



Pennsylvania
Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: SEPTEMBER 19, 2025

[REDACTED]
6816 West Lake Road
Fairview, PA 16415

RE: Neurorestorative Pennsylvania
License/COC#: 44663

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on July 31, 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 this violation may result in further licensing enforcement action.

Sincerely,

A handwritten signature in cursive script 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 - PUBLIC

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, Monitoring* Exit Conference Date: *07/31/2025*

Inspection Dates and Department Representative

07/31/2025 - 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

07/31/2025 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *Exception*

42c - Treatment of Residents

1. Requirements

2600.

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

Description of Violation

On 7/16/25, staff person A yelled at staff person B in front of resident #1 regarding an issue with coordinating the home's transportation. Staff person B apologized to resident #1 because the interaction was inappropriate. After this incident, staff person A was moving items from the front of another transport van to the van where resident #2 and resident #3 were seated. Resident #2 and resident #3 alerted staff person A that resident #2's seatbelt still needed buckled. Staff person A called out to the residents in a loud voice, "Do you not see that my hands are full and I'm busy? I'll get to you in a minute."

Repeat Violation: 4/16/25, 11/20/24

Plan of Correction

Directed [REDACTED] - 09/04/2025)

Within 24 hours of receipt of the plan of correction - The administrator will review the description of this regulatory violation specifically with staff person A and take appropriate remedial action in accordance with the home's procedures to prevent another event of undignified and disrespectful treatment. [REDACTED] 9/16/25

Within 7 days of receipt of the plan of correction and weekly thereafter - The administrator will privately interview 3 residents to ensure they are treated with dignity and respect. Documentation will be kept and reviewed at quality management plan review meetings. [REDACTED] 9/16/25

Within 14 days of receipt of the plan of correction - All staff will receive documented training by a Department approved outside agency on treating residents with dignity and respect. The administrator or designee will directly supervise staff person A for at least 5 hours per week for 4 weeks. Documentation will be kept and, at a minimum, will include dates, times, name(s) of administrator or designee, relevant observations and opportunities for improved provision of direct care. [REDACTED] 9/16/25

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

On 7/17/25 the home served 8 residents, including 5 residents who require the assistance of 2 staff persons to evacuate in the event of an emergency and 2 residents who require the assistance of 1 staff person to evacuate in the event of an emergency. From approximately 12:30a.m. to 5:00a.m., only 1 staff person was present in the home to assist residents to evacuate in the event of an emergency.

Repeat Violation: 5/22/25, 4/30/25, 4/16/25, 12/4/24

Plan of Correction

Directed [REDACTED] - 09/04/2025)

Within 7 days of receipt of the plan of correction and daily thereafter, the administrator or designee will review the staff schedule to ensure all shifts are adequately staffed to meet the needs of the residents, in accordance with their resident assessment and support plans. Documentation will be kept. [REDACTED] 9/4/25

Within 7 days of receipt of the plan of correction and bi-weekly thereafter, the administrator or designee will conduct an unannounced observation of staff in the home between the hours 11:00p.m. and 6:00 a.m. Documentation will be kept. [REDACTED] 9/4/25

Within 14 days of the receipt of the plan of correction, the administrator will reeducate all staff regarding the

60a - Staff/Support Plan (continued)

home's system for back-up coverage by substitute personnel who meet the direct care staff qualifications and training requirements as specified in § 2600.61, in the event a staff person calls off or does not show up for work. Documentation will be kept. [REDACTED] 9/4/25

225c - Additional Assessment

3. Requirements

2600.

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

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #4's most recent assessment was completed on [REDACTED]/24.

Plan of Correction

Directed [REDACTED] - 09/04/2025)

Within 7 days of receipt of the plan of correction, the administrator or designee, along with resident #4 and [REDACTED] designee if applicable, will complete a resident assessment and support plan for resident #4. [REDACTED] 9/4/25

Within 14 days of receipt of the plan of correction and monthly thereafter, the administrator or designee will audit all current resident assessments to ensure all assessments are completed within the required time frame, are accurate, and are present in each resident's record. Documentation will be kept. [REDACTED] 9/4/25