

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

April 23, 2024

[REDACTED]  
ROSS' MEMORY MEADOWS ASSISTED LIVING FACILITY LLC  
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 04/12/2024 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: *09/27/2024*  
 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: [REDACTED]  
 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: Total Daily Staff: *14* Waking Staff: *11*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Fine* Exit Conference Date: *04/12/2024*

**Inspection Dates and Department Representative**

*04/12/2024 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *8* Residents Served: *13*  
 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: *3*  
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *1* Have Physical Disability: *0*

**Inspections / Reviews**

*04/12/2024 - Partial*  
 Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND