

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

January 12, 2026

[REDACTED]
MENTOR ABI LLC
[REDACTED]
[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 10/02/2025, 10/09/2025 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 Township*

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Fine* Exit Conference Date: *10/02/2025*

Inspection Dates and Department Representative

10/02/2025 On Site: [REDACTED]
 10/09/2025 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: *5* Are 60 Years of Age or Older: *0*
 Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *2* Have Physical Disability: *7*

Inspections / Reviews

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

Inspections / Reviews (*continued*)

11/14/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/05/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/05/2025

01/12/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/05/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On [REDACTED] at 9:18 AM, an uncovered enabler bar was found in resident [REDACTED] bedroom with an opening measuring 8.5 inches high by 9.5 inches in wide.

Plan of Correction

Accept [REDACTED] - 11/14/2025)

On 10/10/25, the Quality Improvement Manager placed a cover on the participants' enabler. The participant was interviewed at that time and indicated that [REDACTED] does not like the cover, education was provided to [REDACTED] on the importance of safety and utilization of the cover.

On 10/16/25, the OT met with the participant, and the enabler was repositioned closer to shoulder height to promote more functional use. The participant stated that [REDACTED] is happy with the change.

All staff will be provided education by the Residential Supervisor by 11/21/25 on the requirements of this regulation. The Residential Supervisor or designee will complete twice-weekly spot-checks of the enabler for 4 weeks. These will begin the week of 11/24/25.

Licensee's Proposed Overall Completion Date: 11/28/2025

Implemented [REDACTED] - 01/12/2026)