

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

November 25, 2025

[REDACTED]  
HSRE-WATERS OF PETERS VII, LLC  
[REDACTED]

RE: RIDGECREST OF MCMURRAY  
441 VALLEY BROOK ROAD  
MCMURRAY, PA, 15317  
LICENSE/COC#: 45278

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/15/2025, 10/16/2025 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: RIDGECREST OF MCMURRAY License #: 45278 License Expiration: 03/24/2026
Address: 441 VALLEY BROOK ROAD, MCMURRAY, PA 15317
County: WASHINGTON Region: WESTERN

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: HSRE-WATERS OF PETERS VII, LLC
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: I-1 Date: 02/16/2021 Issued By: Peters Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 121 Waking Staff: 91

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Incident Exit Conference Date: 10/16/2025

Inspection Dates and Department Representative

10/15/2025 - On-Site: [Redacted]
10/16/2025 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 127 Residents Served: 90
Special Care Unit
In Home: Yes Area: Memory Care 1st floor Capacity: 21 Residents Served: 16
Hospice
Current Residents: 10
Number of Residents Who:
Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 90
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 31 Have Physical Disability: 0

Inspections / Reviews

10/15/2025 Full
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 11/10/2025
11/12/2025 - POC Submission
Submitted By: [Redacted] Date Submitted: 11/25/2025
Reviewed: [Redacted] Follow-Up Type: Document Submission Follow-Up Date: 12/01/2025

Inspections / Reviews *(continued)*

11/25/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/25/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 42b Abuse/Neglect

## 1. Requirements

2800.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Description of Violation**

On [REDACTED] at approximately 8:30 p.m., staff person A came out of another resident's living unit on the residence's secure care unit (SCU) and saw resident [REDACTED] sitting on the floor of the hallway between rooms [REDACTED] and [REDACTED] with a lot of blood on [REDACTED] head and neck. Resident [REDACTED] was standing at the doorway to [REDACTED] room [REDACTED] and later commented to other staff "I was just trying to protect myself. Got to do what I got to do." Staff interviews indicate that resident [REDACTED] was shaking and appeared to be scared. Resident [REDACTED] was sent to the hospital and received 6 staples in [REDACTED] head for the injury [REDACTED] sustained from the incident.

Resident [REDACTED] was admitted to the residence on [REDACTED]. Resident [REDACTED] resides in the residence's secure care unit (SCU). Resident [REDACTED] often wanders around the unit "jiggling" resident apartment entry door handles in search of a bed to sleep in. Resident [REDACTED] was admitted to the residence's SCU on [REDACTED]. Staff interviews indicate that resident [REDACTED] does not like when resident [REDACTED] tries to open the door to resident [REDACTED]'s living unit.

Staff indicate that when resident [REDACTED] passes resident [REDACTED] in common areas of the unit, resident [REDACTED] makes comments such as, "I'm gonna punch him. I'm gonna punch [REDACTED] lights out." or "There [REDACTED] goes. I'm gonna get him. I'm gonna whoop him if [REDACTED] comes next to my door." Resident [REDACTED] sometimes makes a fist while verbalizing these threats. According to multiple staff interviews, resident [REDACTED] made these kinds of threats for several weeks prior to the incident on [REDACTED]. Multiple staff indicate that these threats have been reported multiple times to other staff including the Health Care Director and another nurse during "huddle" meetings that take place between shifts and by writing it in the communication log that is kept in the wellness office. Staff were merely told verbally to try to keep the residents apart.

**Plan of Correction**

Accept [REDACTED] - 11/12/2025)

On 10/4/25, resident [REDACTED] who initiated the physical contact was redirected from the area and assessed by care team. First aid was immediately provided to the injured resident [REDACTED] by staff on duty and 911 was contacted for emergency transport to the Emergency Department for evaluation of a head laceration.

On 10/4/25, Staff were immediately re-educated via conversation with the Health Care Director to reinforce the expectation on monitoring resident's interactions and behaviors.

RASP's for both residents [REDACTED] and [REDACTED] were reviewed and updated to reflect any changes in supervision or monitoring needs by the Health Care director on 10.4.25

By 11.21.25 the Health Care Director, Assistant Health Care Director and all current staff will be in serviced on Regulation 2800.42b by the Resident Director or Designee. Documentation shall be kept.

By 11.21.25 the Health Care Director, Assistant Health Care Director and all staff providing care will be in serviced on De-Escalation techniques in the setting of a Memory Care Unit by the Resident Director or Designee. Staff will also be educated on early behavioral warning signs and proper supervision needs on the unit. Documentation shall be kept.

Starting 11.3.25 the Health Care Director and or Designee will conduct random rounds on the Memory Care Unit 3x/week for a month to ensure ongoing compliance with behavior monitoring, proper supervision on the unit and the use of the therapeutic life enrichment activities. The audit will continue as needed after the first month to ensure continued compliance.

Beginning with November's QMPI meeting, to ensure consistent adherence to regulation 2800.42b, compliance monitoring will be conducted during our monthly QMPI meetings in addition to all other items specified in 2800.26.

42b Abuse/Neglect (continued)

Licensee's Proposed Overall Completion Date: 11/21/2025

Implemented (█ - 11/25/2025)

89b Hot water temperature

2. Requirements

2800.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On █ at 10:55 a.m., the water temperature located at the bathroom sink in living unit █ measured 128 degrees Fahrenheit.

On █ at 11:11 a.m., the water temperature at the kitchen sink in living unit █ measured 134.4 degrees Fahrenheit.

Plan of Correction

Accept (█ - 11/12/2025)

On 10.15.25, The temperature regulators were immediately turned down by Maintenance Director.

Residence Director conducted an in-service with maintenance team on regulation 2800.89b. on 10.24.25

Documentation shall be kept.

Starting the week of 11.3.25 a weekly audit of 7 different locations water temps throughout the community will be conducted for a month, and then monthly thereafter by Maintenance Director

Documentation of the audits will be kept in a binder in the Maintenance Directors office.

Maintenance Director will be responsible for all audits and will bring all information to monthly QMPI meeting to be discussed in addition to all other items specified in 2800.26.

Licensee's Proposed Overall Completion Date: 11/07/2025

Implemented (█ - 11/25/2025)

91 Telephone Numbers

3. Requirements

2800.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and assisted living residence complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

On █ at approximately 12:05 p.m., there were no emergency phone numbers to include the nearest hospital and fire Department on or by the landline phone at the front desk in the memory care unit.

Plan of Correction

Accept (█ 11/12/2025)

On 10.15.25 the sticker with the emergency numbers was immediately replaced on the landline phone at the front desk in the memory care unit by Residence Director.

By 11.7.25, Residence Director will audit phones for required posting of emergency numbers. Any further findings will be corrected at time of audit.

91 Telephone Numbers (continued)

The Residence Director conducted an all staff in service on regulation 2800.91 to be completed by 11.21.25 and where the stickers with these numbers are located should any phone need one replaced. Documentation shall be kept.

Maintenance Director will be responsible for monthly checks and logging checks in a designated binder and bringing all information to monthly QMPI meeting to be discussed in addition to all other items specified in 2800.26

Licensee's Proposed Overall Completion Date: 11/21/2025

Implemented (redacted) - 11/25/2025)

102i Soap dispenser

4. Requirements

2800.

102.i. Bar soap or a dispenser with soap shall be provided within reach of each bathroom sink. Bar soap, however, is not permitted when a living unit is shared unless there is a separate bar clearly labeled for each resident sharing the living unit.

Description of Violation

On (redacted) at 11:45 a.m., there was no bar soap or a dispenser with soap within reach of the bathroom sink in living unit (redacted). The soap and other toiletries were locked in a cabinet above the kitchen counter.

On (redacted) at approximately 11:50 a.m., there was no bar soap or a dispenser with soap within reach of the bathroom sink in living unit (redacted). The soap and other toiletries were locked in a cabinet above the kitchen counter.

On (redacted) at approximately 11:55 a.m. there was no bar soap or a dispenser with soap within reach of the bathroom sink in living unit (redacted). The soap and other toiletries were locked in a cabinet above the kitchen counter.

Plan of Correction

Accept (redacted) - 11/12/2025)

On 11/5/25 Soap dispensers were purchased for all Memory Care Bathrooms by Maintenance Director By 11.30.25 or as soon as they arrive at the community all soap dispensers will be hung in every MC residents bathroom by the Maintenance team.

Resident Director will complete all education of staff on regulation 2800.102i by 11.21.25 Documentation shall be kept.

Beginning as soon as the soap dispensers are hung and no later than the week of 11.30.25, the housekeeping team will check the soap dispensers weekly when doing their apartment cleanings.

Maintenance Director will be responsible for ongoing supervision and bringing all information to monthly QMPI meeting to be discussed in addition to all other items specified in 2800.26

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented (redacted) - 11/25/2025)

126a Furnace inspection

5. Requirements

2800.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

126a Furnace inspection (continued)

Description of Violation

The home does not have documentation that the residence's furnaces have been inspected by a professional furnace cleaning company or a trained maintenance staff person in the past year.

Plan of Correction

Accept [redacted] 11/12/2025)

All furnaces in all residents' apartments are inspected 2x a year, however the documentation was missing. Residence Director educated Maintenance team on regulation 2800.126a and 2800.126b on 10.24.25, documentation shall be kept.

Task will be entered into our TEL's system by 11.21.25, for the maintenance team to track annual inspection due dates and dates inspection has been completed, as well as cleaning dates according to manufacturer's instruction. Beginning 11.30.25, completed tasks will be printed off and maintained in a binder in the Maintenance Directors office that is readily available.

To ensure consisted adherence to this regulation 2800.126 a and b, compliance monitoring will be conducted and discussed during monthly QMPI meeting in addition to all other items specified in 2800.26, and documentation shall be kept further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented [redacted] - 11/25/2025)

126b Furnace cleaning

6. Requirements

2800.

126.b. Furnaces shall be cleaned according to the manufacturer's instructions. Documentation of the cleaning shall be kept.

Description of Violation

The home does not have documentation that the residence's furnaces have been cleaned according to the manufacturer's instructions.

Plan of Correction

Accept [redacted] - 11/12/2025)

All furnaces in all residents' apartments are inspected 2x a year, however the documentation was missing. Residence Director educated Maintenance team on regulation 2800.126a and 2800.126b on 10.24.25, documentation shall be kept.

Checklist will be created by Maintenance Director by 11.21.25 to track annual inspection due dates and dates inspection has been completed, as well as cleaning dates according to manufacturer's instruction.

Beginning 11.30.25, completed tasks will be printed off and maintained in a binder in the Maintenance Directors office that is readily available.

To ensure consisted adherence to this regulation 2800.126 a and b, compliance monitoring will be conducted and discussed during monthly QMPI meeting in addition to all other items specified in 2800.26, and documentation shall be kept further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented [redacted] - 11/25/2025)

131c Kitchen fire extinguisher

**7. Requirements**

2800.

131.c. A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher must meet the requirements for one floor as required in subsection (a).

**Description of Violation**

On [REDACTED] at 12:14 p.m., there was no fire extinguisher present in the partial kitchen in the home's Memory Care unit that includes a sink and a wall oven.

**Plan of Correction**

Accept [REDACTED] - 11/12/2025)

A fire extinguisher with a rating of 2A-10BC was ordered for the partial kitchen on our Memory Care Unit on 11.5.25 by Maintenance Director.

Fire extinguisher shall be installed by 11.30.25 or as soon as it arrives to the community by Maintenance team.

The Residence Director re-educated the Maintenance team on 10.24.25 on ensuring any kitchen area that can prepare and store food in a capacity that would designate it as a "full service" shall have a fire extinguisher with at least a 2A-10BC rating. Documentation shall be kept.

Beginning the week of 11.30.25, Maintenance Director shall audit fire extinguisher location at least monthly for compliance.

Monthly inspections shall be presented and discussed at our monthly QMPI for continued compliance with regulation 2800.131c along with other items specified in 2800.26.

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented [REDACTED] - 11/25/2025)

**185a Storage procedures****8. Requirements**

2800.

185.a. The residence 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**

Resident [REDACTED] is ordered blood glucose checks three times a day at meals with sliding scale coverage. The readings in the resident's glucometer(s) were incorrectly documented on the resident's October 2025 medication administration record (MAR) as follows:

- On [REDACTED] at 5:14 a.m., [REDACTED] was the glucose value entered on the resident's MAR; however this reading is not in the resident's [REDACTED] nor the resident's [REDACTED].
- On [REDACTED] at 6:37 a.m., [REDACTED] was the glucose value entered on the resident's MAR; however, the reading on the resident's glucometer on [REDACTED] at 5:44 a.m. was [REDACTED].
- On [REDACTED] at 5:12 a.m., [REDACTED] was the glucose value entered on the resident's MAR; however, the reading on the resident's glucometer on [REDACTED] at 5:08 a.m. was [REDACTED].

**Plan of Correction**

Accept [REDACTED] - 11/12/2025)

The MAR for resident [REDACTED] was corrected to reflect the accuracy of the results from the blood glucose machine on 11.4.25 by the Health Care Director

By 11.7.25, the Healthcare Director shall audit MARs of remaining diabetic residents to ensure accuracy in documentation. Any further findings to be corrected at time of audit.

By 11.21.25 the Health Care Director shall educate the associates who administer medication on regulation 2800.185a and proper documentation. Documentation shall be kept.

Beginning 11.3.25 the Health Care Director or Designee shall randomly audit MAR entries of at least 3 diabetic

185a Storage procedures (continued)

residents against the blood glucose machine weekly for 4 weeks then monthly going forward. To ensure consistent adherence to this regulation 2800.185a, compliance monitoring will be conducted during the monthly QMPI meetings in addition to all other items specified in 2800.26, and documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented [redacted] 11/25/2025)

187d Follow prescriber's orders

9. Requirements

2800. 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is ordered [redacted] /ml pen) – Inject sub-Q 3 times a day per sliding scale; 141-180=2u, 181-220=4u, 221-260=6u, 261-300=8u, 301-340=10u, >241=12u and call MD. On [redacted] at 5:44 a.m., the reading on the resident's glucometer was [redacted] requiring 4 units of insulin. However, the glucose value entered on the resident's MAR on [redacted] at 6:37 a.m., was [redacted] and only 2 units of [redacted] were administered.

Plan of Correction

Accept [redacted] 11/12/2025)

On 11.4.25 the Health Care Director made the PCP aware, DHS Reportable was sent and family was made aware of resident 3 receiving the wrong dose of insulin and error in documentation. By 11.18.25 the Regional Health Care Director shall educate the clinical team of nurses on Regulation 2800.187d. Documentation shall be kept. By 11.21.25 the Health Care Director shall educate staff who administer medications on regulation 2800.187d, following directions of the prescriber and use of the EMAR dashboard to ensure scheduled medication administration is completed. Documentation shall be kept. By 11.14.25 the Health Care Director or Designee, shall audit remaining resident with sliding scale orders to assure the orders and accurate and review of the MAR to be conducted for missed medications not following prescriber's orders. Beginning 11.3.25 the Health Care Director shall conduct weekly MAR audits for 4 weeks, and then monthly thereafter, of at least 5 different residents each week to ensure compliance with 2800.187d. To ensure consistent adherence, compliance monitoring will be conducted during the monthly QMPI meetings in addition to all other items specified in 2800.26, and documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented [redacted] - 11/25/2025)

225a2 Assessment – significant change

10. Requirements

2800.

225a2 Assessment – significant change (continued)

225.a.2. The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department’s assessment form. Additional written assessments shall be completed as follows: If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [redacted] initial assessment completed [redacted] was not updated to include repeated threats made by resident [redacted] regarding resident [redacted] that were reported several times to the Health Care Director and other staff during “Huddle” meetings. Resident [redacted]’s assessment was not updated until [redacted] following an incident resulting in injury to resident [redacted]

Plan of Correction

Accept ([redacted] - 11/12/2025)

On 11.3.25 Health Care Director reviewed current resident support plans for accuracy, updates made as needed. By 11.18.25 the Regional Health Care Director of Designee, shall educate the Health Care Director, Assistant Health Care Director and nurses on regulation 2800.225a2. Documentation shall be kept. Beginning 11.3.25 the Health Care Director shall review communication log/shift change report for at least 3x weekly for noted changes in residents’ status. Significant change assessments to be completed as needed. To ensure adherence to regulation 2800.225a2, compliance monitoring will be conducted during the QMPI monthly meetings in addition to all other items specified in 2800.26, and documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 11/07/2025

Implemented ([redacted] - 11/25/2025)

225b Assessment content

11. Requirements

- 2800.
- 225.b. The assessment must, at a minimum include the following:
  - 6. The resident’s need for special diet or meal requirements.

Description of Violation

On [redacted] resident [redacted] was ordered a mechanical soft chopped diet. However, the resident’s assessment completed [redacted] and reviewed on [redacted] and [redacted] was not updated to include this diet change. This assessment indicates [resident [redacted]] is ordered a regular diet (IDDSI level 7)”. The resident’s mechanical soft chopped diet was not included on the resident’s assessment until a significant change assessment was completed on [redacted].

Plan of Correction

Accept ([redacted] - 11/12/2025)

By 11.7.25 the Health Care Director or [redacted] Designee, will conduct a comprehensive review of each resident’s diet order to ensure that the most current dietary order was reflected on each resident’s support plan. The audit will verify that all resident support plans now include the correct and up to date diet orders and no discrepancies. The Residence Director in serviced the Health Care Director and the Assistant Health Care Director on regulation 2800.234b on 11.3.25 as well as reviewed the process of updating support plans with new diet orders. Documentation shall be kept. Beginning 11.3.25 the Health Care Director shall review communication log/shift change report for at least 3x weekly for noted changes in residents’ status, change in diet orders to be reflected on the support plan as new orders are received. Resident’s diets, along with any new diet orders, will be reviewed and discussed by the Health Care Director or [redacted]

225b Assessment content (continued)

Designee at the monthly QMPI and any revisions, if necessary, will be made at that time. The Health Care Director will be responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/14/2025

Implemented (redacted) - 11/25/2025)

231c1 Preadmit screening

12. Requirements

2800.

231.c.1. Special care unit for residents with Alzheimer's disease or dementia.

- i. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's cognitive preadmission screening form shall be completed for each resident within 72 hours prior to admission to a special care unit.

Description of Violation

Resident (redacted) cognitive preadmission screening, dated (redacted) did not indicate that the resident requires the services of a special care unit and whether or not the resident's need could be served in the residence. None of the boxes were checked.

Plan of Correction

Accept (redacted) - 11/12/2025)

Education to be provided to Health Care Director, Assistant Health Care Director and nurses, by Regional Health Care Director/Designee on regulation 231c1 by 11.18.25 Documentation shall be kept.

Health Care Director audited all current MC resident's charts on 10.17.25 to ensure that preadmit screenings are all filled out properly and completely.

Beginning 11.3.25, the Health Care Director will review all new admits paperwork on day of move in to ensure that all boxes are checked and all necessary information is supplied as needed on the forms.

To ensure adherence to regulation 2800.231c1, compliance monitoring will be conducted during the QMPI monthly meetings in addition to all other items specified in 2800.26, and documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 11/21/2025

Implemented (redacted) - 11/25/2025)

234a Admission – support plan

13. Requirements

2800.

234.a.1. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the special care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident (redacted) was admitted to the residence on (redacted) However, the resident's initial support plan was completed and signed on (redacted)

Plan of Correction

Accept (redacted) 11/12/2025)

In service to be provided to Health Care Director, Assistant Health Care Director and nurses by Regional Health Care Director/Designee on regulation 234a by 11.18.25 Documentation shall be kept.

Health Care Director/Assistant Health Care Director audited all current MC resident's charts to ensure timeliness of

**234a Admission – support plan (continued)**

*all support plans on 10.17.25.*

*Beginning 11.3.25, the Health Care Director will review all new admits paperwork to ensure that a support plan is developed, implemented, and documented in the resident's record within 72 hours of admission to the special care unit.*

*To ensure adherence to regulation 2800.234a, compliance monitoring will be conducted during the QMPI monthly meetings in addition to all other items specified in 2800.26, and documentation shall be kept, further ensuring our commitment to transparency and accountability.*

**Licensee's Proposed Overall Completion Date: 11/21/2025**

**Implemented [REDACTED] - 11/25/2025)**