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

October 9, 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 08/19/2026 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 #:** *44710* **License Expiration:** *03/19/2027*

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

Staffing Hours

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

Inspection Information

Type: *Partial* **Notice:** *Unannounced* **BHA Docket #:**

Reason: *Incident* **Exit Conference Date:** *08/19/2026*

Inspection Dates and Department Representative

08/19/2026 On Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8* **Residents Served:** *4*

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: *0* **Diagnosed with Intellectual Disability:** *0*

Have Mobility Need: *1* **Have Physical Disability:** *4*

Inspections / Reviews

08/19/2026 - Partial

Lead Inspector: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *09/21/2026*

09/17/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *09/17/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *10/01/2026*

Inspections / Reviews *(continued)*

10/09/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *09/17/2026*

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

On the morning of [redacted], resident [redacted] and resident [redacted] reported that, on the previous shift, staff person A was not responsive to their needs. [redacted] was swearing in a loud voice while using the phone and kicking something on the porch. Resident [redacted] stated that staff person A's behavior made [redacted] mad and uncomfortable.

Plan of Correction ***Accept [redacted] 09/17/2026)***

On 7/12/26, staff person A was suspended by the Program Manager, pending an investigation. The state investigated on 8/19/26; [redacted] was terminated by the Program Director, on 8/20/26.
On 7/23/26, staff completed Abuse & Neglect training. On 8/27/26, staff completed Customer Service with Dignity & Respect. On 8/30/26, staff completed Dignity & Respect training. All staff will complete Dignity & Respect training on 9/17/26 by the programs Training Specialist.
Beginning the week of 7/13/26, the Case Manager completed weekly interviews with one participant weekly for four weeks. There were no concerns reported during the interviews. Documentation is kept.

Licensee's Proposed Overall Completion Date: *09/17/2026*

Implemented [redacted] - 10/09/2026)