



Pennsylvania
Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JANUARY 30, 2026

[REDACTED]
6816 West Lake Road
Fairview, PA 16415

RE: Neurorestorative Pennsylvania
License/COC#: 44663

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on December 30, 2025, of the above facility, that is operating pending an appeal, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Licensing Inspection Summary were found.

Correction of these violations in accordance with the specified plan of correction is required. Failure to correct this violation may result in further licensing enforcement action.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

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

Facility Information

Name: *NEURORESTORATIVE PENNSYLVANIA* License #: *44663* License Expiration: *09/26/2024*
Address: *6816 WEST LAKE ROAD, FAIRVIEW, PA 16415*
County: *ERIE* Region: *WESTERN*

Administrator

[REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

Type: *I-1* Date: *01/26/2015* Issued By: *Dept. of Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *13* Waking Staff: *10*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Monitoring* Exit Conference Date: *12/30/2025*

Inspection Dates and Department Representative

12/30/2025 - 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: *1*
Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *6* Have Physical Disability: *6*

Inspections / Reviews

12/30/2025 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *Exception*

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

The assessment and support plan, dated [REDACTED]/25 for resident #1, indicates the resident requires total physical assistance of 2 staff using a Hoyer lift and split-leg sling with head support for transfers. On 12/29/25 at approximately 6:45 pm, the resident did not receive this assistance as required. Only 1 staff person assisted resident #1 using a Hoyer lift to transfer the resident to the toilet/shower chair, causing resident #1 to fall. Resident #1's neck has slight redness from the toilet/shower chair pressing into [REDACTED] neck.

Repeat Violation: 2/21/25, 1/23/25 et al

Plan of Correction

Directed [REDACTED] - 01/22/2026)

Within 10 days of receipt of the plan of correction, the administrator will retrain all staff regarding the requirement that a home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan. Documentation will be kept.

Within 15 days of receipt of the plan of correction and weekly thereafter, the administrator will meet with all direct care staff and review the needs of each resident for whom the staff provides direct care, as indicated in the resident's assessment and support plan, to ensure all resident's needs are met. The administrator will meet with all new hires prior to performing direct care, and all direct care staff within 24 hours of any significant changes. Documentation will be kept.

Directed Completion Date: 01/31/2026

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.

Description of Violation

On 12/29/25, the home served 7 residents, including 4 residents with mobility needs requiring the assistance of 2 staff persons for toileting, ambulating and evacuating in the event of an emergency, of whom 3 residents utilize Hoyer lifts for transfers. On 12/29/25 from approximately 3:15 pm until approximately 9:00 pm, only 2 staff persons were present in the home, which is inadequate to provide each resident assistance with activities of daily living, and safely evacuate and provide supervision in the event of an emergency.

Repeat Violation: 11/10/25, 9/12/25, 7/31/25, 4/30/25, 4/16/25

Plan of Correction

Directed [REDACTED] - 01/22/2026)

Within 7 days of receipt of the plan of correction, the administrator will develop and implement a procedure to

60a - Staff/Support Plan (continued)

ensure that resident support plans are followed and that resident health and safety needs are met, to include ensuring adequate staff are scheduled and present in the home at all times to meet resident needs in accordance with their resident assessment and support plan, and safely evacuate and supervise residents in the event of an emergency.

Within 14 days of receipt of the plan of correction, the administrator will implement monitoring protocols to ensure the new procedure is effective. The administrator or designee will review schedules at least weekly. Monitoring protocols will include, at a minimum, the administrator or designee will conduct weekly unannounced checks to ensure adequate staffing in the home, in addition to weekly resident and staff interviews related to staffing patterns and meeting the needs of the residents. Documentation will be kept.

Within 30 days of receipt of the plan of correction, the administrator will hold a quality management plan review and evaluation in accordance with §2600.26(b)(1) - (5). Emphasis will be placed on staff training, licensing violations and these directed plans of correction. Specific measures will be implemented by the administrator for areas needing improvement and regulatory compliance in accordance with §2600.26(c). Documentation will be kept.

Directed Completion Date: 01/31/2026

100b - Removal Snow/Obstructions**3. 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

At 10:05a.m., there was an approximate 1-inch accumulation of snow and ice on the home's far right exterior ramp and on the main sidewalk.

Plan of Correction

Directed () - 01/22/2026)

Within 24 hour of receipt of the plan of correction and during ice and snow conditions, the administrator or designee will check all exit passageways at least hourly to ensure they are free and clear of ice, snow or any obstructions. Documentation will be kept.

Within 7 days of receipt of the plan of correction, the administrator will reeducate all staff regarding the requirement that the home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes. Documentation will be kept.

Directed Completion Date: 01/31/2026