

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

December 23, 2025

[REDACTED]
MENTOR ABI LLC
[REDACTED]

RE: NEURORESTORATIVE
PENNSYLVANIA
6816 WEST LAKE ROAD
FAIRVIEW, PA, 16415
LICENSE/COC#: 44710

[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 #: *44710* License Expiration: *03/19/2026*
 Address: *6816 WEST LAKE ROAD, 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: *10/02/2015* Issued By: *Fairview Twp*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *9* Waking Staff: *7*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* 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: *8* Residents Served: *7*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *0*
 Number of Residents Who:
 Receive Supplemental Security Income: *4* Are 60 Years of Age or Older: *1*
 Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *2* Have Physical Disability: *7*

Inspections / Reviews

08/20/2025 - Partial
 Lead Inspector: [Redacted] Follow Up Type: *POC Submission* Follow Up Date: *10/04/2025*

Inspections / Reviews (*continued*)

10/08/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/30/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 10/16/2025

10/23/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/30/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/30/2025

12/23/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/30/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701 10225.707) and 6 Pa. Code § 15.21 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

Multiple staff and resident interviews indicated on [REDACTED], resident [REDACTED] was observed groping resident # [REDACTED]'s [REDACTED] at the off-site structured day program known as the Therapeutic Recreational Activity Center (TRAC). While staff reported this information to management, an incident report was not reported to the Area Agency on Aging.

Plan of Correction

Accept [REDACTED] - 10/23/2025)

- Case Manager submitted the report to the APS on 9/25/25.
- Following our internal investigation it was discovered that there was no eyewitness to the 8/5/25 alleged incident and it had not been reported to our management team on that day.
- All day program staff will be re-educated on abuse reporting requirements which should include peer-to-peer incidents/allegations by 10/10/25. In addition, if an incident occurs, this will be reported to management immediately once all participants are deemed safe. Then, investigative questioning will take place to identify the facts. Clinical Supervisor will ensure training is completed.
- Ongoing Incident reporting education will be completed annually and tracked in our company's learning platform, Relias.

On 10/13/25 a review of Training to include Incident Reporting Training was added to the programs Monthly Equality Grid to be reviewed monthly. This will be implemented during the next monthly Safety and Quality Meeting, scheduled for 10/16/25.

Licensee's Proposed Overall Completion Date: 10/17/2025

Implemented [REDACTED] - 12/23/2025)

16c Written Incident Report

2. 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

Multiple interviews indicated on [REDACTED], resident [REDACTED] was observed groping resident [REDACTED] s [REDACTED] at the off-site structured day program known as the Therapeutic Recreational Activity Center (TRAC). While staff reported this information to management, an incident report was not reported to the Department.

REPEAT VIOLATION: [REDACTED] et al

Plan of Correction

Accept [REDACTED] - 10/23/2025)

- Case Manager submitted the report to the APS on 9/25/25.
- Following our internal investigation it was discovered that there was no eyewitness to the 8/5/25 alleged incident and it had not been reported to our management team on that day.
- All day program staff will be re-educated on abuse reporting requirements which should include peer-to-peer

16c Written Incident Report (continued)

incidents/allegations by 10/10/25. In addition, if an incident occurs this will be reported to management immediately once all participants are deemed safe. Then, investigative questioning will take place to identify the facts. Clinical Supervisor will ensure training is completed.

- Ongoing Incident reporting education will be completed annually and tracked in our company's learning platform, Relias.

On 10/13/25 a review of Training to include Incident Reporting Training was added to the programs Monthly Equality Grid to be reviewed monthly. This will be implemented during the next monthly Safety and Quality Meeting, scheduled for 10/16/25.

Licensee's Proposed Overall Completion Date: 10/17/2025

Implemented [REDACTED] - 12/23/2025)

21 - Off-Premises Activity**3. Requirements**

2600.

21. Offsite Services - If services or activities are provided by the home at a location other than the premises, the home shall ensure that the resident's support plans are followed and that resident health and safety are met.

Description of Violation

The home had documented prior knowledge of resident [REDACTED] exhibiting inappropriate behaviors; however, this information was not known to the off site staff providing care at the structured day program known as the Therapeutic Recreational Activity Center (TRAC). On [REDACTED], staff observed resident [REDACTED], physically [REDACTED] resident [REDACTED] on the [REDACTED] with resident [REDACTED] hand. Staff immediately interjected and safely escorted resident [REDACTED] to the manager's office and reported this to staff person A. On [REDACTED] staff observed resident [REDACTED] approach resident [REDACTED] near the main lobby, blocking resident [REDACTED] path, then proceeded to reach down, slide this residents shorts and underwear to the side and digitally penetrate resident [REDACTED]. Staff interjected and immediately removed resident [REDACTED] from the situation and reported this incident immediately. While resident [REDACTED] was immediately returned to [REDACTED] personal care home, resident [REDACTED] was permitted to return to TRAC unsupervised on [REDACTED] and [REDACTED].

Plan of Correction

Accept [REDACTED] 10/08/2025)

- Board Certified Behavior Analyst (BCBA) met with Resident [REDACTED] on 10/2/25, then Resident [REDACTED]'s RASP was updated
- Resident [REDACTED] had documented deficits in social awareness and boundaries but not of a sexual nature. A pre admission meeting was held on 7/24/25 to review Resident #1's case prior to admission. All day program staff will be educated on updated RASP by 10/6/25 by Clinical Supervisor.
- Within 15 days of admission, a written initial assessment or RASP will be completed and then implemented within 30 days of admission.
- The new Clinical Supervisor will also ensure all information from the pre admission meeting is shared with the Day Program staff prior to the new admissions first day at day program.
- Day program staff will be re educated on reporting requirements, which include immediate notification to the Clinical Supervisor once everyone has been deemed safe. This will be completed by 10/10/25. Clinical Supervisor will ensure training is completed.
- The two individuals in this case were separated immediately on 8/8/25 and until further notice. Resident #1 was not and has not returned to the same premises as Resident #2. However, in the future, the new Clinical Supervisor will make the final determination on whether/when someone is able to safely return, so that we keep all other participants' health and safety in mind based on the incident.

21 Off Premises Activity (continued)

Licensee's Proposed Overall Completion Date: 10/10/2025

Implemented (█ - 12/23/2025)

23a - Activities of Daily Living Assistance

4. 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

Resident █ support plan indicates this resident requires extensive supervision, with a plan to meet the supervision needs documented as 15 minute checks in the home during waking hours, hourly check during sleep hours, and within arm's reach in the community. On █, while off site at TRAC, staff observed resident █, physically █ resident █ on the █ with resident # █ hand. Staff immediately interjected and safely escorted resident █ to the manager's office and reported this to staff person A. On █ staff observed resident █ approach resident █ near the main lobby, blocking resident █'s path, then proceeded to reach down, slide this residents shorts and underwear to the side and █ resident █. During both incidents, staff were more than arms length away.

REPEAT VIOLATION: █ et al, █ et al, █ et al

Plan of Correction

Accept █ - 10/08/2025)

- The Treatment Team reviewed and updated Resident █ RASP and Level of Supervision on 9/29/25.
- Day program staff will complete a new, updated training on Level of Supervision (LOS) by 10/10/25. Continued education on LOS will be provided annually, documentation will be kept. Clinical Supervisor will ensure completion.
- All day program staff to continue to be trained within 24 hours of a significant change by Clinical Supervisor.
- Clinical Supervisor will complete spot checks on LOS, to include TRAC, 1x weekly x 4 weeks. Spot checks will begin the week of 10/6/25.

Licensee's Proposed Overall Completion Date: 10/10/2025

Implemented █ - 12/23/2025)

42b - Abuse

5. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

The home had documented prior knowledge of resident █ exhibiting inappropriate behaviors; however, this information was not known to the off site staff providing care at the structured day program known as the Therapeutic Recreational Activity Center (TRAC). On █, while off site at TRAC, staff observed resident █, physically groped resident █ on the █ with resident █ hand. Staff immediately interjected and safely escorted resident █ to the manager's office and reported this to staff person A. On █, staff observed resident █ approach resident █ near the main lobby, blocking resident █'s path, then proceeded to reach down, slide this residents shorts and underwear

42b - Abuse (continued)

to the side and digitally penetrate resident [REDACTED]. Staff interjected and immediately removed resident [REDACTED] from the situation and reported this incident immediately. Resident [REDACTED] did not return to TRAC until the week of [REDACTED] as this resident voiced not feeling safe attending TRAC. Resident [REDACTED] was permitted and did return to TRAC unsupervised on [REDACTED] and [REDACTED] until the Administrator of this license home was made aware of the incident.

REPEAT VIOLATION: [REDACTED] et al, [REDACTED] et al

Plan of Correction

Accept [REDACTED] 10/23/2025)

- Resident [REDACTED] had documented deficits in social awareness and boundaries but not of a sexual nature. A pre-admission meeting was held on 7/24/25 to review Resident [REDACTED] case prior to admission. The new Clinical Supervisor will also ensure all information from the pre-admission meeting is shared with the Day Program staff and all day program staff will be trained on all participants.
- The two individuals in this case were separated immediately on 8/8/25 and until further notice. Resident [REDACTED] was not and has not returned to the same premises as Resident [REDACTED]. However, in the future the new Clinical Supervisor will make the final determination on whether/when someone is able to safely return.
- Resident [REDACTED] Level of Supervision was increased to 1:1 while at day program on 9/9/25. After 8/13/25 [REDACTED] was not permitted to return to day program until 1:1 supervision was in place.
- Day program staff will be re-educated on reporting requirements which include immediate notification to Clinical Supervisor once everyone has been deemed safe. This will be completed by 10/10/25. Clinical Supervisor will ensure training is completed.
- Abuse and neglect training will continue to be completed annually and tracked in our company's learning platform, Relias

On 10/13/25 a review of Training to include Incident Reporting Training was added to the programs Monthly Equality Grid to be reviewed monthly. This will be implemented during the next monthly Safety and Quality Meeting, scheduled for 10/16/25.

Licensee's Proposed Overall Completion Date: 10/17/2025

Implemented [REDACTED] - 12/23/2025)