

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

May 20, 2026

[REDACTED]
MENTOR ABI LLC
[REDACTED]

RE: NEURORESTORATIVE
PENNSYLVANIA
BUILDING 2, 6816 WEST LAKE RD
FAIRVIEW, PA, 16415
LICENSE/COC#: 44205

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/18/2026 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 #: *44205* License Expiration: *04/16/2026*
 Address: *BUILDING 2, 6816 WEST LAKE RD, 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: *C 2 LP* Date: *05/30/1974* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *8* Waking Staff: *6*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *03/18/2026*

Inspection Dates and Department Representative

03/18/2026 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: *No*
 Number of Residents Who:
 Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *0*
 Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *2*

Inspections / Reviews

03/18/2026 - Partial
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *04/20/2026*

Inspections / Reviews *(continued)*

04/23/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/07/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/21/2026

05/20/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/07/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Resident [REDACTED] resides at [REDACTED] and takes a bus with staff to different activities daily. On [REDACTED] on a bus at Roxberry, staff person A called resident [REDACTED] an asshole. Resident [REDACTED] is still bothered by this incident and does not want to work with staff person A.

Plan of Correction**Accept [REDACTED] 04/23/2026)**

On 2/25/26, upon notification of the incident, staff person A was removed from the schedule by the Program Manager. Following the investigation and licensing findings, staff person A was terminated by the Program Manager on 4/10/26.

All staff will complete Dignity and Respect training with the local Ombudsman by 5/1/26. The Residential Supervisor will ensure this is completed.

The week of 4/13/26, the Case Manager began weekly interviews with the Participants of the home, confirming that they've been treated with Dignity and Respect. Interviews will be conducted x 4 weeks; documentation will be kept.

Licensee's Proposed Overall Completion Date: 05/09/2026

Implemented [REDACTED] - 05/19/2026)