

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

March 20, 2026

[REDACTED]
MENTOR ABI LLC
[REDACTED]

RE: NEURORESTORATIVE
PENNSYLVANIA
4155 ROXBURY DRIVE
ERIE, PA, 16506
LICENSE/COC#: 44696

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/28/2026, 02/03/2026 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 #: *44696* License Expiration: *11/05/2026*
 Address: *4155 ROXBURY DRIVE, ERIE, PA 16506*
 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

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: *01/28/2026*

Inspection Dates and Department Representative

01/28/2026 - On-Site: [Redacted]
 02/03/2026 - Off-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *6* Residents Served: *5*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *0*
 Number of Residents Who:
 Receive Supplemental Security Income: *3* Are 60 Years of Age or Older: *1*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *2* Have Physical Disability: *3*

Inspections / Reviews

01/28/2026 Partial
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *03/01/2026*

03/17/2026 - POC Submission
 Submitted By: [Redacted] Date Submitted: *03/18/2026*
 Reviewer: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *03/24/2026*

Inspections / Reviews (*continued*)

03/18/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/18/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/07/2026

03/20/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/18/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

23a Activities of Daily Living Assistance

3. 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

According to multiple resident and staff interviews, resident [REDACTED] has a history of verbal and physical aggressive behaviors towards staff and residents. The home's progress notes indicate multiple incidents on multiple dates to include: [REDACTED] and [REDACTED]. Additionally, according to multiple interviews, local police responded to multiple incidents at the home regarding this resident due to aggression/agitation.

The resident's annual assessment and support plan, dated [REDACTED] and [REDACTED], indicates the resident "Needs extensive supervision due to frequent dysregulation and targeting of peers" "Resident requires 1:1 staff 16 hours daily" "Staff to be with arms reach to redirect as needed, assist (resident) with following schedule and token system". Additionally, indicating the resident has a severe problem with irritability and the plan to meet this need is "Follow advice from behavioral guide". The resident's updated assessment and support plan, dated [REDACTED], included this behavior plan. However, multiple staff interviews indicated that staff were not adequately trained on the behavior guide and the home had no record of training indicating the staff had been trained on the plan.

According to multiple resident and staff interviews, resident [REDACTED] continued to be verbally aggressive to multiple residents, causing them to feel scared, bullied and fearful of being attacked. On [REDACTED] resident [REDACTED] became upset at resident [REDACTED], who ambulates using a wheelchair, and the two residents began to argue. Staff failed to intervene and the argument escalated to resident [REDACTED] striking resident [REDACTED]. In another incident on [REDACTED], resident [REDACTED] became upset and attacked resident [REDACTED] grabbing the resident's neck, choking [REDACTED] and pushing [REDACTED] to the ground. On [REDACTED] resident [REDACTED] was shaving in the common bathroom and resident [REDACTED] became upset and wanted in the bathroom. Resident [REDACTED] stated "I had enough of resident [REDACTED] yelling at me all the time and treating me like crap. So I started yelling back". Staff prevented resident [REDACTED] from physically attacking resident [REDACTED], however resident [REDACTED] was again fearful of being "beat up" by resident [REDACTED] and called the police who facilitated resident [REDACTED] to be admitted to the hospital for psychiatric evaluation.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 03/17/2026)

On 11/18/25, staff were trained on the participant's Behavior Plan and Managing Challenging Behaviors by the Administrator/ Residential Supervisor.

On 12/28/25, the participant was admitted to the hospital for psychiatric care. [REDACTED] was discharged from the home by the Leadership Team, to include the Program Director, Residential Supervisor, and Case Manager.

Specific to training on Behavior Plans and Managing Challenging Behaviors, the program will implement training documentation that includes staff signature indicating if they need further training or can successfully perform the skills and activities related to the subject matter. This will help to ensure that staff feel that they have had the necessary training to successfully manage challenging behaviors and behavior plans. The training documentation will be reviewed by the Residential Supervisor.

Recently, the program hired a Training Manager who is currently going through training. The Training Manager will facilitate and oversee training completion. It is anticipated that [REDACTED] will take over the management of all training by May 31, 2026.

23a Activities of Daily Living Assistance (continued)

Licensee's Proposed Overall Completion Date: 05/31/2026

Implemented [redacted] - 03/20/2026)

42b - Abuse

4. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident [redacted]'s annual assessment and support plan, dated [redacted] and [redacted], indicates diagnoses to include [redacted], and [redacted]. [redacted] requires extensive supervision due to frequent dysregulation and targeting of peers. [redacted] has a severe problem with irritability, judgement, agitation, aggression, and understanding instructions. To meet these needs, staff will provide 1:1 staffing 16 hours daily, staff are to be within arm's reach to redirect as needed and provide cues. Staff and resident interviews indicate resident [redacted] is verbally aggressive to multiple residents, causing them to feel scared, bullied and fearful of being attacked, and resident [redacted] has a history of verbally and physically aggressive behaviors. Resident [redacted]'s progress notes document 8 occurrences of aggressive behaviors toward staff and residents between [redacted]. Local police responded to multiple incidents at the home regarding resident # [redacted]'s aggression/agitation.

On [redacted] resident [redacted] became upset with resident [redacted] who ambulates using a wheelchair, and the two residents began to argue. Staff failed to intervene, the argument escalated, and resident [redacted] struck resident [redacted].

On [redacted], resident [redacted] was shaving in the common bathroom and resident [redacted] became upset and wanted in the bathroom. Resident [redacted] said they had enough of resident [redacted] yelling at them all the time and treating them like crap. So, resident #2 started yelling back. Resident [redacted] was again fearful of being beaten up by resident [redacted] and called the police, who facilitated resident [redacted] to be admitted to the hospital for psychiatric evaluation.

Plan of Correction

Accept [redacted] - 03/17/2026)

On 11/18/25, staff were trained on the participant's Behavior Plan and Managing Challenging Behaviors by the Administrator/ Residential Supervisor.

On 12/28/25, the participant was admitted to the hospital for psychiatric care. [redacted] was discharged from the home by the Leadership Team, which includes the Program Director, Residential Supervisor, and Case Manager.

For cases with Challenging Behaviors, the home will consult with a Board Certified Behavior Analyst; the case will be reviewed at least monthly and upon incident.

Specific to training on Behavior Plans and Managing Challenging Behaviors, the program will implement training documentation that includes staff signature indicating if they need further training or can successfully perform the skills and activities related to the subject matter. This will help to ensure that staff feel that they have had the necessary training to successfully manage challenging behaviors and behavior plans. The training documentation will be reviewed by the Residential Supervisor.

Recently, the program hired a Training Manager who is currently going through training. The Training Manager will facilitate and oversee training completion. It is anticipated that [redacted] will take over the management of all training by May 31, 2026.

Licensee's Proposed Overall Completion Date: 05/31/2026

Implemented [redacted] - 03/20/2026)

83a Indoor Temperature

5. Requirements

2600.

83.a. The indoor temperature, in areas used by the residents, must be at least 70°F when residents are present in the home.

Description of Violation

On [redacted] at 10:30 a.m., while five residents were present in the home the temperature in resident [redacted] bedroom was 51 degrees Fahrenheit and 53 degrees Fahrenheit at 11:50 a.m.

Plan of Correction

Accept [redacted] - 03/17/2026)

Participant number 2 was removed from the room and temporarily moved to another home by the Administrator. On 2/16/26, the heating was completely fixed by the Maintenance Manager, and the participant returned to [redacted] home.

The home installed new heating units that were completed by 2/13/26.

The Administrator or designee is completing weekly spot checks of the bedrooms' temperature x 4 weeks. Spot checks started the week on 2/13/26. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 03/06/2026

Implemented [redacted] - 03/20/2026)