

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

February 4, 2026

[REDACTED],
JOHNSTOWN PC OPCO LLC
[REDACTED]
[REDACTED]

RE: HERITAGE RIDGE SENIOR LIVING AT
JOHNSTOWN
807 GOUCHER STREET
JOHNSTOWN, PA, 15905
LICENSE/COC#: 33819

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/03/2025, 12/11/2025 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: HERITAGE RIDGE SENIOR LIVING AT JOHNSTOWN **License #:** 33819 **License Expiration:** 06/01/2026
Address: 807 GOUCHER STREET, JOHNSTOWN, PA 15905
County: CAMBRIA **Region:** CENTRAL

Administrator

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

Legal Entity

Name: JOHNSTOWN PC OPCO LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-1 **Date:** 01/15/2018 **Issued By:** County
Type: I-2 **Date:** 01/15/2018 **Issued By:** County

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 50 **Waking Staff:** 38

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 12/16/2025

Inspection Dates and Department Representative

12/03/2025 - On-Site: [REDACTED]
12/11/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 48 **Residents Served:** 45

Secured Dementia Care Unit

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

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 3 **Are 60 Years of Age or Older:** 45
Diagnosed with Mental Illness: 3 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 5 **Have Physical Disability:** 0

Inspections / Reviews

12/03/2025 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/06/2026

Inspections / Reviews *(continued)*

01/14/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/27/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/02/2026

02/04/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/27/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contracts, dated [redacted] for resident [redacted] and [redacted] for resident [redacted] were not signed by the resident.

Plan of Correction

Accept [redacted] 01/14/2026)

Administrator or designee will audit all current resident agreements to determine which, if any, are not signed by the resident. If any are found, the Administrator or Designee will get resident signatures on the attached Resident Agreement Addendum.

Administrator or designee will inspect all future agreements upon execution to ensure that the resident has signed him/herself.

Licensee's Proposed Overall Completion Date: 01/31/2026

Implemented [redacted] - 02/04/2026)

25c2 - Fee Schedule

2. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

The home charges specified amounts for individual personal needs services. The resident-home contract, dated [redacted] for resident [redacted] does not include a fee schedule of actual amounts charged for available services.

Plan of Correction

Directed [redacted] - 01/14/2026)

The parent company of this home used the resident agreement at issue in this violation for approximately 12 months after purchasing this home. That resident agreement does not meet the regulatory standards. Since then, we utilize the Department-approved resident agreement.

Administrator or designee will audit all current resident agreements to determine which, if any, admissions used this agreement. All that are discovered will be replaced with the Department-approved resident agreement and will be executed with the resident signature.

Proposed Overall Completion Date: 01/31/2026

Directed Completion Date: 01/31/2026

Implemented [redacted] - 02/04/2026)

25c3 - Annual Assessment

3. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 3. An explanation of the annual assessment, medical evaluation and support plan requirements and procedures, which shall be followed if either the assessment or the medical evaluation indicates the need of another and more appropriate level of care.

Description of Violation

The resident-home contract, dated [REDACTED], for resident [REDACTED] does not explain the annual assessment, medical evaluation and support plan requirements and procedures to be followed if the assessment or medical evaluation indicates the need for another or more appropriate level of care.

Plan of Correction

Accept [REDACTED] - 01/14/2026)

The parent company of this home used the resident agreement at issue in this violation for approximately 12 months after purchasing this home. That resident agreement does not meet the regulatory standards. Since then, we utilize the Department-approved resident agreement.

Administrator or designee will audit all current resident agreements to determine which, if any, admissions used this agreement. All that are discovered will be replaced with the Department-approved resident agreement and will be executed with the resident signature.

Licensee's Proposed Overall Completion Date: 01/31/2026

Implemented [REDACTED] - 02/04/2026)

54a - Direct Care Staff

4. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Neither Staff Member A or Staff Member B have verification of a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept [REDACTED] - 01/14/2026)

Administrator or designee will audit all current direct care staff files, and will determine which, if any, staff files have no proof of high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Administrator or designee will ensure that all current direct care staff will have proof of the above by the Proposed Overall Completion Date.

Administrator will ensure that no future hires will advance to New Hire Orientation until proof has been submitted.

Licensee's Proposed Overall Completion Date: 02/28/2026

Implemented [REDACTED] - 02/04/2026)

63a - First Aid/CPR Training

5. Requirements

63a - First Aid/CPR Training (continued)

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On [redacted] and [redacted], from 11:00 PM to 7:00 AM, 45 residents were present in the home. During this time Staff Member C and Staff Member D were the only staff members present in the home. Neither of these staff were trained in obstructed airway techniques and CPR.

Repeated violation [redacted]

Plan of Correction

Accept [redacted] - 01/14/2026)

Administrator or designee will audit CPR & First Aid certifications of all current direct care staff. Any current direct care staff members who do not have those certifications will be certified no later than January 31, 2026.

Administrator or designee will ensure that at all times, at least one direct care staff member will possess the requisite CPR & First Aid certification.

Licensee's Proposed Overall Completion Date: 01/31/2026

Implemented [redacted] - 02/04/2026)

65e - 12 Hours Annual Training

6. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Neither Staff Member A or Staff Member B received 12 hours of annual training in training year 2024.

Plan of Correction

Accept [redacted] - 01/14/2026)

The 2025 Staff Training Plan is attached. All current direct care staff have completed the 2025 annual training. Administrator or Designee will ensure that all direct care staff will comply with all future Staff Training Plans and the annual training requirements.

Administrator or designee will perform quarterly audits of the current staff annual training to ensure the current Staff Training Plan is being followed. The quarterly audits will be completed on the following schedule:

- 1st Quarter 2026: 04/15/2026
- 2nd Quarter 2026: 07/15/2026
- 3rd Quarter 2026: 10/15/2026
- 4th Quarter 2026: 12/15/2026

Administrator or designee will ensure that all annual training requirements are met before 12/31/2026.

Licensee's Proposed Overall Completion Date: 01/31/2026

Implemented [redacted] - 02/04/2026)

141b1 - Annual Medical Evaluation

7. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

The following resident medical evaluations were not completed on an annual basis:

- Resident [redacted]s most recent medical evaluation was completed on [redacted]
- Resident [redacted] most recent medical evaluation was completed on [redacted]. The resident's previous medical evaluation was completed on [redacted].

Plan of Correction

Accepted [redacted] 01/14/2026)

Administrator or designee will complete an audit of the current resident medical evaluations no later than January 31, 2026. If any current resident medical evaluations have not been completed as per regulations, Administrator or Designee will ensure that the residents' health care provider(s) will complete them as soon as possible thereafter.

Please see the attached Medical Evaluation for Resident [redacted] It was completed by the resident's PCP on 12/30/2025.

Administrator or designee will review all upcoming annual medical evaluations at least monthly to determine which ones must be completed within the next 60 days. Administrator will ensure all current residents that require an annual medical evaluation are completed timely.

Licensee's Proposed Overall Completion Date: 01/31/2026

Implemented [redacted] - 02/04/2026)

185a - Implement Storage Procedures

8. Requirements

2600.

185.a. The home 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 prescribed [redacted], PRN. On [redacted] at approximately 11:00 AM this medication was not available in the home.

Plan of Correction

Accepted [redacted] - 01/14/2026)

The pharmacy delivered the cough syrup, and it is in the medication cart.

Administrator or designee will complete monthly medication cart audits of PRN medications to ensure that all ordered medications are present in the home and that any that have expired are reordered and removed before the expiration date.

Please see the attached Medication Cart Audit Form that will be used for the audits described above.

Licensee's Proposed Overall Completion Date: 01/31/2026

Implemented [redacted] - 02/04/2026)

185a Implement Storage Procedures (continued)

224a - Preadmission Screen Form

9. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident [redacted] was admitted to the home on [redacted]; however, a resident preadmission screening form was not completed for this resident.

Plan of Correction

Accepted [redacted] - 01/14/2026)

Administrator or designee will ensure that no resident is admitted prior without a Preadmission Screen Form.

At least quarterly, the Administrator or designee will audit all current resident records to ensure each has a Preadmission Screen Form.

Licensee's Proposed Overall Completion Date: 01/31/2026

Implemented [redacted] - 02/04/2026)

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

The following resident assessments did not have dates of completion notated on the Resident Assessment and Support Plan (RASP). However, the RASP's did have resident signatures on the plan more than 15 days after admission:

- Resident [redacted] was admitted on [redacted]; however, the resident's RASP was not completed and signed until [redacted]
- Resident [redacted] was admitted [redacted]; however, the resident's RASP was not completed and signed until [redacted]

Plan of Correction

Accepted [redacted] - 01/14/2026)

Administrator will ensure that all Support Plans are completed no later than 15 days after any resident admission.

Administrator and Clinical Coordinator will meet no later than 10 days after each new admission to ensure that the initial Support Plan is completed no later than 15 days after the admission.

Licensee's Proposed Overall Completion Date: 01/31/2026

Implemented [redacted] - 02/04/2026)

227d - Support Plan Medical/Dental

11. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident's [redacted] and [redacted] were observed having enabler bars attached to their beds and in use. The RASP for resident [redacted] dated [redacted], and RASP for resident [redacted] dated [redacted] do not indicate the resident needs for an enabler bar or document how this need will be met.

Plan of Correction

Accept [redacted] - 01/14/2026)

New Support Plans have been completed (on 12/23/2025) to reflect the enabler bar needs and the provider orders authorizing them. Please see the attached Support Plans and provider orders.

Administrator or designee will inspect the enabler bars at least weekly to ensure that a pillowcase is covering the enabler bar to prevent resident entrapment.

Licensee's Proposed Overall Completion Date: 01/31/2026

Implemented [redacted] 02/04/2026)