

Department of Human Services  
Bureau of Human Service Licensing

November 3, 2021

[REDACTED], OWNER  
ROSS' MEMORY MEADOWS ASSISTED LIVING FACILITY LLC  
321 GODFREY ROAD  
LEECHBURG, PA 15656

RE: MEMORY MEADOWS PERSONAL  
CARE HOME  
321 GODFREY ROAD  
LEECHBURG, PA, 15656  
LICENSE/COC#: 44705

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 08/23/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *MEMORY MEADOWS PERSONAL CARE HOME* License #: *44705* License Expiration Date: *11/16/2021*  
Address: *321 GODFREY ROAD, LEECHBURG, PA 15656*  
County: *ARMSTRONG* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: *724-708-7830* Email: [REDACTED]

**Legal Entity**

Name: *ROSS' MEMORY MEADOWS ASSISTED LIVING FACILITY LLC*  
Address: *321 GODFREY ROAD, LEECHBURG, PA, 15656*  
Phone: *7242360136* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-3 SP* Date: *08/30/1993* Issued By: *Dept L & I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *7* Waking Staff: *5*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *08/23/2021*

**Inspection Dates and Department Representative**

*08/23/2021 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *8* Residents Served: *5*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *3*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *5*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *2* Have Physical Disability: *0*

## Inspections / Reviews

08/23/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/07/2021*

10/27/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/03/2021*

11/3/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/02/2021*

## 26b - Quality Management Plan Content

### 1. Requirements

2600.

- 26.b. The quality management plan shall address the periodic review and evaluation of the following:
1. The reportable incident and condition reporting procedures.
  2. Complaint procedures.
  3. Staff person training.

### Description of Violation

*The home's quality management plan, dated January 2020, did not address reportable incident and condition reporting procedures, complaint procedures, and staff person training.*

### Plan of Correction

**Accept**

*Monthly meetings have been scheduled with the administrator and staff members. Staff meeting was held on 10/23/21 with discussion of inspection findings, how to correct and how to prevent further violations. Binder was shown to each employee. During the monthly meeting we will discuss any and all reportable incidents, complaint procedure and any special staff training needed at that time. Each employee has signed the complaint procedure that the facility has in place and is in there employee record.*

**Completion Date:** 11/02/2021

## 92 - Windows

### 1. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

### Description of Violation

*Resident #1's window screen has a hole in the center measuring approximately 6" by 6".*

### Plan of Correction

**Accept**

*The screen in resident #1 has been replaced with a new screen. Administrator will check every screen monthly to make sure all are in good repair with no holes. Staff has been educated on 10/23/21 about looking and being aware of any holes or damage to any window screen. Monthly calendar in place for staff to sign off when all screens are checked.*

**Completion Date:** 11/02/2021

## 101e - Ceiling Height

### 1. Requirements

2600.

- 101.e. Ceiling height in each bedroom must be an average of at least 7 feet.

## 101e - Ceiling Height (continued)

**Description of Violation**

On 5/12/16, the Department granted a waiver for 55 Pa. Code Chapter 2600.101e which indicates: "Prior to admission to the home, each resident must be informed that the bedroom ceiling height in bedrooms #1, 3, 4, and 5 does not meet regulatory requirements. Prior to admission, each resident must sign a written agreement that he/she acknowledges that regulatory ceiling height requirements are not met but that he/she chooses to live in the bedroom."

Resident #1, admitted to the home on [REDACTED], resides in room [REDACTED]; however, there is no documentation of a written agreement that he/she acknowledges that regulatory ceiling height requirements are not met but that he/she chooses to live in the bedroom.

Resident#2, admitted to the home on [REDACTED], resides in room [REDACTED] however, there is no documentation of a written agreement that he/she acknowledges that regulatory ceiling height requirements are not met but that he/she chooses to live in the bedroom.

**Plan of Correction****Accept**

The waiver that was issued on 5/12/16 has been signed by all residents and designated person living in room [REDACTED] and [REDACTED] and put in residents charts. The waiver has been added to the contract to be signed at admission. Staff was educated on 10/23/21 on checking residents chart for the signed waiver before any move is made by a resident to another room.

Completion Date: 11/02/2021

## 121a - Unobstructed Egress

**1. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

**Description of Violation**

The emergency exit door which leads to the front of the facility from the living room is obstructed by a large reclining chair in the living room and by large boxes of adult briefs and an outdoor Connect Four game, measuring approximately 3' by 4', on the exterior front porch.

**Plan of Correction****Accept**

The recliner was moved right away. The porch has been cleaned of all boxes of briefs and etc. The connect four game has been moved to the other side of porch. The staff was educated on 10/23/21 on the importance of keeping all door ways cleared of anything preventing emergency access. Daily shift task list was updated to do fire exits, make sure porches are not obstructed with anything that could prevent exiting and door checks every shift.

Completion Date: 11/02/2021

## 224a - Preadmission Screen Form

**1. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

## 224a - Preadmission Screen Form (continued)

**Description of Violation**

The preadmission screening for resident #3, admitted on [REDACTED], is undated; therefore, it could not be determined if the document was completed within 30 days prior to admission.

**Plan of Correction****Accept**

The preadmission screen for Resident #3 was dated with a note stating late because of missing original date. Staff was educated on pre admission screenings [REDACTED]. Administrator has checked all pre admission screenings for dates. Administrator will do monthly checks on all residents paper work to make sure its all completed. Calendar was started so administrator can audit all residents charts for dates and signatures monthly.

**Completion Date:** 11/02/2021

## 227g -Support Plan Signatures

**1. Requirements**

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

**Description of Violation**

Resident #1's annual support plan, dated [REDACTED], does not indicate the dates the assessor and the resident signed the support plan.

Resident #4's initial support plan, dated [REDACTED], is not signed by the assessor and the resident, and does not indicate if the resident was unable to participate, declined to participate, refused to sign or was unable to sign.

**Plan of Correction****Accept**

The assessor and resident # 1 have signed the support plan. Staff was educated on 10/23/21 how support plans need to be signed by assessor, resident and designated person at the time support plan is completed. Administrator has checked all support plans to make sure all are signed, dated by assessor, resident and designated person. Administrator will do monthly checks on all residents paper work to make sure its all completed. Calendar was started so administrator can audit all residents charts for dates and signatures monthly.

**Completion Date:** 11/02/2021