

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

June 12, 2025

[REDACTED]
MENTOR ABI LLC
[REDACTED]

RE: NEURORESTORATIVE
PENNSYLVANIA
10589 NORTH EDGEWOOD DRIVE
LAKE CITY, PA, 16423
LICENSE/COC#: 44796

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/01/2025 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 #: *44796* License Expiration: *05/19/2026*
 Address: *10589 NORTH EDGEWOOD DRIVE, LAKE CITY, PA 16423*
 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

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Complaint, Incident* Exit Conference Date: *05/01/2025*

Inspection Dates and Department Representative

05/01/2025 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *5* Residents Served: *5*

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: *0* Are 60 Years of Age or Older: *3*
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

05/01/2025 - Partial
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *05/29/2025*

05/28/2025 POC Submission
 Submitted By: [REDACTED] Date Submitted: *06/09/2025*
 Reviewer: [REDACTED] Follow Up Type: *Document Submission* Follow Up Date: *06/07/2025*

Inspections / Reviews *(continued)*

06/12/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/09/2025

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 multiple occasions, on or about [redacted] direct care staff A entered resident [redacted] personal space and yelled at the resident. Additionally, resident [redacted] asked for assistance from direct care staff A who responded saying "I can't do that!" in a loud angry tone of voice which made the resident upset and feel intimidated. Also, multiple resident interviews indicated that on multiple occasions, when residents entered the kitchen while direct care staff A is cooking dinner, they were yelled at, making them feel angry and intimidated.

Plan of Correction

Accept [redacted] 05/28/2025)

Staff member A returned on [redacted] after receiving a final written warning and education; [redacted] will return to another licensed program. [redacted] will also be required to attend a Dignity and Respect training that is being offered on 5/27/25 5/28/25 and 5/30/25 that will be conducted by the Ombudsman.

All staff will attend a mandatory training on Dignified and Respectful Treatment of residents provided by the Ombudsman 5/27/25, 5/28/25 and 5/30/25.

The program will conduct one participant interview privately once a week for 4 weeks and then monthly for 3 months. The interviews will begin the week of 5/25/25. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented [redacted] - 06/12/2025)

225c - Additional Assessment

3. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

Resident [redacted] annual assessment was completed on [redacted] and support plan was completed on [redacted]. However, the previous assessment was completed on [redacted] and support plan on [redacted]

Plan of Correction

Accept [redacted] 05/28/2025)

The Program Director will provide education to the Case Managers on RASP requirements by May 30, 2025.

The Case Manager will complete an audit of all RASPs in the home to ensure all requirements have been met. The audit will be completed by June 7, 2025. Documentation will be kept.

The program will review the RASP weekly x 4 weeks by the Residential Supervisor. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 06/07/2025

Implemented [redacted] - 06/12/2025)