

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

October 8, 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 07/30/2025 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: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *07/30/2025*

**Inspection Dates and Department Representative**

07/30/2025 - 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: *0*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *1*  
 Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *3* Have Physical Disability: *0*

**Inspections / Reviews**

07/30/2025 - Full  
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *09/01/2025*

Inspections / Reviews (*continued*)

## 09/10/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/02/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/02/2025

## 10/08/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/02/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

20b8 - Quarterly Account

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

Resident's #1, #2 and #3 have not received a quarterly account of financial transactions.

Plan of Correction

Accept (█ - 09/10/2025)

Resident 2 and 3 manage their own funds. The Case Manager will complete a quarterly report and review it with resident 1 by 9/5/25.

Beginning the first quarter of the Fiscal Year all participants will have their quarterly statement reviewed with them following the fiscal quarters; they will be completed in October, January, April and July.

A quarterly audit will be conducted by the Case Manager to ensure all participants have received their Quarterly Statements through FY 26. The first audit will be completed in October 2025.

Licensee's Proposed Overall Completion Date: 09/05/2025

Implemented (█ - 10/08/2025)

88a - Surfaces

2. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

There was an approximate 8" X 10" patch with multiple rough and jagged edges, around the drain in the center of bathroom #2's shower floor.

Plan of Correction

Accept (█ - 09/10/2025)

On 8/28/25 the Residential Supervisor posted the bathroom to be out of commission until the repair is made by maintenance with an estimated completion date of 9/5/25.

Re-education will be completed with the Team Lead on how to complete a monthly Environmental Survey, including reporting safety concerns immediately via calling the supervisor and documenting in the maintenance log.

Education will be completed by the Residential Supervisor by 9/4/25.

Beginning in September 2025 the Residential Supervisor will review the Environmental Survey for accuracy following completion. This will be completed for two months, if no further concerns will discontinue the secondary review.

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented (█ - 10/08/2025)

93a - Handrails

3. Requirements

2600.

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

93a - Handrails (continued)

**Description of Violation**

The white handrail in the front of the home is not secured and moves left and right approximately 4" when holding on to it.

**Plan of Correction**

Accept ( ) - 09/10/2025

By 9/5/25, the handrail will be secured. A picture of evidence will be submitted.

Re-education will be completed with all staff on how to complete a monthly Environmental Survey, including reporting safety concerns immediately via maintenance logs and Daily Stand Up. Education will be completed by the Residential Supervisor by 9/6/25.

Beginning in September 2025, the Residential Supervisor will review the Environmental Survey for accuracy following completion. This will be completed for two months; if no further concerns will discontinue the secondary review.

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented ( ) - 10/08/2025

101j2 - Bedroom Chairs

**4. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

- 2. A chair for each resident that meets the resident's needs.

**Description of Violation**

Resident #1 does not have a chair in bedroom.

**Plan of Correction**

Accept ( ) - 09/10/2025

On 8/29/25 the Residential Supervisor will ensure a chair is placed in the room. A picture will be submitted as evidence.

On 8/28/25 the Monthly Bedroom checklist was updated to include checking each bedroom to ensure it has a chair. The new checklist will begin the month of September and will be completed by the Team Lead or designee.

Beginning in September, following the completion of the Environmental Survey/ Bedroom Checklist the Residential Supervisor will review to ensure all Participants have a chair.

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented ( ) - 10/08/2025

103f - Refrigerator/Freezer Temps

**5. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

**Description of Violation**

At 10:38a.m. the temperature in the freezer portion of the home's basement fridge freezer combo was 8 degrees Fahrenheit and at 5:00p.m. it was 8 degrees Fahrenheit.

103f - Refrigerator/Freezer Temps (continued)

Plan of Correction

Accept (█ - 09/10/2025)

On 8/29/25 the Residential Supervisor will complete a check of the freezer in the homes basement to ensure appropriate temperature.

Fridge / Freezer temps will be checked by the Residential Supervisor or designee during the Weekly Walk Through.

This will be completed by 9/5/25. Documentation will be kept.

The Weekly Walk Through sheet will be reviewed by the team weekly during the Daily Wrap Up call each Thursday.

Licensee's Proposed Overall Completion Date: 09/05/2025

Implemented (█ - 10/08/2025)

103g - Storing Food

6. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

A box of frozen corn dogs and a box of sirloin steak in the main freezer were opened and unsealed.

Plan of Correction

Accept (█ - 09/10/2025)

The unopened and unsealed items were discarded by █ during the time of the inspection.

All staff will be educated on the Daily Fridge Cleaning checklist by the Residential Supervisor. This will be completed by 9/6/25.

On 8/28/25 the Weekly Walk Through form will be updated by █ to include checking the fridge/ freezer for opened/ unsealed items. The new form will begin being utilized the week of 9/1/25. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 09/01/2025

Implemented (█ - 10/08/2025)

103i - Outdated Food

7. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

A box of frozen corn dogs and a box of sirloin steak in the main freezer were opened and undated.

Plan of Correction

Accept (█ - 09/10/2025)

The opened and unsealed items were discarded by █ during the time of the inspection.

All staff will be educated on the Daily Fridge Cleaning checklist by the Residential Supervisor. This will be completed by 9/6/25.

On 8/28/25 the Weekly Walk Through form will be updated by █ to include checking the fridge/ freezer for opened/ unsealed items. The new form will begin being utilized the week of 9/1/25. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 09/01/2025

Implemented (█ - 10/08/2025)

132a - Monthly Fire Drill

8. Requirements

2600.  
132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the months of July August or November 2024.

Plan of Correction

Accept ( [redacted] - 09/10/2025)

Beginning 7/30/25 the program moved from the maintenance department, completing fire drills to the Residential Supervisor conducting the drills.

Beginning in September 2025 the program will review all monthly fire drills during the monthly Safety Meeting to ensure all drills were completed within the requirements.

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented ( [redacted] - 10/08/2025)

144c1 - Smoking Area Guidelines

10. Requirements

2600.  
144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:  
1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home's designated smoking area is in the rear exterior of the home; however, at 9:05a.m., there was a cigarette butt on the front windowsill next to the no-smoking sign near the front entrance to the home.

Plan of Correction

Accept ( [redacted] - 09/10/2025)

The cigarette butt was removed during the inspection.

Education will be completed with the program by the Residential Supervisor on the requirements. This will be completed by 9/6/25.

On 8/28/25 the Weekly Walk Through will be updated by [redacted] to include checking the grounds to ensure smoking is only occurring in designated areas. The updated form will begin being utilized the week of 9/1/25.

Documentation will be kept.

Licensee's Proposed Overall Completion Date: 08/28/2025

Implemented ( [redacted] - 10/08/2025)

224a - Preadmission Screen Form

11. Requirements

2600.

224a - Preadmission Screen Form (continued)

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1's preadmission screening form was undated, does not include the signature of the assessor, and does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept (█ - 09/10/2025)

On 8/28/25 the Case Manager will complete a pre-admission screening for the participant, verifying the program is able to meet the needs.

The Case Manager will complete an audit of the participant records to ensure all have a Pre-admission screening.

The audit will be completed by 9/5/25.

Education will be completed with the Case Manager on the utilization of the Admission Checklist by 9/5/25 by the Program Director or designee. The checklist will be used for all admissions beginning 8/28/25.

Licensee's Proposed Overall Completion Date: 08/28/2025

Implemented (█ - 10/08/2025)

225a - Assessment 15 Days

12. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1 was admitted on █; however, the resident's assessment was not completed until █

Plan of Correction

Accept (█ - 09/10/2025)

The Case Manager will be educated by the Program Director or designee on the requirements for RASP completion by 9/5/25. Documentation will be kept.

The Case Manager will complete an audit of participant RASPs to ensure all requirements have been met. This will be completed by 9/5/25.

Education will be completed with the Case Manager on the utilization of the Admission Checklist by the Program Director or designee, by 9/5/25. The checklist will be used for all admissions beginning 8/28/25.

Licensee's Proposed Overall Completion Date: 09/05/2025

Implemented (█ - 10/08/2025)