

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

March 24, 2026

[REDACTED]
MENTOR ABI LLC
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/10/2026 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] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *MENTOR ABI LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Complaint* Exit Conference Date: *02/10/2026*

Inspection Dates and Department Representative

02/10/2026 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: [REDACTED] Capacity: [REDACTED] Residents Served: [REDACTED]
 Hospice
 Current Residents: *0*
 Number of Residents Who:
 Receive Supplemental Security Income: *6* Are 60 Years of Age or Older: *0*
 Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *2* Have Physical Disability: *8*

Inspections / Reviews

02/10/2026 - Partial
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *03/07/2026*

Inspections / Reviews (*continued*)

03/18/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/23/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/25/2026

03/24/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/23/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

228a - Assistance Relocating

1. Requirements

2600.

228.a. At the resident's request, the home shall provide assistance in relocating to the resident's own home or to another residence that meets the needs of the resident.

Description of Violation

In August 2025, resident [REDACTED] notified staff person A that [REDACTED] wanted assistance in relocating to another home closer to [REDACTED] family in Allegheny County. The home has not provided the resident with that assistance.

In November 2025, resident [REDACTED] notified staff person A that [REDACTED] wanted assistance in relocating to a skilled nursing facility. In December 2025, resident [REDACTED] notified staff person B [REDACTED] wanted assistance in relocating to a skilled nursing facility. The home has not provided the resident with that assistance.

Plan of Correction**Accept [REDACTED] 03/18/2026)**

On 2/12/26, the Case Manager began working on the discharge process with participant #1. On 1/22/26, the Case Manager began working on the discharge process with participant #2.

The Case Manager will receive formal education by 3/20/26 on the discharge process. Education will be provided by the Program Director and the Quality Improvement Manager.

All pending discharges will be reviewed and monitored weekly by the participants' team (i.e., Program Director, Residential Supervisor, Case Manager, Nurse, etc.) during At Risk meetings to ensure timeliness. Documentation will be kept.

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

Implemented [REDACTED] - 03/24/2026)