

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

December 5, 2025

[REDACTED]  
MENTOR ABI LLC  
[REDACTED]

RE: NEURORESTORATIVE  
PENNSYLVANIA  
10589 NORTH EDGEWOOD DRIVE  
LAKE CITY, PA, 16423  
LICENSE/COC#: 44796

[REDACTED],  
  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/26/2025, 08/27/2025, 09/11/2025 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 #: *44796* License Expiration: *05/19/2026*  
 Address: *10589 NORTH EDGEWOOD DRIVE, LAKE CITY, PA 16423*  
 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: *07/12/2016* Issued By: *PA Dept L & I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *5* Waking Staff: *4*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *09/11/2025*

**Inspection Dates and Department Representative**

08/26/2025 - On-Site: [REDACTED]  
 08/27/2025 - Off-Site: [REDACTED]  
 09/11/2025 - Off-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: *0* Are 60 Years of Age or Older: *3*  
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

08/26/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/16/2025*

Inspections / Reviews (*continued*)

## 10/29/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/17/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 11/05/2025

## 11/10/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/17/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/17/2025

## 12/05/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/17/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 5a1 - DHS Access

## 1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

1. Agents of the Department.

## Description of Violation

On [REDACTED] at 9:30 a.m., 10:00 a.m., 1:00 p.m., and 2:00 p.m., an agent of the Department requested documentation of resident grievances and internal incident reports and findings; however, staff person A did not provide the documentation until [REDACTED] at 2:45 p.m.

## Plan of Correction

Accepted [REDACTED] 10/29/2025)

New management began on 10/13/25.

Quality Improvement will complete education with the Administration on the requirements of the regulation.

Education will be completed by 10/24/25.

Licensee's Proposed Overall Completion Date: 10/24/2025

Implemented ([REDACTED] - 12/05/2025)

## 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

Resident [REDACTED] assessment, dated [REDACTED] and support plan, dated [REDACTED], indicate the resident requires moderate supervision. To meet this need, staff will check on the resident in 30-minute increments during waking hours. On [REDACTED] from 5:00 p.m. to 7:00 p.m. and [REDACTED] from 5:00 p.m. to 8:00 p.m., resident [REDACTED] did not receive this assistance as required, as staff person B, the only staff person present in the home, was sleeping.

Resident [REDACTED] assessment, dated [REDACTED] and support plan, dated [REDACTED], indicate the resident requires minimal supervision. To meet this need, staff will conduct hourly checks on the resident during waking hours. On [REDACTED] from 5:00 p.m. to 7:00 p.m. and [REDACTED] from 5:00 p.m. to 8:00 p.m., resident [REDACTED] did not receive this assistance as required, as staff person B, the only staff person present in the home, was sleeping.

Resident [REDACTED] assessment, dated [REDACTED], and support plan, dated [REDACTED] indicate the resident requires extensive supervision. To meet this need, staff will conduct 15-minute checks on the resident during waking hours. On [REDACTED] from 5:00 p.m. to 7:00 p.m. and [REDACTED] from 5:00 p.m. to 8:00 p.m., resident [REDACTED] did not receive this assistance as required, as staff person B, the only staff person present in the home, was sleeping.

Resident [REDACTED] assessment, dated [REDACTED], and support plan, dated [REDACTED], indicate the resident requires extensive supervision. To meet this need, staff will conduct 15-minute checks on the resident during waking hours. On 8/6/25 from 5:00 p.m. to 7:00 p.m. and [REDACTED] from 5:00 p.m. to 8:00 p.m., resident [REDACTED] did not receive this assistance as required, as staff person B, the only staff person present in the home, was sleeping.

60a Staff/Support Plan (continued)

Resident [redacted] assessment, dated [redacted] and support plan, dated [redacted], indicate the resident requires moderate supervision. To meet this need, staff will check on the resident in 30 minute increments during waking hours. On [redacted] from 5:00 p.m. to 7:00 p.m. and [redacted] from 5:00 p.m. to 8:00 p.m., resident [redacted] did not receive this assistance as required, as staff person B, the only staff person present in the home, was sleeping.

Plan of Correction

Accepted [redacted] - 10/29/2025

The staff member was suspended by the Residential Supervisor on 8/11/25 pending investigation. Staff member was terminated by the Program Director on 9/8/25.

Staff will receive education from the Residential Supervisor or designee by 10/24/25. Education will include the requirements for being awake while on shift.

The Residential Supervisor or designee will complete weekly Level of Supervision (LOS) spot checks weekly x 4 weeks. Spot checks will begin the week of 10/13/25.

Licensee's Proposed Overall Completion Date: 10/24/2025

Implemented [redacted] - 12/05/2025

162a - Hours Between Meals

3. Requirements

2600.

162.a. There may not be more than 15 hours between the evening meal and the first meal of the next day. There may not be more than 6 hours between breakfast and lunch, and between lunch and supper. This requirement does not apply if a resident's physician has prescribed otherwise.

Description of Violation

On [redacted] lunch was served at 12:00 p.m. at the offsite day program; however, supper was not served until 7:00 p.m.

Plan of Correction

Accepted [redacted] 10/29/2025

The staff member was suspended by the Residential Supervisor on 8/11/25 pending investigation. The staff member was terminated by the Program Director on 9/8/25.

Staff will receive education from the Residential Supervisor or designee by 10/24/25. Education will include the requirements for providing meals within the required time frames.

The Case Manager or designee will meet with one Participant per week x 4 weeks to ensure meal times are provided as required. Interviews will begin the week of 10/13/25.

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

Implemented [redacted] - 12/05/2025

227c - Support Plan Revision

4. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident [redacted] assessment was completed on [redacted]; however, the resident's support plan was not completed until [redacted].

**227c - Support Plan Revision (continued)****Plan of Correction****Accept** [REDACTED] - 11/10/2025)

*On 9/12/25, the Program Director completed education on RASP requirements and utilization of the Admission Checklist with the Case Manager.*

*By 10/24/25, the Case Manager will review all of the participant RASPs to ensure they were completed within the required time frames. Documentation will be kept.*

*The administrator or designee will review all RASPs on a monthly basis to ensure they are completed timely. Documentation will be kept.*

**Licensee's Proposed Overall Completion Date: 11/05/2025**

**Implemented** [REDACTED] - 12/05/2025)