

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

January 27, 2026

[REDACTED]  
MENTOR ABI LLC  
[REDACTED]

RE: NEURORESTORATIVE  
PENNSYLVANIA  
BUILDING 2, 6816 WEST LAKE RD  
FAIRVIEW, PA, 16415  
LICENSE/COC#: 44205

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/03/2025 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 #: *44205* License Expiration: *04/16/2026*  
 Address: *BUILDING 2, 6816 WEST LAKE RD, 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: *C 2 LP* Date: *05/30/1974* Issued By: *Dept. of Labor & Industry*

**Staffing Hours**

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

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *12/03/2025*

**Inspection Dates and Department Representative**

12/03/2025 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: *2* Are 60 Years of Age or Older: *0*  
 Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *2*

**Inspections / Reviews**

12/03/2025 - Partial  
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *01/02/2026*

Inspections / Reviews (*continued*)

## 01/09/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/23/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 01/16/2026

## 01/20/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/23/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/24/2026

## 01/27/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/23/2026

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] resident [redacted] wrote a grievance/complaint about staff person A with the help of staff person B. The statement indicated resident [redacted] felt staff person A was demeaning and short tempered towards [redacted] and other residents in the home. If [redacted] or another resident has a question [redacted] yells, and name calls and doesn't engage in anything fun with the residents. Resident [redacted] also indicated [redacted] was afraid to go to staff person A with questions or concerns. This incident was reported to staff person B on [redacted]. This allegation of abuse towards resident [redacted] was not reported to Adult Protective Services until [redacted]. This allegation of abuse was reported again to Adult Protective Services on [redacted] and for the first time to the Department but revised to indicate it was towards all 6 residents of the home.

Plan of Correction

Accept ([redacted] - 01/20/2026)

The report was submitted to APS on 10/28/25 when the administrator learned of the incident. Staff person B will receive education from the Supervisor or designee on appropriate reporting. Education will be completed by 1/16/26. All staff will receive education annually during the fiscal year; education will be provided virtually by UPMC Critical Incident Management Team. This will be tracked in the homes electronic platform, Relias. All staff will receive re-education on appropriate and timely reporting expectations by 1/21/26. The Residential Supervisor will ensure retraining is completed by this date.

Licensee's Proposed Overall Completion Date: 01/21/2026

Implemented ([redacted] - 01/27/2026)

42c Treatment of Residents

2. Requirements

2600.

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

Description of Violation

On [redacted] resident [redacted] wrote a grievance/complaint about staff person A with the help of staff person B. The statement indicated resident [redacted] felt staff person A was demeaning and short tempered towards [redacted] and other residents in the home. If [redacted] or another resident has a question [redacted] yells, and name calls and doesn't engage in anything fun with the residents. Resident [redacted] also indicated [redacted] was afraid to go to staff person A with questions or concerns. On [redacted] the incident was submitted to the Department and updated to indicate this abuse was towards all 7 residents of the home. Multiple residents indicate staff person A is not very friendly and does not engage in any fun activities with residents. Multiple residents indicate this is how staff person A has always been. Multiple residents indicate they do not like to ask staff person A questions because [redacted] can be short with them.

**42c Treatment of Residents (continued)****Plan of Correction****Accept** [REDACTED] - 01/20/2026)

*Staff member A was removed from the floor by the Supervisor pending investigation; staff member A was terminated at the conclusion of the investigation by the Program Manager.*

*All staff are scheduled for training with the Ombudsman on January 15, 2026.*

*All staff will receive education during the fiscal year; education will be provided by the Ombudsman. This will be tracked in the home's electronic platform, Relias. Case Manager (CM) will conduct weekly interviews with at least one resident per week through week ending 2/28/26. CM will get feedback on staff performance, treatment of staff, and/or any other requests or concerns*

**Licensee's Proposed Overall Completion Date: 01/16/2026**

**Implemented** [REDACTED] - 01/27/2026)