

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

December 18, 2025

[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 review on 09/12/2025 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: *MEMORY MEADOWS PERSONAL CARE HOME* License #: *44705* License Expiration: *10/30/2025*
 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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *7* Waking Staff: *5*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *09/12/2025*

Inspection Dates and Department Representative

09/12/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *8* Residents Served: *6*

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

Hospice
 Current Residents: *2*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *6*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

09/12/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/19/2025*

12/18/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: *12/16/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Not Required*

182b - Prescription Medication

1. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician’s assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Direct care staff A administered medications to residents on multiple dates and times to include:

- * [redacted] at 2:00 p.m. and [redacted] at 2:00 p.m. to resident [redacted] on [redacted]
- * [redacted] at 9:00 a.m. and [redacted] at 9:00 a.m. to resident [redacted] on [redacted]

However, the staff does not have a current certification to administer medication.

Direct care staff B administered medications to residents on multiple dates and times to include:

- * [redacted] at 2:00 p.m. and [redacted] at 2:00 p.m. to resident [redacted] on [redacted] and [redacted]
- * [redacted] at 9:00 a.m. and [redacted] at 9:00 a.m. to resident [redacted] on [redacted] and [redacted]

However, the staff does not have a current certification to administer medication.

Plan of Correction

Directed [redacted] - 12/05/2025)

Directed:

Within 24 hours of receipt of the plan of correction the administrator or designated staff person shall ensure that all medications are administered only by staff trained and certified to administer medications as required by the regulation.

[redacted] 12/5/25

Directed:

Within 7 days of receipt of the plan of correction, and then monthly for six months, the administrator or designated staff person shall review Medication Administration Records to determine if any medications were administered to residents by staff without the proper qualifications described in and required by the regulation.

[redacted] 12/5/25

Directed:

Within 7 days of receipt of the plan of correction the administrator or designated staff person shall include a review of the Medication Administration Record audits to the risk management meeting agenda.

[redacted] 12/5/25

Directed Completion Date: 12/19/2025

Implemented [redacted] - 12/18/2025)