

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

December 16, 2025

[REDACTED]
MENTOR ABI LLC
[REDACTED]

RE: NEURORESTORATIVE
PENNSYLVANIA
1331 DUTCH ROAD
FAIRVIEW, PA, 16415
LICENSE/COC#: 44818

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/10/2025, 09/16/2025, 09/26/2025 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 #: *44818* License Expiration: *04/22/2026*
 Address: *1331 DUTCH 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: *10/24/2016* Issued By: *Fairview TWP*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *7* Waking Staff: *5*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *10/01/2025*

Inspection Dates and Department Representative

09/10/2025 On Site: [Redacted]
 09/16/2025 On Site: [Redacted]
 09/26/2025 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: *5*
 Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *1*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

09/10/2025 - Partial
 Lead Inspector: [Redacted] Follow Up Type: *POC Submission* Follow Up Date: *11/02/2025*

Inspections / Reviews (*continued*)

11/19/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/15/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 11/26/2025

12/11/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/15/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/15/2025

12/16/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/15/2025

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

On [redacted] at approximately 11:45 am, staff person A, the only staff person in the home, was sleeping. Resident [redacted] attempted, unsuccessfully, to awaken staff person A to have documentation completed and signed by staff person A and the resident to attend an Alcoholic Anonymous meeting with [redacted] sponsor. On [redacted], staff person B reported this incident to staff person C; however, this incident was not reported to the local Area Agency on Aging until [redacted]

Plan of Correction

Accept ([redacted] - 11/19/2025)

Staff person B emailed staff person C the allegation; this was not viewed by staff person C until 8/27/25. Upon receiving the allegation, staff person C reported immediately.

Staff person B will be educated on appropriate reporting protocols. Education will be completed by the Program Manager by 11/14/25.

All staff members will be trained on appropriate reporting protocols. Education will be completed by the Program Manager by 11/30/25.

The Case Manager or designee will complete once weekly participant interviews x 4 weeks regarding staff sleeping. Interviews will begin 12/3/25.

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented [redacted] - 12/16/2025)

15c - Supervision

2. Requirements

2600.

15.c. The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

Description of Violation

On [redacted] at approximately 11:45 am, staff person A, the only staff person in the home, was sleeping. Resident # [redacted] attempted, unsuccessfully, to awaken staff person A to have documentation completed and signed by staff person A and the resident to attend an [redacted] meeting with [redacted] sponsor. On [redacted] staff person B reported this incident to staff person C; however, staff person A continued to work on [redacted] and [redacted] from 7:00 am - 3:00 pm, and was not suspended/placed on a plan of supervision.

Plan of Correction

Accept ([redacted] - 11/19/2025)

Staff person B emailed staff person C the allegation; this was not viewed by staff person C until 8/27/25. Upon receiving the allegation, staff person A was suspended immediately pending investigation per procedure.

Staff person A was pulled from the floor pending investigation; at the conclusion, the staff member was terminated by the Program Director.

All staff members will be trained on appropriate reporting protocols. Education will be completed by the Program Manager by 11/30/25.

The Case Manager or designee will complete once weekly participant interviews x 4 weeks regarding staff sleeping. Interviews will begin 12/3/25.

15c Supervision (continued)

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented (█ - 12/16/2025)

16c - Written Incident Report

3. 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

On █ at approximately 11:45 am, staff person A, the only staff person in the home, was sleeping. Resident █ attempted, unsuccessfully, to awaken staff person A to have documentation completed and signed by staff person A and the resident to attend an █ meeting with █ sponsor. On █, staff person B reported this incident to staff person C; however, this incident was not reported to the Department until █.

Plan of Correction

Accept █ - 11/19/2025)

Staff person B emailed staff person C the allegation; this was not viewed by staff person C until 8/27/25. Upon receiving the allegation, the reported was submitted upon notification.

Staff person B will be educated on appropriate reporting protocols. Education will be completed by the Program Manager by 11/14/25.

All staff members will be trained on appropriate reporting protocols. Education will be completed by the Program Manager by 11/30/25.

The Case Manager or designee will complete once weekly participant interviews x 4 weeks regarding staff sleeping. Interviews will begin 12/3/25.

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented █ - 12/16/2025)

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 █ resident assessment, dated █, indicates the resident needs total physical assistance with making and keeping appointments. To meet this need, staff are to manage all aspects of making and keeping appointments. On █ at approximately 11:45 am, resident █ did not receive this assistance as required, as staff person A, the only staff person in the home, was sleeping. Resident █ attempted, unsuccessfully, to awaken staff person A to have documentation completed and signed by staff person A and the resident to attend an Alcoholic Anonymous meeting with █ sponsor.

Plan of Correction

Accept █ - 11/19/2025)

The participant did receive assistance with making and keeping the appointment; █ did attend AA with █ sponsor. Staff person A was terminated by the Program Director following the completion of the investigation.

The Program Manager will complete education with all staff on the process for a Resident Pass. This will be

23a - Activities of Daily Living Assistance (continued)

completed by 11/30/25.

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented [redacted] - 12/16/2025)

42c - Treatment of Residents

5. Requirements

2600.

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

Description of Violation

On or about [redacted] while at the TRAC Program, resident [redacted] and resident [redacted] were observed by TRAC staff arguing outside by the facility's van regarding locking the van's door. Resident [redacted] was observed pounding [redacted] walker on the ground and then whipping the walker away and pushing resident [redacted] to the ground. Resident [redacted] sustained brush burns to the arm and knee.

Plan of Correction

Accept [redacted] - 12/11/2025)

Resident #3 will be referred to the home's BCBA for recommendations by the Program Director or designee by 11/14/25.

Any recommendations for the residents' support plan will be reviewed, and the RASP will be updated with the changes.

All staff will be trained on the recommendations by the Program Manager or designee within 24 hours of the RASP update.

Resident #2 was referred to the home's BCBA for recommendations in July and met with the team in August and October, as well as observations. Any recommendations for the residents' support plan will be reviewed, and the RASP will be updated with the changes.

All staff will be trained on the recommendations by the Program Manager or designee within 24 hours of the RASP update.

Licensee's Proposed Overall Completion Date: 11/24/2025

Implemented [redacted] - 12/16/2025)

201 - Positive Interventions

8. Requirements

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

Staff and resident interviews indicate resident [redacted] bullies other residents, to include resident # [redacted] calls other residents names, and makes fun of and threatens other residents. The home has not implemented positive interventions to modify or eliminate the behavior. On [redacted] staff person C, the home's administrator, confirmed the resident's behavior is not dealt with.

201 Positive Interventions (continued)

Plan of Correction**Accept** [REDACTED] 11/19/2025)

Resident [REDACTED] will be referred to the home's BCBA for recommendations by the Program Director or designee by 11/7/25.

Any recommendations for the residents' support plan will be reviewed and the RASP will be updated with the changes.

All staff will be trained on the recommendations by the Program Manager or designee within 24 hours of the RASP update.

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented [REDACTED] - 12/16/2025)