

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

September 22, 2026

[REDACTED], PROGRAM DIRECTOR
MENTOR ABI LLC
[REDACTED]

RE: NEURORESTORATIVE
PENNSYLVANIA
6726 WALNUT CREEK DRIVE
FAIRVIEW, PA, 16415
LICENSE/COC#: 44695

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/22/2026 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 #: 44695

License Expiration: 11/05/2026

Address: 6726 WALNUT CREEK DRIVE, FAIRVIEW, PA 16415

County: ERIE

Region: WESTERN

Administrator

Name:

Phone:

Email:

Legal Entity

Name: MENTOR ABI LLC

Address:

Phone:

Email:

Certificate(s) of Occupancy

Type: R 3

Date: 08/19/2013

Issued By: Fairview Township

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: 07/22/2026

Inspection Dates and Department Representative

07/22/2026 On Site:

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: 1

Are 60 Years of Age or Older: 0

Diagnosed with Mental Illness: 5

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 0

Inspections / Reviews

07/22/2026 - Full

Lead Inspector:

Follow Up Type: POC Submission

Follow Up Date: 08/09/2026

Inspections / Reviews (*continued*)

08/17/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/08/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 08/25/2026

09/08/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/08/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/22/2026

09/22/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/08/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

85a - Sanitary Conditions**1. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At approximately 10:27 a.m., there was a portable urine container with approximately two inches of urine in it in the common bathroom located next to resident room #4.

Plan of Correction

Accept () - 08/17/2026)

o The urinal was discarded by the staff on duty during the inspection.

o The Residential Supervisor will provide staff education on sanitary measures related to urinals. It was discovered that the () will leave the urinal in the bathroom () the Residential Supervisor will provide the () with education as well. Education will be completed by 8/5/26.

o The Residential Supervisor or designee will complete a random spot check of the bathroom throughout the week x 4 weeks. Documentation will be kept. Spot checks began the week of 7/28/26.

Licensee's Proposed Overall Completion Date: 08/05/2026

Implemented () - 09/22/2026)

103e - Left Overs**2. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At 10:31 a.m., there was a hamburger patty in an undated Ziploc bag on the second shelf of the stainless-steel refrigerator located in the home's main kitchen.

Plan of Correction

Accept () - 08/17/2026)

o This was discarded at the time of discovery by the Residential Supervisor.

o The Residential Supervisor will complete education with all staff on the regulation by 8/7/26.

o The Residential Supervisor will complete weekly spot checks of the fridge x 4 weeks. Documentation will be kept. Spot checks will begin the week of 7/28/26.

Licensee's Proposed Overall Completion Date: 08/07/2026

Implemented () - 09/22/2026)

109b - Rabies Vaccination**3. Requirements**

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

At 10:34 a.m., there was a gray and black cat present at the home next to a Tupperware bowl full of cat food. However, the home does not have a current certificate of rabies vaccination for the cat.

109b - Rabies Vaccination (continued)**Plan of Correction****Accept ([REDACTED] - 09/08/2026)**

- o The food was discarded at the time of discovery. This was completed by the Residential Supervisor.*
- o The Residential Supervisor provided the staff with education on not feeding the neighbors' pets. Education was completed by 8/7/26.*
- o The Residential Supervisor will complete weekly spot checks of the grounds x 4 weeks. Documentation will be kept. Spot checks will begin the week of 7/28/26.*

Licensee's Proposed Overall Completion Date: 09/08/2026**Implemented ([REDACTED] - 09/22/2026)****132a - Monthly Fire Drill****4. 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 month of October 2025.**Repeated Violation - 7/30/2025.***Plan of Correction****Accept ([REDACTED] - 09/08/2026)**

- In October 2025, a fire drill was not completed. This was noted by the program in November 2025.*
- 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 of 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.*
- The home has not missed a drill since implementation of the weekly review.*

Licensee's Proposed Overall Completion Date: 09/08/2026**Implemented ([REDACTED] - 09/22/2026)**