

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

May 20, 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 04/14/2026 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: *9* Waking Staff: *7*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Provisional, Incident* Exit Conference Date: *04/14/2026*

Inspection Dates and Department Representative

04/14/2026 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: *0*
 Number of Residents Who:
 Receive Supplemental Security Income: *5* Are 60 Years of Age or Older: *0*
 Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *1* Have Physical Disability: *7*

Inspections / Reviews

04/14/2026 - Partial
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *05/15/2026*

Inspections / Reviews *(continued)*

05/20/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/20/2026

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

05/20/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/20/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

103g - Storing Food

1. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On [redacted] at 09:53 AM there was an open and unsealed bag of sausage links in the Cabin 1 freezer.

On [redacted] at 10:14 AM there was an open and unsealed bag of tater tots in the Cabin 2 freezer.

Plan of Correction

Accept [redacted] - 05/20/2026)

On 4/14/26, during the inspection, the items were discarded by the staff on site.
All staff were provided with education on the requirements of this regulation and food safety, including a quiz for competency. Education was provided by the Residential Supervisor by 5/12/26.
Beginning the week of 5/4/26, the Team Lead (or designee) began twice-weekly spot checks of the fridge and freezer, to be completed x 4 weeks. In addition, the Residential Supervisor will complete weekly spot checks of the fridge/ freezer x 4 weeks.

Licensee's Proposed Overall Completion Date: 05/29/2026

Implemented [redacted] - 05/20/2026)

184a - Resident's Meds Labeled

2. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident [redacted] is prescribed [redacted] subcutaneously four times daily per sliding scale as follows:

[redacted]

Max of 80 units per day

However, the pharmacy label did not include the sliding scale.

Plan of Correction

Accept [redacted] - 05/20/2026)

On 4/15/26, a "Directions changed, see MAR" sticker was placed on all current labels of [redacted] by the Quality Improvement Manager.
The program switched pharmacies in April 2026; all new labels have the sliding scale on them.

184a Resident's Meds Labeled (continued)

The medication label stated, "Inject below the skin four times a day; per sliding scale max 80 units per day." This is the instructions for the medication; the sliding scale is maintained in the MAR. The insulin label has read the same way since the implementation of utilizing the Omni pharmacy in 2018. The program is requesting that this violation be withdrawn.

Licensee's Proposed Overall Completion Date: 05/15/2026

Implemented [REDACTED] - 05/20/2026)