

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

May 26, 2026

[REDACTED], QUALITY IMPROVEMENT MANAGER
MENTOR ABI LLC
[REDACTED]

RE: NEURORESTORATIVE
PENNSYLVANIA
10589 NORTH EDGEWOOD DRIVE
LAKE CITY, PA, 16423
LICENSE/COC#: 44796

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/19/2026 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 #: *44796* License Expiration: *05/19/2026*
 Address: *10589 NORTH EDGEWOOD DRIVE, LAKE CITY, PA 16423*
 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: *07/12/2016* Issued By: *Dept. of Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *5* Waking Staff: *4*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *03/19/2026*

Inspection Dates and Department Representative

03/19/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *5* 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: *0* Are 60 Years of Age or Older: *3*
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

03/19/2026 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/13/2026*

04/28/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/15/2026*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/05/2026*

Inspections / Reviews (*continued*)

05/12/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/15/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/19/2026

05/26/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/15/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in care for residents with mental illness or an intellectual disability, during annual training year 2025.

Plan of Correction

Accept (█) - 05/12/2026

During a program self-audit, it was identified that staff A had not completed training on the topic of Mental Illness or intellectual disability during the annual training year. On January 8, 2026, staff person A completed the training, which was available to the inspector at the time of inspection.

All staff files were audited by the Quality Improvement Manager for compliance on January 29, 2026. All staff with missing training completed the required training by February 28, 2026; this was ensured by the Residential Supervisor.

In January 2026, the program hired a Training Specialist to oversee and manage training plans.

The Program Director reviews employee training status monthly and follows up with any necessary plan of correction.

Licensee's Proposed Overall Completion Date: 04/29/2026

Implemented (█) - 05/26/2026

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At 11:21a.m., the overhead fan in the shared bathroom near resident #1's bedroom was covered with approximately 1/4 inch of dust.

Plan of Correction

Accept (█) - 04/28/2026

On March 19, 2026, a Maintenance ticket was submitted by the Residential Supervisor to have the fan/ vent cleaned. This was cleaned on March 24, 2026.

The Residential Supervisor will add weekly cleaning of the fan/ vent to the Weekly Cleaning Checklist and train all staff on utilization by April 21, 2026.

To ensure ongoing compliance, the Quality Improvement Manager will add checking the fan/ vent monthly on the

85a - Sanitary Conditions (continued)

Environmental Survey that will be reviewed monthly by the Residential Supervisor. This will begin during the month of May 2026.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented (█) - 05/26/2026)

88a - Surfaces

3. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

At 11:19a.m. in the shared bathroom near resident #1's bedroom, there was a dark black mold-like substance along the edge of the shower floor that meets the shower walls. Additionally, the shower floor has a black rubberized non-slip material upon entry to the shower that is raising up from the floor approximately 1/4 inch and has a brown substance along the edge that appears to be dirt or grime.

Plan of Correction

Accept (█) - 04/28/2026)

On March 19, 2026, a Maintenance ticket was submitted by the Residential Supervisor to have the bathroom repaired. This was cleaned on March 27, 2026.

By 4/21/26, the Residential Supervisor will train staff to submit maintenance tickets for any stubborn buildup or grout/caulking damage identified during routine cleaning.

The Residential Supervisor will implement a weekly spot check of bathroom cleanliness x 4 weeks. This will begin the week of April 13, 2026. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented (█) - 05/26/2026)

100b - Removal Snow/Obstructions

4. 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 9:35a.m. there was an approximate 1/2 inch of snow accumulation covering all the home's exterior exit ramps and rear exterior porch stairs.

Plan of Correction

Accept (█) - 04/28/2026)

Upon arrival, the ramps were covered with approximately 1 in. of snow. Snow melted and was dry within 45 minutes of the inspector being on site.

100b Removal Snow/Obstructions (continued)

All staff were educated on the regulations for the removal of Snow/Obstructions on 3/29/26 by the Residential Supervisor.

Starting the week of 4/6/2026, the Residential Supervisor or designee will perform weekly checks to ensure all egress routes are clear of snow and blockages for at least four weeks.

Licensee's Proposed Overall Completion Date: 04/10/2026

Implemented () - 05/26/2026

105g - Lint Removal and Duct Cleaning

5. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

At 10:51a.m. there was approximately 1/4 inch accumulation of lint covering the lint trap of the dryer in the home's laundry room. There were no clothes in the dryer at the time.

Plan of Correction

Accept () - 04/28/2026

The dryer lint was cleaned from the trap following the inspection on 3/19/26 by the Residential Supervisor. The Residential Supervisor completed a record of discussion and education with the staff that was working on 3/19/26 on 3/29/26.

All staff were educated by the Residential Supervisor on the requirements of this regulation on 3/29/26.

The Weekly Walk Through form, which is completed by the Residential Supervisor, was updated by the Quality Improvement Manager to include spot checks of the lint traps. This began the week of April 6, 2026.

Licensee's Proposed Overall Completion Date: 04/10/2026

Implemented () - 05/26/2026

132a - Monthly Fire Drill

6. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the months of August 2025 and October 2025.

Plan of Correction

Accept () - 04/28/2026

In July of 2025, the Program moved to Residential Supervisors, completing fire drills from the Maintenance department. In September, it was noted that drills had been missed, and the home began monitoring Fire Drills during the monthly QI/Safety Meeting.

In November, while reviewing drills, it was noted that the home had missed the drill, and the plan of correction was not working. At that time, reviewing the Fire Drills schedule and completion was added to the home's Administrative Call, and began being monitored on a weekly basis.

On 2/23/26, All Administrators were provided education on this requirement. All staff were educated on the requirements for monthly fire drills on 3/29/26.

132a - Monthly Fire Drill (continued)

The home has not missed a drill since the implementation of the weekly review.

Licensee's Proposed Overall Completion Date: 04/10/2026

Implemented (█) - 05/26/2026

185a - Implement Storage Procedures**7. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1 is prescribed █
█. However, this medication was not available in the home.

Plan of Correction

Accept (█) - 04/28/2026

On 3/19/26, the nurse on duty ordered the █, and it was delivered and placed in the cart on 3/19/26.

Upon further review, it was determined that during the weekly cart audit, the Med Tech did not verify both types of ordered █. The Residential Supervisor will educate all of the homes' Med Techs on the requirements for reviewing the medication to ensure the correct dosage and strength are available for all medications. This will be completed by April 21, 2026.

Med Tech's will continue with weekly cart audits, and the nursing team will complete monthly cart audits to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 05/01/2026

Implemented (█) - 05/26/2026