fire drill records to ensure a fire drill is conducted at least monthly, all residents are evacuated to a public thoroughfare or to a fire-safe area in less than 5 minutes with adequate supervision and documentation is kept for each fire drill on a record which includes all information required by §2600.132(c). The administrator will take immediate action to bolster staffing levels on all shifts if monthly fire drill evacuation times exceed the safe evacuation time specified in writing by the fire safety expert.*

*Directed: Within 30 days of receipt of the plan of correction - All residents and staff will be educated on evacuation policies and procedures. Documentation will be kept.*

*Directed: Within 30 days of receipt of the plan of correction - The administrator will hold a quality management plan review and evaluation in accordance with §2600.26(b)(1) - (5). Emphasis will be placed on staff training, licensing violations and these directed plans of correction. Specific measures will be implemented by the administrator for areas needing improvement and regulatory compliance in accordance with §2600.26(c). [REDACTED] 6/24/25*

**Directed Completion Date: 07/24/2025**

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

**Facility Information**

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Type: *I-1* Date: *01/26/2015* Issued By: *Fairview Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *15* Waking Staff: *11*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint, Incident, Monitoring* Exit Conference Date: *05/30/2025*

**Inspection Dates and Department Representative**

05/22/2025 - On-Site: [REDACTED]  
05/30/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *8* Residents Served: *8*

**Secured Dementia Care Unit**

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**Hospice**

Current Residents: *0*

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Have Mobility Need: *7* Have Physical Disability: *7*

Inspections / Reviews

05/22/2025 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *Exception*

## 60a - Staff/Support Plan

**1. 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**

*On 5/1/25, the home served 8 residents, including 5 residents with mobility needs requiring the assisting of 2 staff persons for toileting, ambulating and evacuating in the event of an emergency. The home's most recent maximum safe evacuation time, as determined by a fire safety expert on 3/4/25, is 5 minutes and 00 seconds. On 5/1/25, from approximately 6:10 PM – 6:25 PM, 1 staff person was present in the home, which is inadequate to provide each resident with assistance with activities of daily living, including toileting and ambulating, and evacuating in the event of an emergency.*

*On 5/29/25, the home served 8 residents, including 5 residents with mobility needs requiring the assisting of 2 staff persons for toileting, ambulating and evacuating in the event of an emergency. The home's most recent maximum safe evacuation time, as determined by a fire safety expert on 3/4/25, is 5 minutes and 00 seconds. On 5/29/25, from approximately 7:00 AM – 9:15 AM, 2 staff persons were present in the home, which is inadequate to provide each resident with assistance with activities of daily living, including toileting and ambulating, and evacuating in the event of an emergency.*

*Repeat Violation: 4/16/25, 12/4/24*

**Plan of Correction****Directed [REDACTED] - 06/23/2025)**

*Directed: Within 1 week of receipt of the plan of correction - The administrator will review each resident's assessment and support plan and create a tailored staffing plan with enhanced staffing levels to adequately meet the residents' needs at all times. The staffing plan will include substitute personnel coverage in accordance with §2600.61. [REDACTED] 6/23/25*

*Directed: Within 2 weeks of receipt of the plan of correction - The administrator will implement monitoring protocols to ensure the staffing plan is effective. The administrator or designee will review schedules at least weekly. Monitoring protocols will include, at a minimum, the administrator's or designee's twice per week unannounced observations of staffing in the home, along with weekly resident and staff interviews related to staffing patterns and meeting the needs of the residents. [REDACTED] 6/23/25*

*Directed: Within 30 days of receipt of the plan of correction - The administrator will hold a quality management plan review and evaluation in accordance with §2600.26(b)(1) - (5). Emphasis will be placed on staff training, licensing violations and these directed plans of correction. Specific measures will be implemented by the administrator for areas needing improvement and regulatory compliance in accordance with §2600.26(c). [REDACTED] 6/23/25*

**Directed Completion Date: 07/31/2025**