

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

September 24, 2025

[REDACTED]
MENTOR ABI LLC
[REDACTED]

RE: NEURORESTORATIVE
PENNSYLVANIA
4155 ROXBURY DRIVE
ERIE, PA, 16506
LICENSE/COC#: 44696

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/20/2025 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 #:** 44696 **License Expiration:** 11/05/2025
Address: 4155 ROXBURY DRIVE, ERIE, PA 16506
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 4 **Date:** 08/21/2015 **Issued By:** Millcreek

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 6 **Waking Staff:** 5

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 08/20/2025

Inspection Dates and Department Representative

08/20/2025 **On Site:** [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 6 **Residents Served:** 6

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 3 **Are 60 Years of Age or Older:** 0
Diagnosed with Mental Illness: 6 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 0 **Have Physical Disability:** 2

Inspections / Reviews

08/20/2025 - Partial

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 09/13/2025

Inspections / Reviews *(continued)*

09/12/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/24/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/26/2025

09/24/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/24/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The support plan, dated [REDACTED], for Resident [REDACTED] indicates the resident requires the provision of "direct supervision, staff to sit with resident during meals, provide prompts". On [REDACTED], the resident did not receive this assistance as required. Resident [REDACTED] began choking on hamburger helper during [REDACTED] dinner meal, however, there was no staff member present. Staff Member A, assigned to provide Resident [REDACTED] with the provision of "direct supervision, staff to sit with resident during meals, provide prompts" was on break.

Plan of Correction

Accept [REDACTED] - 09/12/2025)

Staff Member A was suspended pending investigation; upon completion of the investigation, Staff Member A was terminated.

All staff are scheduled to attend a staff meeting on 9/9/25 and will be educated by Residential Supervisor, [REDACTED] on Supervision Levels. All staff who do not attend the meeting will receive education by 9/19/25.

The Residential Supervisor will complete a weekly spot check in the home to review supervision. Spot checks will be completed weekly x 4 weeks and then monthly x 3 months.

Weekly spot checks will begin the week of 9/8/25.

Licensee's Proposed Overall Completion Date: 09/19/2025

Implemented [REDACTED] - 09/24/2025)

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 [REDACTED] Resident [REDACTED], did not receive the provision of, "direct supervision, during meals, or prompts" as required by [REDACTED] most recent support plan completed on [REDACTED]. According to Resident [REDACTED] these services could not be provided due to lack of available direct care staffing in the home. Staff Member A was assigned as Resident [REDACTED] one on one staff member; however, [REDACTED] was on break with no other staff members available to provide direct supervision, during meals, or prompts" to Resident [REDACTED] during [REDACTED] dinner meal.

Plan of Correction

Accept [REDACTED] - 09/12/2025)

Staff Member A was suspended pending investigation; upon completion of the investigation, Staff Member A was terminated.

All staff are scheduled to attend a staff meeting on 9/9/25 and will be educated by Residential Supervisor, [REDACTED] on Supervision Levels. All staff who do not attend the meeting will receive education by 9/19/25.

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Licensee's Proposed Overall Completion Date: 09/19/2025

Implemented [REDACTED] - 09/24/2025)