



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to ROSS' MEMORY MEADOWS ASSISTED LIVING FACILITY LLC

LEGAL ENTITY

To operate MEMORY MEADOWS PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 321 GODFREY ROAD, LEECHBURG, PA 15656

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 8

(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from May 12, 2016 until November 12, 2016, unless sooner revoked for non-compliance with applicable laws and regulations.

No: 447051

*Robert E. Robinson*

ISSUING OFFICER

*Jay Baul*

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 - 12/14



**pennsylvania**

DEPARTMENT OF HUMAN SERVICES

MAY 12 2016

Ms. Denise Ross, Owner  
Ross Memory Meadows, ALF, LLC  
325 Godfrey Road  
Leechburg, Pennsylvania 15656

RE: Memory Meadows Personal Care Home  
321 Godfrey Road  
Leechburg, Pennsylvania 15656  
License #: 447051

Dear Ms. Ross:

As a result of the Department of Human Services' licensing inspection on March 3, 2016 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2600.11(b) or 55 Pa.Code § 2800.11(b) (relating to procedural requirements for licensure or approval of personal care homes a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in black ink that reads "Jay Bausch".

Jay Bausch  
Deputy Secretary

Enclosures  
License  
License Inspection Summary

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: MEMORY MEADOWS PERSONAL CARE HOME		License Number: 44705
Address: 321 GODFREY ROAD, LEECHBURG, PA 15656		County: Armstrong
Administrator: DENISE ROSS		Region: WEST
<b>RECEIVED</b>		
Legal Entity Name: ROSS MEMORY MEADOWS, ALF, LLC		
Legal Entity Address: 325 GODFREY ROAD, LEECHBURG, PA 15658		
Certificate(s) of Occupancy SP 08/30/1993 LABOR AND INDUSTRY		APR 21 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 2	Waking Staff: 2
Type of Inspection: Partial	BHA Docket Number:	Notice: Announced
Reason(s) for Inspection(s) New		
On-Site Inspections Dates and Department Representatives On-Site 03/03/2016: Garrigan, Laurie; <i>JH Kochmar</i>		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 8	Number of Residents who:	
Number of Residents Served: 2	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Age 60 Years of Age or Older: 2	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 1	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 1		

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APR 21 2016

Page 2 of 5

Violation Report: 44705 - 03/03/2016 - Garrigan, Laurie		WEST REGION FIELD OFFICE	
PCH Name: MEMORY MEADOWS PERSONAL CARE HOME		Human Services Licensing	
1. REGULATION 65 Pa.Code §2600 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.			
2a. DESCRIPTION OF VIOLATION At 11:34 am, the hot water temperature at the bathroom sink of the main bathroom was 129.3 degrees Fahrenheit.  At 11:45 am, the hot water temperature at the bathroom sink of the bathroom next to bedroom #4 was 129.5 degrees Fahrenheit.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.			
<p>2600.89 Hot water temperature in areas accessible to residents may not exceed 120 degrees F. The hot water in bathrooms accessible to residents will be checked and logged by caregivers daily X 4 weeks then weekly X 4 weeks then monthly ongoing or when temperatures feel hot to assure the temperature is maintained at 120 degrees F or below. The Administrator will monitor logs weekly and adjust thermostats in hot water tanks to maintain water temperature at 120 degrees or below. Findings of audits/logs will be discussed at the Quarterly Quality Assurance Meeting.</p> <p>Corrected 3/4/2016 by turning the hot water tank setting down. per 5/3/16</p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Debbie Ross</i>			Date <i>4-21-16</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>5/3/16</u> (Date)		Plan of correction implementation status as of <u>5/3/16</u> (Date)	
The above plan of correction was approved by <u>[Signature]</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>AW</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

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Page 3 of 5

Violation Report: 44705 - 03/03/2016 - Garigan, Laura WEST REGION FIELD OFFICE  
PCH Name: MEMORY MEADOWS PERSONAL CARE HOME Human Services Licensing

1. REGULATION 55 Pa. Code §2600  
2600.101(e) - Ceiling height in each bedroom must be an average of at least 7 feet.

2a. DESCRIPTION OF VIOLATION

The ceiling height in the following bedrooms are not an average of at least 7 feet and measure as follows:

- \* Bedroom #1 is 8 feet, 11 inches
- \* Bedroom #3 is 8 feet, 11.25 inches
- \* Bedroom #4 is 8 feet, 11 inches
- \* Bedroom #5 is 8 feet, 10.5 inches

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

2600.10 The ceiling height must be an average of 7 feet. Four of five bedrooms do not meet this requirement. As the ceiling height does not present a danger to the Residents safety or wellbeing a waiver has been submitted for approval for each room that does not meet this regulation. An addendum will be added to the Resident home contract notifying all potential residents of the ceiling heights in any room in which they will reside while living in the home. The Resident will be ask to sign a new notification anytime they choose to change rooms.

Corrected 4-21-16

A waiver of 701e was issued by the Department on 5/3/16. Immediately - The home shall comply with all conditions of the waiver, to include providing each resident with a copy of the waiver request and the Department's letter granting the waiver, informing each resident, prior to admission, that the ceiling height in bedrooms 1, 3, 4 + 5 do not meet regulatory requirements, and obtaining a written acknowledgment from residents that choose to live in the affected bedrooms. JW 5/3/16

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Denise Ross* Date *4-21-16*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5/3/16 (Date)

Plan of correction implementation status as of 5/3/16 (Date)

The above plan of correction was approved by JW (Initials)

- Fully Implemented *JW*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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Violation Report 44705 - 03/03/2016 - Garrigan, Laurie  
PCH Name: MEMORY MEADOWS PERSONAL CARE HOME

APR 21 2016  
WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

At 10:12 am, the temperature in the white refrigerator in the kitchen was 42 degrees Fahrenheit. At 12:56 pm, it was 41 degrees Fahrenheit.  
At 10:12 am, the temperature in the white freezer in the kitchen was 2 degrees Fahrenheit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

2600.103 Food requiring refrigeration shall be stored at or below 40 degrees F. Frozen food shall be stored at or below 0 degees F. Refrigerator and freezer temperatures will be checked and logged daily by caregiver staff to assure the temperature ranges are within range of regulation. Thermometers will be maintained in all refrigerators and freezers. The Administrator or designated person will review Temperature logs weekly to assure temperature ranges are maintained. The audits/logs will be discussed at the Quarterly Quality Assurance Meeting.

Corrected 3/3/2016 by turning the temperature setting on the units down. *PW.* 5/3/16

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Dease Ross</i>		Date <i>4-11-16</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		
The above plan of correction is approved as of <i>5/3/16</i> (Date)	Plan of correction implementation status as of <i>5/3/16</i> (Date)	
The above plan of correction was approved by <i>PW.</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>PW.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

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APR 21 2016

Page 5 of 5

Violation Report: 44705 - 03/03/2016 - Ganigan, Laurie WEST REGION FIELD OFFICE  
PCH Name: MEMORY MEADOWS PERSONAL CARE HOME Human Services Licensing

1. REGULATION 58 Pa.Code 52600  
2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION  
The home has not notified the local fire department in writing of the address of the home, the location of resident bedrooms or the assistance needed to evacuate in an emergency.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

2600.124 The home has notified the fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate current residents in an emergency. A copy of the notification is on file. The home will update the fire department yearly and at any time changes in Residents conditions would require more assistance to evacuate in an emergency.

Corrected

3-21-16

Notice was sent to the local fire department on 3/23/16. pw. sp/16

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) Denise Ross

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Denise Ross Date 4-21-16

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5/3/16 (Date)

Plan of correction implementation status as of 5/3/16 (Date)

The above plan of correction was approved by pw. (Initials)

- Fully Implemented pw.
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented