



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **HSRE-WATERS OF PETERS VII, LLC**
LEGAL ENTITY

To operate **RIDGECREST OF MCMURRAY**
NAME OF FACILITY OR AGENCY

Located at **441 VALLEY BROOK ROAD, MCMURRAY, PA 15317**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Assisted Living-Special Care**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **127**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: **Special Care Unit - 55 Pa.Code §§ 2800.231-239 - Capacity 21**

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

55 Pa.Code Chapter 2800: Assisted Living Residences
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **March 24,** **2025** until **March 24,** **2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **452780**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
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.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing Date: March 24, 2025

[REDACTED]
HSRE- The Waters of Peters VII, LLC
[REDACTED]

RE: Ridgecrest of McMurray
441 Valley Brook Road
McMurray, Pennsylvania 15317
License #: 452780

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on December 18, 2024 and December 19, 2024, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *THE WATERS OF MCMURRAY* License #: *45278* License Expiration: *02/09/2025*
Address: *441 VALLEY BROOK ROAD, MCMURRAY, PA 15317*
County: *WASHINGTON* Region: *WESTERN*

Administrator

Name: [REDACTED]

Legal Entity

Name: *HSRE-WATERS OF PETERS VII, LLC*
Address: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *12/18/2021* Issued By: *Peters Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *117* Waking Staff: *88*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Provisional, Incident* Exit Conference Date: *12/19/2024*

Inspection Dates and Department Representative

12/18/2024 - On-Site: [REDACTED]
12/19/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *127* Residents Served: *82*

Special Care Unit

In Home: *Yes* Area: *1st Floor* Capacity: *21* Residents Served: *15*

Hospice

Current Residents: *10*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *82*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *35* Have Physical Disability: *0*

Inspections / Reviews

Full

Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/13/2025*

01/07/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/10/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 01/27/2025

01/10/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/10/2025

Reviewer: [REDACTED]

Follow-Up Type: *Exception*

17 Record confidentiality

1. Requirements

2800.

17. Confidentiality of Records - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 12/19/24 at approximately 9:30 a.m., the resident privacy coding document, including the names of residents #1 and #2 was attached to the licensing inspection summary (LIS), dated 8/1/23, in the Assisted Living Regulations and Inspection Summary with Plan of Correction binder on the table at the main entrance of the home.

Plan of Correction

Accepted (redacted) 01/07/2025)

In response to the violation on 12/18/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 12/19/2024 by the Executive Director to removed the privacy coding sheet with residents names on it from the binder.

To enhance the currently compliant operations, on 12/19/2024 the Executive Director will educate team on residents privacy and importance of not leaving any documents containing residents names or any information laying out for public view, with a completion date of 01/11/2025.

Effective 01/04/2025 the Executive Director or designee will perform weekly audits through 05/31/2025 to maintain ongoing compliance with resident records being confidential, and, except in emergencies, not being accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 01/11/2025

Implemented (redacted) - 01/10/2025)

103f Fridge/Freezer Temps

2. Requirements

2800.

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.

Description of Violation

On 12/18/24 at 11:10 a.m., the temperature in the beverage cooler located in the café, measured 60 degrees Fahrenheit. On 12/19/24 at 3:35 p.m., the temperature measured 56 degrees Fahrenheit.

Repeat violation: 2/27/24 et al

103f Fridge/Freezer Temps (continued)

Plan of Correction**Accept** [REDACTED] - 01/07/2025)

In response to the violation on 12/18/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 12/19/2024 by the Director of Culinary to immediately remove all beverages from cooler and placed call for service.

To enhance the currently compliant operations, on 01/04/2025 the Director of Culinary will educate team that beverage cooler is just as important as other coolers and must maintain temperature of at or below 40 degrees, with a completion date of 01/11/2025.

Effective 12/20/2024 the Director of Culinary or designee will perform daily audits through 05/31/2025 to maintain ongoing compliance with ensuring food that requires refrigeration is stored at or below 40°F, and frozen food is kept at or below 0°F, and thermometers are in refrigerators and freezers. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 01/11/2025

Implemented [REDACTED] - 01/10/2025)

171b5 Transportation-first aid kit

3. Requirements

2800.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2800.96 (relating to first aid kit). The inclusion of an automatic external defibrillation device in a vehicle is optional.

Description of Violation

On 12/18/24, the first aid kit in the vehicle used for the transporting residents did not contain tape.

Plan of Correction**Accept** [REDACTED] - 01/07/2025)

In response to the violation on 12/18/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 12/18/2024 by the Environmental Service Manager to immediately put tape in first aid kit for the van.

To enhance the currently compliant operations, on 12/18/2024 the Environmental Service Manager or his designee will educate driver on necessary content for first aid kit that is to be kept on the van, with a completion date of 01/04/2025.

Effective 12/18/2024 the Environmental Service Manager or designee will perform daily checks through 05/31/2025 to maintain ongoing compliance with the vehicle having a first aid kit with the contents as specified in § 2800.96 (relating to first aid kit), and the inclusion of an automatic external defibrillation device in a vehicle is optional whenever staff persons or volunteers of the home provide transportation for the resident, including the vehicle must have a first aid kit with the contents as specified in § 2800.96 (relating to first aid kit). The inclusion of an automatic external defibrillation device in a vehicle is optional. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

171b5 Transportation-first aid kit (*continued*)

Licensee's Proposed Overall Completion Date: 01/04/2025

Implemented [REDACTED] - 01/10/2025)

225b Assessment content

4. Requirements

2800.

225.b. The assessment must, at a minimum include the following:

4. The resident's medical history, medical conditions, and current medical status and how these impact or interact with the individual's service needs.

Description of Violation

The assessment, dated [REDACTED]/24, for resident #3 does not include the diagnoses of pain, DVT, HLD, allergies, neuropathy, constipation, hypothyroidism, HTN, GERD, agitation with Emelina, bladder spasms, tearful/insomnia, SOB/wheezing, and Vitamin D deficiency that are indicated on the medical evaluation, dated [REDACTED]/24.

The assessment, dated [REDACTED] 24, for resident #4 does not include the diagnoses of anemia, dry eyes, and nausea/vomiting that are indicated on the medical evaluation, dated [REDACTED] 24.

The assessment, dated [REDACTED]/24, for resident #5 does not include the diagnosis of congestion that is indicated on the medical evaluation, dated 11/1/24.

Repeat Violation: 2/27/24 et al

Plan of Correction*Accepted* [REDACTED] 01/07/2025)

In response to the violation on 12/18/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 12/20/2024 by the Director of Health and Wellbeing to add diagnosis from medical evaluations to residents 3,4 and 5's assessments and to check all existing residents to ensure assessments include all diagnosis from medical evaluations.

To enhance the currently compliant operations, on 01/04/2025 the Director of Health and Wellbeing will educate nurses of adding all diagnosis from med evals to residents assessments, with a completion date of 01/31/2025.

Effective 01/31/2025 the Director of Health and Wellbeing will perform monthly audits on all new admissions through 05/31/2025 to maintain ongoing compliance with the assessment, at a minimum including, including the resident's medical history, medical conditions, and current medical status and how these impact or interact with the individual's service needs. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 01/31/2025

Implemented ([REDACTED] - 01/10/2025)