

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

February 3, 2023

[REDACTED]  
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 01/31/2023 of the above facility, no regulatory citations have been identified as a result of this inspection.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *MEMORY MEADOWS PERSONAL CARE HOME*      License #: *44705*      License Expiration: *11/16/2022*  
 Address: *321 GODFREY ROAD, LEECHBURG, PA 15656*  
 County: *ARMSTRONG*      Region: *WESTERN*

**Administrator**

Name: [REDACTED]      Phone: [REDACTED]      Email: [REDACTED]

**Legal Entity**

Name: *ROSS' MEMORY MEADOWS ASSISTED LIVING FACILITY LLC*  
 Address: *321 GODFREY ROAD, LEECHBURG, PA, 15656*  
 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 #: [REDACTED]  
 Reason: *Complaint*      Exit Conference Date: *01/31/2023*

**Inspection Dates and Department Representative**

01/31/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *8*      Resident Served: *4*

**Secured Dementia Care Unit**  
 In Home: *No*      Area: [REDACTED]      Capacity: [REDACTED]      Resident Served: [REDACTED]

**Hospice**  
 Current Resident: *1*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0*      Are 60 Years of Age or Older: *4*  
 Diagnosed with Mental Illness: *0*      Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *1*      Have Physical Disability: *0*

**Inspections / Reviews**

01/31/2023 Partial  
 Lead Inspector: [REDACTED]      Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND