



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/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Human Services 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 March 27, 2024 until September 27, 2024,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **447051**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
ACTING 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.



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: MARCH 27, 2024

[REDACTED]

Ross' Memory Meadows Assisted Living Facility LLC
321 Godfrey Road
Leechburg, Pennsylvania 15656

RE: Memory Meadows Personal Care Home
License/COC #: 44705

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection on July 7, 2023, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from March 27, 2024 to September 27, 2024.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.


Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
<u>Section:</u>					
132(b)	II	4	\$5	\$20	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:


 Pennsylvania Department of Human Services
 Bureau of Human Services Licensing
 Room 631, Health and Welfare Building
 625 Forster Street
 Harrisburg, Pennsylvania 17120
 PH:717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

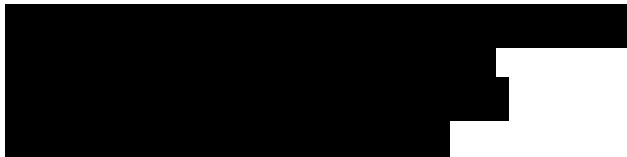
Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala". The signature is written in a cursive style with a loop at the end of the last name.

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:



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: *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

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 Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *07/07/2023*

Inspection Dates and Department Representative

07/07/2023 - 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: *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: *3* Have Physical Disability: *0*

Inspections / Reviews

07/07/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/05/2023*

08/11/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/08/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/18/2023

02/28/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/02/2024

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated 5/13/22, for resident #1 was not signed by the resident or the resident's designated person.

Plan of Correction

Accept (████) - 01/03/2024)

Resident #1 and Designated Person signed contract on 07-09-2023. Administrator checked all contracts that had a rate update to make sure they were all signed. Administrator will do Monthly audits and check the Residents due date list.

Contracts all checked on 7-9-2023 and will be checked on the 1st of every month.

Licensee's Proposed Overall Completion Date: 01/02/2024

Not Implemented (████) - 02/28/2024)

25c4 - Payment Responsibility

2. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

4. The party responsible for payment.

Description of Violation

The resident-home contract, dated 5/13/22, for resident #1, does not specify the party responsible for payment.

Plan of Correction

Accept (████) - 01/03/2024)

Resident #1 Responsible Payment is complete and signed by █████ on 7-9-2023

Administrator checked all contracts that had a rate update to make sure they were all signed. Administrator will do Monthly audits and check the Residents due date list.

Administrator will do Monthly audits and check the Residents due date list.

Contracts all checked on 7-9-2023 and will be checked on the 1st of every month.

Licensee's Proposed Overall Completion Date: 01/02/2024

Not Implemented (████) - 02/28/2024)

65d - Initial Direct Care Training

3. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on █████/23, provides unsupervised ADL services to residents. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Direct care staff person B, hired on █████/22, provides unsupervised ADL services to residents. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

65d - Initial Direct Care Training (continued)

Direct care staff person C, hired on [redacted]/23, provides unsupervised ADL services to residents. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction

Directed [redacted] - 01/03/2024)

Direct Care Staff Training Staff B-No Longer employed as of [redacted]-2023

Direct Care Staff Training for Staff C was completed on the Temple Site. Administrator will notify DPW if any issues next time getting on the site. When the DPW had it on the website never was a issue. Many times I have tried to get on Temple I get a error message.

All Trainings will be done before the first day of work. They will have a full day in facility to do the Temple Direct Care Staff Training.

Proposed Overall Completion Date: 01/02/2024

Directed:

By 1/17/24, and monthly thereafter, the administrator will audit all staff files to ensure no staff are providing unsupervised ADL services to residents until successful completion and passing the Department-approved direct care training course and passing of the competency test. Documentation shall be kept.

SQ 1/3/24

Directed Completion Date: 01/17/2024

Not Implemented [redacted] - 02/28/2024)

65e - 12 Hours Annual Training

4. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff person D, hired [redacted]/18, did not complete 12 hours of annual training during the 1/1/22 to 12/31/22 annual training year.

Plan of Correction

Directed [redacted] - 01/03/2024)

Attached is the Annual Training for 2022 along with the sign in sheet. During inspection I could not find my 2022 Training envelope. I removed and set the binder up with 2023.

Administrator will leave the prior years in-services in the binder so that 2 years are kept on file and not filed away into the storage attic.

Administrator has a form in office on wall every employee with when all trainings are due. CPR, Diabetes and Etc.

Proposed Overall Completion Date: 01/02/2024

Directed:

By 1/17/24 and monthly thereafter, the administrator shall audit employee files to ensure direct care staff persons have at least 12 hours of annual training relating to their job duties. Documentation shall be kept.

[redacted] 1/3/24

Directed Completion Date: 01/17/2024

Not Implemented [redacted] - 02/28/2024)

65f - Training Topics

5. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person D, hired [REDACTED]/18, did not receive training in training topics indicated in 2600.65f during the 1/1/22 to 12/31/22 annual training year.

Plan of Correction

Directed [REDACTED] 01/03/2024)

Direct Care Staff D did complete the required Annual TRaining. At time of inspection I could not find my 2022 Training envelope. I removed and set the binder up with 2023. complete the required Annual Training. Sign in Sheet for 2022 Annual Training is attached. Administrator will copy sign in sheet after all Annual Training is complete and put into the employees file.

Proposed Overall Completion Date: 01/02/2024

Directed:

By 1/17/24 and monthly thereafter, the administrator shall audit employee files to ensure all direct care staff receive training in the following training topics each annual training year:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Documentation shall be kept.

[REDACTED] 1/3/24

Directed Completion Date: 01/17/2024

Not Implemented [REDACTED] - 02/28/2024)

65g - Annual Training Content

6. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

65g - Annual Training Content (continued)

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Direct care staff person D, hired [redacted]/18, did not receive training in the training topics indicated in 2600.65g during the 1/1/22 to 12/31/22 annual training year.

Plan of Correction

Directed [redacted] - 01/03/2024)

Direct Care Staff D did complete the required Annual TRaining.At time of inspection I could not find my 2022 Training envelope. I removed and set the binder up with 2023. complete the required Annual Training. Sign in Sheet for 2022 Annual Training is attached. Administrator will copy sign in sheet after all Annual Training is complete and put into the employees file.

Proposed Overall Completion Date: 01/02/2024

Directed:

By 1/17/24 and monthly thereafter, the administrator shall audit employee files to ensure all direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers receive training in the following training topics each annual training year:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

[redacted] 1/3/24

Directed Completion Date: 01/17/2024

Not Implemented [redacted] - 02/28/2024)

132b - Safety Inspection/Fire Drill

7. Requirements

- 2600.
- 132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The most recent fire drill observed by a fire safety expert was conducted on 3/5/2021.

Repeat Violation: 7/26/22

Plan of Correction

Accept [redacted] - 08/11/2023)

The Fire Safety Inservice and Drill is scheduled on August 21 with Gilpin TownShip Fire Chief [redacted] Administrator will make sure the date is added to calander when the inservice is due every year.

132b - Safety Inspection/Fire Drill (*continued*)

Licensee's Proposed Overall Completion Date: 08/08/2023

Not Implemented [REDACTED] - 02/28/2024)

141b1 - Annual Medical Evaluation

8. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's medical evaluation, dated [REDACTED]/23, does not indicate the resident's ability to self-administer medication. This section of the form is blank.

Plan of Correction**Accept** [REDACTED] - 01/03/2024)

Resident #2 Medical Eval has been updated with unable to self administer medications on 07-11-2023. Administrator will do monthly Audits on the 15th day of the month medical evals for mistakes, due dates or any changes. New Form is made with Residents Names and when all items are due or needed updated.

Proposed Overall Completion Date: 01/02/2024

Licensee's Proposed Overall Completion Date: 01/02/2024

Not Implemented [REDACTED] - 02/28/2024)

185a - Implement Storage Procedures

9. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The home's Accountability of Medications and Controlled Substances policy indicates, "Controlled substances will be counted at the beginning and end of each shift by the oncoming and off going person responsible for medications. The oncoming and off going staff persons will sign the Narcotic Control Log. Any discrepancies must be resolved prior to change of shift. Any discrepancies which cannot be resolved will be reported to the Administrator immediately. An incident report will be completed and investigated. The administrator will contact law enforcement if it is found that someone has tampered with or stole meds."

Resident #3 is prescribed Lorazepam Tab 0.5mg - Take 1 tablet by mouth 3 times a day as needed. At 10:30 a.m., resident #3 had 5 Lorazepam 0.5 mg tablets available in the medication cart; however, resident #3's Controlled Drug Record indicates 18 tablets were available.

Plan of Correction**Directed** [REDACTED] - 01/03/2024)

Each staff was trained on how to start the NARC sheet by the Administrator on 07-12-2023
Ex, 15 pills start at 15 then sign off down 14,13,12 etc. No pills were missing attached is the training sign sheet and the last Narc sheet that was done.

Proposed Overall Completion Date: 01/02/2024

Directed:

By 1/17/24 and monthly thereafter, the administrator or designee qualified to administer medication shall audit all narcotic count sheets to ensure the quantity listed matches the quantity of medication available in the home.

185a - Implement Storage Procedures (continued)

Documentation shall be kept.

SQ 1/3/24

Directed Completion Date: 01/17/2024

Not Implemented (██████ 02/28/2024)