





# Pennsylvania Department of Human Services

Emailing Date: June 12, 2026

[REDACTED]  
Mentor ABI LLC  
6816 West Lake Road  
Fairview, Pennsylvania 16415

RE: Neurorestorative Pennsylvania  
License #: 44710

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on December 5, 2025, December 23, 2025 and April 14, 2026, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License  
Licensing Inspection Summary

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

May 20, 2026

[REDACTED]  
MENTOR ABI LLC  
6816 WEST LAKE ROAD  
FAIRVIEW, PA, 16415

RE: NEURORESTORATIVE  
PENNSYLVANIA  
6816 WEST LAKE ROAD  
FAIRVIEW, PA, 16415  
LICENSE/COC#: 44710

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/14/2026 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]

**Legal Entity**

**Name:** MENTOR ABI LLC

**Address:** 6816 WEST LAKE ROAD, FAIRVIEW, PA, 16415

**Phone:** [REDACTED]

[REDACTED] 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, Provisional, Incident      **Exit Conference Date:** 04/14/2026

**Inspection Dates and Department Representative**

04/14/2026 On Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 8      **Residents Served:** 8

**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:** 8      **Diagnosed with Intellectual Disability:** 0

**Have Mobility Need:** 1      **Have Physical Disability:** 7

**Inspections / Reviews**

04/14/2026 - Partial

**Lead Inspector:** [REDACTED]      **Follow Up Type:** POC Submission      **Follow Up Date:** 05/15/2026

Inspections / Reviews (*continued*)

## 05/20/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/20/2026

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document  
Submission*

## 05/20/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/20/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 103g - Storing Food

**1. Requirements**

2600.

103.g. Food shall be stored in closed or sealed containers.

**Description of Violation**

*On 4/14/26 at 09:53 AM there was an open and unsealed bag of sausage links in the Cabin 1 freezer.*

*On 4/14/26 at 10:14 AM there was an open and unsealed bag of tater tots in the Cabin 2 freezer.*

**Plan of Correction**

Accept ( [REDACTED] - 05/20/2026)

*On 4/14/26, during the inspection, the items were discarded by the staff on site.*

*All staff were provided with education on the requirements of this regulation and food safety, including a quiz for competency. Education was provided by the Residential Supervisor by 5/12/26.*

*Beginning the week of 5/4/26, the Team Lead (or designee) began twice-weekly spot checks of the fridge and freezer, to be completed x 4 weeks. In addition, the Residential Supervisor will complete weekly spot checks of the fridge/freezer x 4 weeks.*

**Licensee's Proposed Overall Completion Date: 05/29/2026**

Implemented [REDACTED] 05/20/2026)

## 184a - Resident's Meds Labeled

**2. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

**Description of Violation**

*Resident #1 is prescribed Insulin Aspart Flexpen 100 unit/1ml Inject subcutaneously four times daily per sliding scale as follows:*

*151-200=4 units*

*201-250=8 units*

*251-300=12 units*

*301-350 = 16 units*

*351-400 = 20 units*

*>401 = 20 units*

*Max of 80 units per day*

*However, the pharmacy label did not include the sliding scale.*

**Plan of Correction**

Accept [REDACTED] - 05/20/2026)

*On 4/15/26, a "Directions changed, see MAR" sticker was placed on all current labels of Aspart Flexpen 100 unit/ 1ml by the Quality Improvement Manager.*

*The program switched pharmacies in April 2026; all new labels have the sliding scale on them.*

**184a Resident's Meds Labeled (continued)**

*The medication label stated, "Inject below the skin four times a day; per sliding scale max 80 units per day." This is the instructions for the medication; the sliding scale is maintained in the MAR. The insulin label has read the same way since the implementation of utilizing the Omni pharmacy in 2018. The program is requesting that this violation be withdrawn.*

**Licensee's Proposed Overall Completion Date: 05/15/2026**

**Implemented [REDACTED] - 05/20/2026)**

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

May 20, 2026

[REDACTED]  
MENTOR ABI LLC  
6816 WEST LAKE ROAD  
FAIRVIEW, PA, 16415

RE: NEURORESTORATIVE  
PENNSYLVANIA  
6816 WEST LAKE ROAD  
FAIRVIEW, PA, 16415  
LICENSE/COC#: 44710

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/05/2025, 12/23/2025 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]

**Legal Entity**

**Name:** MENTOR ABI LLC  
**Address:** 6816 WEST LAKE ROAD, FAIRVIEW, PA, 16415  
**Phone:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** R 3      **Date:** 10/02/2015      **Issued By:** Fairview TWP

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 10      **Waking Staff:** 8

**Inspection Information**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal, Complaint, Provisional, Incident      **Exit Conference Date:** 12/23/2025

**Inspection Dates and Department Representative**

12/05/2025 On Site: [REDACTED]  
12/23/2025 On Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information			
<b>License Capacity:</b> 8		<b>Residents Served:</b> 8	
Secured Dementia Care Unit			
<b>In Home:</b> No	<b>Area:</b>	<b>Capacity:</b>	<b>Residents Served:</b>
Hospice			
<b>Current Residents:</b> 0			
Number of Residents Who:			
<b>Receive Supplemental Security Income:</b> 6		<b>Are 60 Years of Age or Older:</b> 0	
<b>Diagnosed with Mental Illness:</b> 8		<b>Diagnosed with Intellectual Disability:</b> 0	
<b>Have Mobility Need:</b> 2		<b>Have Physical Disability:</b> 8	

**Inspections / Reviews**

12/05/2025 - Full  
**Lead Inspector:** [REDACTED]      **Follow Up Type:** POC Submission      **Follow Up Date:** 01/31/2026

Inspections / Reviews (*continued*)

## 03/03/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/18/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 03/06/2026

## 03/18/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/18/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/01/2026

## 05/20/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/18/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 65f - Training Topics

### 2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.

### Description of Violation

*Direct care staff member A did not receive training in care for residents with dementia and cognitive impairments during training year 2024.*

*Direct care staff member B did not receive training in medication self administration, meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments and infection control during training year 2024.*

### Plan of Correction

Accepted [REDACTED] - 03/03/2026)

*In 2025, the program moved all initial and annual training to Relias, the Learning Management System. This fixes the tracking gaps from 2024 and includes the mandatory training.*

*Residential Supervisor will ensure that Staff A and Staff B have any incomplete or past due trainings completed by 2/6/26.*

*Residential Supervisor will ensure all staff with incomplete or past due trainings have them completed by 2/27/26.*

*Residential Supervisor now uses monthly training reports to ensure trainings are completed on time. All staff training status will be reviewed monthly during the monthly QI calls. Failure to complete required training may result in removal from the schedule and/or corrective action. Documentation will be kept.*

**Licensee's Proposed Overall Completion Date: 02/27/2026**

Implemented [REDACTED] - 05/20/2026)

## 65g - Annual Training Content

### 3. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

3. Resident rights.
5. Falls and accident prevention.

### Description of Violation

*Staff member B did not receive training in resident rights and falls and accident prevention during training year 2024.*

65g - Annual Training Content (*continued*)**Plan of Correction**

Accept [REDACTED] - 03/03/2026)

*In 2025, the program moved all initial and annual training to Relias, the Learning Management System. This fixes the tracking gaps from 2024 and includes the mandatory training.*

*Residential Supervisor will ensure that Staff A and Staff B have any incomplete or past due trainings completed by 2/6/26.*

*Residential Supervisor will ensure all staff with incomplete or past due trainings have them completed by 2/27/26.*

*Residential Supervisor now uses monthly training reports to ensure trainings are completed on time. All staff training status will be reviewed monthly during the monthly QI calls. Failure to complete required training may result in removal from the schedule and/or corrective action. Documentation will be kept.*

**Licensee's Proposed Overall Completion Date: 02/27/2026**

Implemented [REDACTED] - 05/20/2026)

## 100b - Removal Snow/Obstructions

**5. Requirements**

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

**Description of Violation**

*On 12/05/25 at 2:02 PM, there was an approximate 6 inch accumulation of snow and ice on the rear exit fire ramp of cabin 2.*

*On 12/05/25 at 1:45 PM there was an approximate 6 inch accumulation of snow and ice of the rear exit fire ramp of cabin 1.*

**Plan of Correction**

Accept [REDACTED] - 03/03/2026)

*Administrator or designee has begun to complete daily checks during inclement weather to ensure outside walkways, ramps, steps, and recreational areas and exterior fire escapes are kept clear from ice, snow, and other obstructions.*

*The Residential Supervisor will provide education to staff by 2/13/26 to review the process for reporting maintenance issues via our QR code/ticketing system and calling the supervisor/ on-call if an emergency.*

*The Program Manager will provide education to the supervisors and the maintenance manager to review the 'Removal of Snow/Obstructions' regulation by 2/6/26.*

*The Residential Supervisor will complete weekly checks via a weekly walk-through to ensure the grounds are free from obstructions. These will begin the week of 2/2/26; documentation will be kept.*

**Licensee's Proposed Overall Completion Date: 02/13/2026**

Implemented [REDACTED] - 05/20/2026)

## 101j7 - Lighting/Operable Lamp

**6. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

**Description of Violation**

*Resident #3 does not have access to a source of light that can be turned on/off at bedside.*

101j7 - Lighting/Operable Lamp (continued)

Plan of Correction

Accept [redacted] - 03/03/2026)

A replacement light was immediately provided to Resident # 3 on the same day of the inspection. It was determined that the participant continues to remove [redacted] light and doesn't want it. By 2/2/26 the Residential Supervisor will place a flashlight in the participants bed side night stand to ensure she has an operable light at all times. Residential Supervisor will collaborate with team to implement a more secure, permanent alternative – such as motion-sensor lighting and/or wall-mounted fixtures – to be finalized by 2/13/26. Residential Supervisor completed education with staff on 1/22/26 on the requirement for residents to have an operable light at bedside. The Case Manager will add this as a POC task by 1/30/26 to ensure staff check for the light daily. The Residential Supervisor will review the task audit report weekly x 4 weeks to ensure checks are being completed. These will begin the week of 2/2/26

Licensee's Proposed Overall Completion Date: 02/13/2026

Implemented [redacted] - 05/20/2026)

103g - Storing Food

7. Requirements

2600. 103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 12/5/25, there was a bag of hot dog buns in the kitchen that were opened and unsealed.

Plan of Correction

Accept [redacted] - 03/03/2026)

Staff on site disposed of the hot dog buns immediately during the inspection on 12/5/25. The Residential Supervisor provided staff education on food storage expectations on 1/22/26. The Residential Supervisor or designee will complete weekly checks via a weekly walk-through to ensure food is stored properly. These will begin the week of 2/2/26. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 02/02/2026

Implemented [redacted] - 05/20/2026)

105g - Lint Removal and Duct Cleaning

8. Requirements

2600. 105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 12/05/25, there was an approximate 1/2 inch accumulation of lint in the lint trap of the dryer in Cabin 1. There were no clothes in the dryer at the time.

Plan of Correction

Accept [redacted] - 03/03/2026)

The lint trap was cleaned out immediately at the time of the inspection on 12/5/25. The Residential Supervisor ordered a lint trap cleaning tool and placed signage on the dryer reminding staff to clean the lint trap after each use on 12/6/25.

105g - Lint Removal and Duct Cleaning (continued)

The Residential Supervisor created a lint trap cleaning log on 12/6/25 to track staff compliance. The Residential Supervisor provided education to staff on 1/22/26 on lint trap expectations and signature requirements.

The Residential Supervisor will audit the lint trap log and the lint trap weekly for 4 weeks to ensure regular cleanings are maintained. These will begin the week of 2/2/26.

Licensee's Proposed Overall Completion Date: 02/02/2026

Implemented (█) - 05/20/2026

121a - Unobstructed Egress

9. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 12/05/25 at 2:02 PM, 6 inches of snow and ice blocked egress from the home's rear emergency exit in Cabin 2.

On 12/5/25 at 1:46 PM, 6 inches of snow and ice blocked egress from the home's rear emergency exit in Cabin 1. The door would only open approximately 6 inches.

Plan of Correction

Accept (█) - 03/03/2026

Administrator or designee has begun to complete daily checks during inclement weather to ensure outside walkways, ramps, steps, and recreational areas and exterior fire escapes are kept clear from ice, snow, and other obstructions.

The Residential Supervisor will provide education to staff by 2/13/26 to review the process for reporting maintenance issues via our QR code/ticketing system and calling the supervisor/ on-call if an emergency.

The Program Manager will provide education to the supervisors and the maintenance manager to review the 'Removal of Snow/Obstructions' regulation by 2/6/26.

The Residential Supervisor will complete weekly checks via a weekly walk-through to ensure the grounds are free from obstructions. These will begin the week of 2/2/26; documentation will be kept.

Licensee's Proposed Overall Completion Date: 02/13/2026

Implemented (█) 05/20/2026

126a - Furnace Inspection

10. Requirements

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The furnaces in Cabin 1 and Cabin 2 have not been inspected in the past 12 months by a professional furnace cleaning company or trained maintenance staff person.

Plan of Correction

Accept (█) - 03/03/2026

The furnaces at Cabin 1 & Cabin 2 were inspected by the HVAC Licensed Maintenance Manager on 12/20/25. Documentation is kept.

The Program Manager educated the Maintenance Manager on this regulatory requirement on 12/20/25.

126a - Furnace Inspection (continued)

The program will add this annual task to the Equality Grid tracker by 2/6/26 so that it will be completed on time each year. This will be reviewed monthly during the QI call. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 02/06/2026

Implemented [redacted] - 05/20/2026)

126b - Furnace Cleaning

11. Requirements

2600.

126.b. Furnaces shall be cleaned according to the manufacturer's instructions. Documentation of the cleaning shall be kept.

Description of Violation

The manufacturer's instructions indicate the furnaces in Cabin 1 and Cabin 2 should be cleaned annually; however, there was no documentation of the furnaces being cleaned.

Plan of Correction

Accept [redacted] - 03/03/2026)

The furnaces at Cabin 1 & Cabin 2 were cleaned by the HVAC Licensed Maintenance Manager on 12/20/25. Documentation is kept.

The Program Manager educated the Maintenance Manager on this regulatory requirement on 12/20/25.

The program will add this annual task to the Equality Grid tracker by 2/6/26 so that it will be completed on time each year. This will be reviewed monthly during the QI call. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 02/06/2026

Implemented [redacted] - 05/20/2026)

132a - Monthly Fire Drill

12. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the months of June 2025, September 2025 or November 2025.

Plan of Correction

Accept [redacted] - 03/18/2026)

The program did complete a fire drill in September and November of 2025 (attached). The program is requesting that those months be withdrawn from the violation.

Fire drills are being reviewed weekly by the leadership team to ensure drills are completed monthly, as required.

The Residential Supervisor will review fire drill expectations by 2/6/26. The Program Manager will ensure this is completed. Documentation will be kept.

Beginning 7/30/25, the program moved from the maintenance department, completing fire drills, to the Residential Supervisor conducting the drills. The program has not missed a drill since its implementation.

Beginning in September 2025, the program started reviewing all monthly fire drills during the monthly QI/ Safety Meeting to

ensure all drills are completed within the requirements, including the schedule, timeliness, and any concerns. Documentation is kept.

All staff will be educated on the requirements of this regulation by 3/20/26. Education will be provided by the

132a - Monthly Fire Drill (continued)

administrator or designee.

Licensee's Proposed Overall Completion Date: 03/20/2026

Implemented (█) - 05/20/2026

184a - Resident's Meds Labeled

13. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #1 is ordered Insulin Aspart 100u/1ml, inject subcutaneously four times a day per sliding scale:

151-200=4 units

201-250=8 units

251-300=12 units

301-350=16 units

351-400=20 units

>401=20 units

Max 80 units per day

However, the sliding scale was not included on the medication label.

Plan of Correction

Accept (█) - 03/03/2026

During the inspection, a "Changed Direction, see MAR" Sticker was placed on the medication by the nurse on duty. Following the inspection and investigation was conducted. It was determined that the medication was missing, but was obtained; however, a Fire Drill occurred, and the Med Tech forgot to administer.

Staff will be provided education by the Residential Supervisor by 2/6/26 on the requirements of leaving medication in the original container, including bag packaging.

During the month of December, the program nurse completed 2 Med Cart audits to ensure all medications were in the original packaging; no concerns were found. The Program Nurse will complete Monthly Cart Audits to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 02/06/2026

Implemented (█) - 05/20/2026

187d - Follow Prescriber's Orders

14. Requirements

2600.

**187d Follow Prescriber's Orders (continued)**

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

*Resident #1 is prescribed Novolog U 100 insulin. Use unit below the skin four times a day; per sliding scale max 80 units per day. However, this medication was not administered to resident #1 on 11/14/25 at 4:00 PM because the medication was not available.*

**Plan of Correction**

**Accept ( [REDACTED] - 03/03/2026)**

*Upon notification of the missing medication, the participant's PCP was notified; no changes were made.*

*On 11/26/25, Remediation and Education was completed with the Med Tech by the Certified Med Tech Trainer.*

*The Med Tech was observed by a Practicum Observer passing medications four times prior to passing meds independently to ensure medications were passed appropriately. The Med Tech will be observed passing medications twice annually.*

**Licensee's Proposed Overall Completion Date: 01/28/2026**

**Implemented [REDACTED] - 05/20/2026)**

**225c - Additional Assessment****15. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

**Description of Violation**

*Resident #1's most recent support plan was completed on [REDACTED]/24.*

**Plan of Correction**

**Accept ( [REDACTED] 03/03/2026)**

*Participant #1's RASP was finalized on 10/16/25; however, it was dated incorrectly. On 12/11/25, the Case Manager corrected the RASP.*

*The Case Manager will receive education from the Quality Improvement Manager on RASP requirements by 2/6/26.*

*On 1/7/26, the program began utilizing a RASP tracker to ensure dates are monitored more closely. This is being reviewed daily. The Program Director will oversee compliance.*

**Licensee's Proposed Overall Completion Date: 01/30/2026**

**Implemented [REDACTED] - 05/20/2026)**