

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

December 4, 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 09/09/2025, 09/30/2025 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 #: *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

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *09/25/2025*

Inspection Dates and Department Representative

09/09/2025 - On-Site [REDACTED]
 09/30/2025 - Off-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: *7* Are 60 Years of Age or Older: *1*
 Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *2* Have Physical Disability: *7*

Inspections / Reviews

09/09/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/13/2025*

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*

Inspections / Reviews (*continued*)

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

12/04/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/30/2025

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

Resident [redacted] revised assessment and support plan, dated [redacted] and updated [redacted], indicates the resident will be provided a safety lanyard to wear during waking hours. However according to resident and staff interviews, on [redacted] the resident was not wearing the device while attending an offsite treatment program.

Resident [redacted] annual assessment and support plan, dated [redacted] and [redacted], indicates the resident has extensive supervision needs and “cannot leave the home unattended, unaware of unsafe areas. Participant is a one on one for 8 hours daily due to behaviors and possible elopements” and “arm’s length one on one while in the community. Participant is an elopement risk”

However, according to multiple resident and staff interviews, on [redacted] resident [redacted] was being transported by the home to an offsite treatment program with no one on one supervision. Upon arrival at the program, the resident became upset and eloped from the facility, crossing the multi-lane highway adjacent to the facility and was proceeded to walk approximately a mile before returning to the facility.

Repeat Violation: [redacted]

Plan of Correction

Accept [redacted] - 10/23/2025)

On 9/10/25 a task was added to Point Click Care for documentation of use; this was completed by the Case Manager.

On 9/10/25 additional Safety Necklaces were ordered and placed in the home and at the Day Program. These were ordered by the Clinical Supervisor.

On 10/7/25 a RASP update was completed by the Case Manager to include instructions for when the Safety Necklace is to be worn. All staff will be trained within 24 hours of the change.

On 9/19/25 Quality Improvement updated the program's Weekly Walk Through form to include reviewing the assessment and support plan dates to ensure compliance. These are completed weekly by the administrator or designee.

On 7/21/25 PBS #2 external 1:1 was not on the bus; however, the home provided PBS a 1:1 during transportation. When the PBS arrived to the Day Program, he was supported by his 1:1 from the external agency. When PBS attempted to elope, staff members followed him, and he remained within arm's length the entire time. He was followed by the external 1:1 as well as two additional facility staff. See attached witness statements.

The home is requesting this piece of the violation be withdrawn.

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

Implemented [redacted] 12/04/2025)

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.

60a Staff/Support Plan (continued)

Description of Violation

Resident [redacted] annual assessment and support plan, dated [redacted] and [redacted] indicates the resident has extensive supervision needs and "cannot leave the home unattended, unaware of unsafe areas. Participant is a one on one for 8 hours daily due to behaviors and possible elopements" and "arm's length one on one while in the community.

Participant is an elopement risk"

However, according to multiple resident and staff interviews, on [redacted], resident [redacted] was being transported by the home to an offsite treatment program with no one on one supervision. Upon arrival at the program, the resident became upset and eloped from the facility, crossing the multi lane highway adjacent to the facility and was proceeded to walk approximately a mile before returning to the facility.

Repeat Violation: [redacted]

Plan of Correction

Accept ([redacted] - 10/23/2025)

On 7/21/25 PBS #2 external 1:1 was not on the bus; however, the home provided PBS a 1:1 during transportation. When the PBS arrived to the Day Program, he was supported by his 1:1 from the external agency. When PBS attempted to elope, staff members followed him, and he remained within arm's length the entire time. He was followed by the external 1:1 as well as two additional facility staff. See attached witness statements.

The home is requesting this be withdrawn.

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

Implemented ([redacted] 12/04/2025)