

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

August 1, 2025

[REDACTED], PROGRAM DIRECTOR
MENTOR ABI LLC
[REDACTED]

RE: NEURORESTORATIVE
PENNSYLVANIA
6726 WALNUT CREEK DRIVE
FAIRVIEW, PA, 16415
LICENSE/COC#: 44695

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/27/2025 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 #: *44695* License Expiration: *11/05/2025*
Address: *6726 WALNUT CREEK DRIVE, FAIRVIEW, PA 16415*
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-3* Date: *08/19/2015* Issued By: *Fairview Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *8* Waking Staff: *6*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *05/27/2025*

Inspection Dates and Department Representative

05/27/2025 - 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: Capacity: Residents Served:
Hospice
Current Residents: *No*
Number of Residents Who:
Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *2*
Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *3* Have Physical Disability: *0*

Inspections / Reviews

05/27/2025 - Partial
Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *06/26/2025*

Inspections / Reviews (*continued*)

06/26/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/14/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/10/2025

08/01/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/14/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report**1. Requirements**

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

An incident of suspected verbal abuse of a participant of Neurorestorative occurred on 4/30/2025. The home did not report this incident to the Department until 5/9/25.

Plan of Correction

Accept (█ - 06/26/2025)

On 4/30/25 the staff member sent an email vs calling to report an allegation of abuse. On 5/9/25 the staff member received immediate education from the Program Director on immediate reporting to the immediate supervisor or the on-call for any allegation or concern.

Formal education on reporting requirements and the policy will be completed with the staff member by the Supervisor by 6/25/25.

The programs updated the Daily Review Agenda and the Daily Wrap Up Agenda to include reviewing the Allegation of Abuse Checklist daily to ensure all reporting requirements are met. Documentation is kept.

Licensee's Proposed Overall Completion Date: 06/25/2025

Implemented (█ - 08/01/2025)