

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

September 26, 2025

[REDACTED]
THE RIDGE AT HERITAGE MEADOWS LLC
[REDACTED]

RE: THE RIDGE AT HERITAGE MEADOWS
1126 ROSS AVENUE
FORD CITY, PA, 16226
LICENSE/COC#: 45289

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/26/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

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

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *THE RIDGE AT HERITAGE MEADOWS* License #: *45289* License Expiration: *12/14/2025*
 Address: *1126 ROSS AVENUE, FORD CITY, PA 16226*
 County: *ARMSTRONG* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *THE RIDGE AT HERITAGE MEADOWS LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C 2 LP* Date: *04/07/2000* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *25* Waking Staff: *19*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *06/26/2025*

Inspection Dates and Department Representative

06/26/2025 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *45* Residents Served: *18*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *5*

Number of Residents Who:
 Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *18*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *7* Have Physical Disability: *0*

Inspections / Reviews

06/26/2025 - Partial
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *07/19/2025*

Inspections / Reviews *(continued)*

07/30/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/05/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 08/04/2025

08/08/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/05/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/13/2025

09/26/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/05/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED] at approximately 9:30 p.m., the home's electricity failed due to a storm for a few hours. The home began implementing their emergency preparedness plan. The home did not report this incident to the Department.

On [REDACTED], at approximately 9:30 p.m., resident [REDACTED] fell in [REDACTED] bedroom while attempting to walk out of the bathroom during the electricity outage. The resident was transported to the hospital and diagnosed with a left rib fracture. The home did not report this incident to the Department.

Plan of Correction

Accept [REDACTED] - 08/08/2025)

It was discussed during the survey that reports were not submitted since we did not require implementation of our emergency operating plan - no relocation of residents was required; no alternative water or heat/air sources were required; no alternative food serving or storage was required, etc. due to that facts that the power was out for weather-related issues for short enough periods of time and residents were sleeping during these periods.

Also to note it was discussed that a report was not submitted for the fall with rib fractures due to reading the regulation book that states a reportable is required for "A serious bodily injury or trauma requiring treatment at a hospital or medical facility. This does not include minor injuries such as sprains or minor cuts." The resident was discharged with no change in orders; no change to [REDACTED] existing level of care and otherwise no changes to be made for [REDACTED] diagnosis.

Education was provided by the surveyor using the RCG which provided more clarification to both situations that helped the administration understand further details that were unknown prior to this survey.

Immediately following the survey on 06/26/2025, this administrator provided education to all staff in regards to this administrator's responsibility for submitting reportable incidents and details involving the staff responsibility to notify this administrator about any incidents that would require a reportable incident including any utility failure, regardless of the length of time such as 5 minutes and any diagnosis from a resident that does not change their level of care or needs, regardless.

Immediately following the survey on 06/26/2025, this administrator submitted 3 separate reportable incidents in regards to these episodes, as guided by the surveyor and indicated that they were submitted late and explained the situations involving the late submissions.

Beginning the week of 7/21/25 this administrator will issue written education to be signed in regards to these 2 incidents to all staff and support personnel.

This education will be completed by 8/01/25.

Licensee's Proposed Overall Completion Date: 08/11/2025

Implemented [REDACTED] - 09/26/2025)

23a - Activities of Daily Living Assistance

2. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated [REDACTED], for resident [REDACTED] indicated the resident requires assistance with transferring, toileting and ambulating. On [REDACTED] the resident did not receive this assistance as required.

Plan of Correction

Accept [REDACTED] - 08/08/2025)

It was discovered during the survey, that the resident's RASP was not due to be updated yet but that [REDACTED] level of care and decreased since the current RASP had been completed and [REDACTED] required minimal assistance for daily care.

During the survey, the surveyor interviewed the staff and the resident in regards to [REDACTED] level of care and assistance needed, in addition to observing [REDACTED] physical independence, and witnessed that [REDACTED] current needs are less than previously documented in [REDACTED] RASP.

Update 8/4/2025 - Edited to include that since the time of the survey, the resident has had no further incidents or falls that would result in injury and that [REDACTED] continues to be physically independent and capable of providing the majority of [REDACTED] ADLs as updated in [REDACTED] RASP.

Immediately following the survey on 06/27/2025, this Administrator updated [REDACTED] RASP to indicate [REDACTED] current needs assessment to indicate [REDACTED] independence but included [REDACTED] fall risk and documenting [REDACTED] understanding and agreement to wear [REDACTED] call bell, which [REDACTED] frequently removes ([REDACTED] stated this to surveyor as well as staff reports), and [REDACTED] risk of falls in certain situations that [REDACTED] needs to improve on compliance and safety practices in utilizing staff for supervision to avoid injury.

Beginning the week of 7/21/25 this administrator will issue written education to be signed by all staff and support personnel in regards to the importance of notifying administrator of necessary updates to RASP when residents improve or become less dependent upon staff as well as notifying administrator or appropriate personnel when a resident becomes non compliant with safety measures such as not wearing their call bells or refusing and/or refusing or turning off safety alert devices.

This education will be completed by 8/01/25.

Update: Beginning 8/11/2025, this administrator will utilize PCH staff to review all RASP of current census for any appropriate updates that may be needed.

Staff will review 4-5 charts per week x 4 weeks to complete all charts.

This will be completed by

Licensee's Proposed Overall Completion Date: 09/05/2025

Implemented [REDACTED] - 09/26/2025)