

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

March 24, 2026

[REDACTED]
MENTOR ABI LLC
[REDACTED]

RE: NEURORESTORATIVE
PENNSYLVANIA
1331 DUTCH ROAD
FAIRVIEW, PA, 16415
LICENSE/COC#: 44818

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/29/2026 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 #: *44818* License Expiration: *04/22/2026*
 Address: *1331 DUTCH 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: *10/24/2016* Issued By: *Fairview TWP*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *4* Waking Staff: *3*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *02/05/2026*

Inspection Dates and Department Representative

01/29/2026 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *5* Residents Served: *4*
 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: *3* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

01/29/2026 - Partial
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *03/13/2026*

Inspections / Reviews (*continued*)

03/18/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/20/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/06/2026

03/24/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/20/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

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

Resident [redacted]'s assessment and support plan, dated [redacted] and [redacted], indicates the resident requires moderate supervision. To meet this need, staff are to check resident [redacted] every 2 hours during waking hours, and every 4 hours during sleeping hours. On [redacted], resident [redacted] did not receive supervision as required. Staff person A was the only staff present in the home from approximately 4:30 am to 7:00 am; however, staff person A was found sleeping on the couch.

Plan of Correction

Accept [redacted] - 03/18/2026)

Staff member A was removed from the floor by the Residential Supervisor pending investigation on 12/12/25. Staff member A returned to the floor following education on the requirements for staying awake on his shift and a final written warning from the Program Manager on 1/9/26. All staff will be educated on the Awake/ Sleep Policy by the Program Manager by 3/31/26. The Program Manager will complete weekly spot checks x 4 weeks to ensure staff are awake as required. Spot checks will begin the week of 3/9/26.

Licensee's Proposed Overall Completion Date: 04/04/2026

Implemented [redacted] - 03/24/2026)

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

Resident [redacted] assessment and support plan, dated [redacted] and [redacted], indicates the resident requires moderate supervision. To meet this need, staff are to check resident [redacted] every 2 hours during waking hours, and every 4 hours during sleeping hours. On [redacted], resident [redacted] did not receive supervision as required. Staff person A was the only staff present in the home from approximately 4:30 am to 7:00 am; however, staff person A was found sleeping on the couch.

Plan of Correction

Accept [redacted] - 03/18/2026)

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Licensee's Proposed Overall Completion Date: 04/04/2026

Implemented [redacted] - 03/24/2026)