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

May 8, 2026

[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 10/24/2025, 10/29/2025 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**: *20* **Waking Staff**: *15*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal, Complaint* **Exit Conference Date**: *10/24/2025*

Inspection Dates and Department Representative

10/24/2025 - On-Site: [redacted]

10/29/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *45* **Residents Served**: *15*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *1* **Are 60 Years of Age or Older**: *15*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *5* **Have Physical Disability**: *0*

Inspections / Reviews

10/24/2025 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *12/01/2025*

01/05/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *05/06/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *01/09/2026*

Inspections / Reviews *(continued)*

04/22/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *05/06/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *05/04/2026*

05/08/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *05/06/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

3c - Post Current License

1. Requirements

2600.
3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On [redacted] at 09:35 AM there was no regulation book posted in the home.

Plan of Correction ***Accept [redacted] - 01/02/2026)***

There had prior to inspection, a regulation book posted at the entry with the inspection report binder, which was present. It is unknown why or how this book was removed from it's pubic posting place

Immediately, during the inspection on 10/24/2025, the administrator printed the regulation book from the DHS site and placed in a binder and put back at the entry way with a label on the outside to indicate what it is and that it is not to be removed from this area.

Beginning 12/15/2025, the administrator will issue education to staff in regards to this regulation and ensuring that the binder remains in place.

Beginning 12/15/2025, the administrator will create a checklist to assess for the presence of the regulation binder in a public place.
This checklist will be done once weekly x 1 month then 1 x monthly x 3 months.

This will be completed by the administrator or a designated individual.

This will be completed by 01/12/2026

Licensee's Proposed Overall Completion Date: *01/12/2026*

Implemented [redacted] - 05/08/2026)

82a - Poisonous Materials

2. Requirements

2600.
82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On [redacted] at 9:15 am, a plain 1 gallon white bucket labeled in black marker "OXI Clean stain remover Powder Only" was found on the washing machine in the lower level laundry room with a white powder inside.

Plan of Correction ***Accept ([redacted] - 04/22/2026)***

Request for removal - the container was labeled just as food would be labeled when/if removed from it's original container. Due to the volume that the laundry is done in, there is no larger container to consolidate the "OXI Clean Stainer Remover Powder Only" in.

Staff placed the powder in a container, labeled it appropriately and indicated that it was the only substance that was to be put into this container.

Immediately, during the inspection on 10/24/2025, the administrator printed the regulation book from the DHS

82a Poisonous Materials (continued)

site and placed in a binder and put back at the entry way with a label on the outside to indicate what it is and that it is not to be removed from this area.
Beginning 12/15/2025, the administrator will issue education to staff in regards to this regulation and ensuring that the binder remains in place.
Beginning 12/15/2025, the administrator will create a checklist to assess for the presence of the regulation binder in a public place.
This checklist will be done once weekly x 1 month then 1 x monthly x 3 months.
This will be completed by 01/12/2026

As of 4/16/2026 there is no longer a container for Oxi Clean in the laundry room.

Beginning week of 4/27/2026 staff education will be completed in regards to this regulation and any cleaning/chemical agents used throughout the facility

This education will be completed by 5/4/2026.

Education to be provided by the Administrator

Beginning week of 4/27/2026 a checklist will be completed by the Administrator to check for presence of any cleaning/chemical agents in the laundry room that are not in their original container.

This checklist will be completed 1 x weekly x 1 month then 1 x every other week x 1 month then 1 x monthly

Licensee's Proposed Overall Completion Date: *05/29/2026*

Implemented [redacted] - 05/08/2026)

88a - Surfaces

3. Requirements

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

At 9:15 AM on [redacted] there is a hole in the carpet in the downstairs living room measuring 5 inches by 8 inches.

At 9:20 AM on [redacted] the drop ceiling in the downstairs laundry room had one tile partially detached from the frame and hanging down, and a hole from water damage approximately 12 inches around.

Plan of Correction ***Accept [redacted] 01/02/2026)***

The administrator has been requesting that the carpet be repaired/replaced due to the presence of the hole. Management has not repalced.

After the inspection, on 11/20/2025, the administrator met with a repair man to assess needs for

88a - Surfaces (continued)

repairing/replacing carpet.

Beginning 12/15/2025, the administrator will issue education to staff in regards to this regulation and ensuring that they report any holes in any carpet.

Beginning 12/15/2025, the administrator will post a maintenance repair request in the main kitchen area for staff to document repair needs.

The repairs will be completed by 01/02/2026 based on the schedule of the reapir man.

This will be completed by 01/02/2026

Licensee's Proposed Overall Completion Date: *01/02/2026*

Implemented [redacted] 05/08/2026)

96a - First Aid Kit

4. Requirements

2600.
96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the home does not include scissors.

Plan of Correction ***Accept [redacted] - 01/02/2026)***

There had prior to inspection, a complete first aid kit to include scissors. It is unknown why the scissors were removed.

Immediately, following the inspection on 10/24/2025, the administrator placed a pair of scissors in the first aid kit.

Beginning 12/15/2025, the administrator will issue education to staff in regards to this regulation to ensure the first aid kit remains intact.

Beginning 12/15/2025, the administrator will create a checklist to assess for the presence of all required items in the first aid kit.

This checklist will be done once weekly x 1 month then 1 x monthly x 3 months.
This will be completed by 01/12/2026

Licensee's Proposed Overall Completion Date: *01/16/2026*

Implemented [redacted] - 05/08/2026)

132b - Safety Inspection/Fire Drill

5. Requirements

2600.
132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

132b Safety Inspection/Fire Drill *(continued)*

Description of Violation

There has not been an annual supervised fire drill or fire safety inspection by a fire safety expert in the past 12 months.

Plan of Correction ***Accept [redacted] - 01/02/2026)***

The manager of the facility has been responsible/in charge of managing the monthly fire drills, annual fire drill/fire safety inspection with the volutneer fire department.

The administrator has been requesting the documents to be returned to ensure compliance with regulations. These documents have not been returned.

This administrator made contact with the chief of the volunteer fire department and scheduled the annual fire drill/fire safety inspection, which was completed on 12/3/2025.
A signed/dated letter was given to this administrator by the VFD chief.

Beginning 12/15/2025, this administrator will issue education to the staff in regards to documentation and regulations involving monthly unannounced fire drills and annual fire safety inspection.

Beginning 12/15/2025, the administrator will create a checklist to assess for the presence of the fire drill/fire safety inspection binder in the office.

This checklist will be done once weekly x 1 month then 1 x monthly x 3 months.

This will be completed by the administrator or a designated individual.

This will be completed by 01/12/2026

Licensee's Proposed Overall Completion Date: *01/12/2026*

Implemented [redacted] - 05/08/2026)

132c - Fire Drill Records

6. Requirements

2600.
132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

There is no written fire drill log for any of the fire drills held within the past 12 months.

Plan of Correction ***Accept [redacted] - 01/02/2026)***

The manager of the facility has been responsible/in charge of managing the monthly fire drills, annual fire drill/fire safety inspection with the volutneer fire department.

The administrator has been requesting the documents to be returned to ensure compliance with regulations. These documents have not been returned.

Following the inspection, this administrator made contact with the fire alarm monitoring company and requested

132c - Fire Drill Records (continued)

records to indicate when the fire alarms were placed on standby.

During the inspection the surveyors interviewed staff and residents that confirmed that fire drills were being completed.

Beginning 12/15/2025, the administrator will create a checklist to assess for the presence of the fire drill/fire safety inspection binder in the office.
The administrator will check for the presence of monthly unannounced fire drills being completed.
The administrator will have a member of the staff sign as a witness when each fire drill is completed.

This checklist will be done once weekly x 1 month then 1 x monthly x 3 months.

This will be completed by the administrator or a designated individual.

This will be completed by 01/12/2026

Licensee's Proposed Overall Completion Date: *01/12/2026*

Implemented ([redacted] - 05/08/2026)

141a 1-10 Medical Evaluation Information

7. Requirements

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident [redacted] was admitted to the facility on [redacted]; however, no medical evaluation was completed.

Resident [redacted] was admitted to the facility on [redacted] however, no documented medical evaluation was completed.

Plan of Correction ***Accept [redacted] - 04/22/2026)***

The manager and director of the facility had been responsible for the admission and documentation for Resident #[redacted]
The administrator has been requesting the documents for Resident [redacted] they have not been produced.

The documents for Resident [redacted] were located in an additional binder after the inspection was completed; records were removed from [redacted] primary chart due to the volume in the chart to allow for the binder to be able to close.

141a 1-10 Medical Evaluation Information (continued)

Beginning 12/15/2025, the administrator will complete chart audits on all charts to assess for the presence of the most current DME

This checklist will be done once weekly x 1 monthly x 3 months.

This will be completed by the administrator or a designated individual.

This will be completed by 01/12/2026

UPDATE:

Resident #1 DME was completed 5/1/2026

Licensee's Proposed Overall Completion Date: *04/17/2026*

Implemented [redacted] - 05/08/2026)

187d - Follow Prescriber's Orders

9. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribed [redacted] to take 1 tablet by mouth three times daily as needed for vertigo. On [redacted] at 11:38 a.m., Resident #[redacted] was administered 1 tablet by mouth of [redacted] for [redacted].

Resident [redacted] is prescribed [redacted], to be taken orally once daily for [redacted]. The medication was not administered from [redacted] through [redacted] because it was not available in the home.

Resident [redacted] is prescribed [redacted] to be applied topically to the lower extremities twice daily. On [redacted] and [redacted], the MAR indicates "No coverage needed."

Resident [redacted] is prescribed [redacted], to be taken 1 tablet orally every 8 hours as needed. The resident was administered 1 tablet on [redacted] at 12:18 pm and again at 7:51 pm. The resident was administered 1 tablet on [redacted] at 1:22 pm and again at 8:10 pm.

Plan of Correction ***Directed[redacted] - 04/22/2026)***

Resident [redacted] is ordered [redacted] for [redacted]. As the admninistrator is also a registered nurse, staff are educated that a primary symptom of [redacted] is also [redacted].
The staff documented a symptom of [redacted] to indicate what [redacted] was experiencing to detail how [redacted] was feeling as a result.

Resident [redacted] was a veteran who was also on hospice. There had been discrepancies as to where and who would provide [redacted] medications which caused confusion with the facility-associated pharmacy as to where the refills and prescription would be obtained from.

187d - Follow Prescriber's Orders (continued)

It had been requested as reordered by staff in an appropriate time frame.

Resident [redacted] topicals were able to be held when coverage was not needed or appropriate.

Resident [redacted] and all residents, as explained by this adminsitrator/RN to the surveyor, was that policy is medications can be given within 1 hour before or 1 hour after designated times. This includes PRN medications, as is a standard in acute care settings as well as long-term care settings.
This information was discussed during the exit interview.

UPDATE:

RESIDENT [redacted]:
** pending discussion with DHS for clarification*

RESIDENT [redacted]
** pending discussion with DHS for med admin policy clarification*

Proposed Overall Completion Date: 04/17/2026

DIRECTED PLAN:
Within 15 days of receipt of the plan of correction: All staff persons qualified to administer medications shall receive education that the order of the prescriber shall be followed as written and if changes to an order appear necessary, an additional order from the prescriber shall be obtained prior to implementing the medication administration changes. Documentation of the education shall be kept.

Directed Completion Date: *05/04/2026*

Implemented [redacted] - 05/08/2026)

225a - Assessment 15 Days

10. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident [redacted] was admitted to the facility on [redacted]; however, no initial assessment was completed.

Plan of Correction ***Accept [redacted] - 01/05/2026)***

The manager and director of the facility had been responsible for the admission and documentation for Resident [redacted].

The administrator has been requesting the documents for Resident [redacted]; they have not been produced.

Immediately following the inspection, this administartor completed a new RASP for Resident [redacted]

Beginning 12/15/2025, the administrator will complete chart audits on all charts to assess for the presence of the

225a - Assessment 15 Days (continued)

most current and the initial RASP.

This checklist will be done once weekly x 1 monthly x 3 months.

This will be completed by the administrator or a designated individual.

This will be completed by 01/12/2026

Licensee's Proposed Overall Completion Date: *01/12/2026*

Implemented [redacted] - 05/08/2026)

225c - Additional Assessment

11. Requirements

2600.
225.c. The resident shall have additional assessments as follows:

Description of Violation

Resident[redacted]s most recent assessment was completed [redacted]

Plan of Correction ***Accept ([redacted] - 01/05/2026)***

The documents for Resident #[redacted] were located in an additional binder after the inspection was completed; records were removed from [redacted] primary chart due to the volume in the chart to allow for the binder to be able to close.

Beginning 12/15/2025, the administrator will complete chart audits on all charts to assess for the presence of the most current RASP.

This checklist will be done once weekly x 1 monthly x 3 months.

This will be completed by the administrator or a designated individual.

This will be completed by 01/12/2026

Licensee's Proposed Overall Completion Date: *01/12/2026*

Implemented [redacted] - 05/08/2026)

227a - Support Plan 30 Days

12. Requirements

2600.
227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident [redacted] was admitted to the facility on [redacted]; however, no written support plan was completed.

Plan of Correction ***Accept [redacted] - 01/05/2026)***

The manager and director of the facility had been responsible for the admission and documentation for Resident [redacted].

227a Support Plan 30 Days (continued)

The administrator has been requesting the documents for Resident [redacted]; they have not been produced.

Immediately following the inspection, this administartor completed a new RASP for Resident [redacted].

Beginning 12/15/2025, the administrator will complete chart audits on all charts to assess for the presence of the most current and the initial RASP.

This checklist will be done once weekly x 1 monthly x 3 months.

This will be completed by the administrator or a designated individual.

This will be completed by 01/12/2026

Licensee's Proposed Overall Completion Date: *01/12/2026*

Implemented [redacted] - 05/08/2026)