pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **8870 DUNCAN AVE OPCO LLC**
LEGAL ENTITY

To operate **RIDGECREST PERSONAL CARE & MEMORY CARE**
NAME OF FACILITY OR AGENCY

Located at **8870 DUNCAN AVENUE, PITTSBURGH, PA 15237**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **211**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 35**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **July 23,** **2026** until **July 23,** **2027**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **455600**

ISSUING OFFICER

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 04/23

Pennsylvania
Department of Human Services

Emailing Date: July 23, 2026

[redacted]
8870 Duncan Ave OpCo LLC
[redacted]

RE: Ridgecrest Personal Care & Memory Care
8870 Duncan Avenue
Pittsburgh, Pennsylvania 15237
License #: 455600

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on May 18 and May 19, 2026, of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new home.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

Your NEW license is enclosed.

Sincerely,

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

Facility Information

Name: *RIDGECREST PERSONAL CARE & MEMORY CARE* **License #:** *455600* **License Expiration:**

Address: *8870 Duncan Avenue, Pittsburgh, PA 15237*

County: *ALLEGHENY* **Region:** *WESTERN*

Administrator

Name: [redacted]

Legal Entity

Name: *8870 Duncan Ave OpCo LLC*

Addres [redacted]

Phone: [redacted]

Certificate(s) of Occupancy

Type: *I-2* **Date:** *06/19/2020* **Issued By:** *Township of McCandless*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *270* **Waking Staff:** *203*

Inspection Information

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

Reason: *Complaint, Incident, Change Legal Entity* **Exit Conference Date:** *05/19/2026*

Inspection Dates and Department Representative

05/18/2026 - On-Site: [redacted]

05/19/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: **Residents Served:** *189*

Secured Dementia Care Unit

In Home: *Yes* **Area:** *Reflections. 1st Floor.* **Capacity:** *35* **Residents Served:** *31*

Hospice

Current Residents: *26*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *188*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *81*

Have Physical Disability: *0*

Inspections / Reviews

05/18/2026 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *07/23/2026*

07/21/2026 - POC Submission

Submitted By: [redacted] **Date Submitted:** *07/21/2026*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *07/28/2026*

Inspections / Reviews *(continued)*

07/22/2026 - Document Submission

Submitted By: [redacted] **Date Submitted:** *07/21/2026*

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

18 - Compliance With Laws

1. Requirements

2600.
18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted on 9/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance. On 5/18/2026 at 10:53 am, no carbon monoxide detector was present in close proximity to the gas stove in the kitchen.

Plan of Correction ***Accept [redacted] - 07/21/2026)***

On 5/18/26, a carbon monoxide detector was placed back on the ceiling in close proximity to the gas stove in kitchen by the Maintenance Director.
-By 6/30/26, the Regional Director of Operations or designee will re-educate the Culinary Dept. and the Residence Director on regulation 2600.18 and The Care Facility Carbon Monoxide Alarms Standards Act. Documentation shall be kept.
-The Maintenance Director completed an audit on all carbon monoxide detectors on 5/18/26 and found all were present and operable. Documentation shall be maintained.
-Beginning 6/29/26, the Maintenance Director or designee shall audit all carbon monoxide detectors to ensure all are present weekly for 4 weeks then twice monthly for two months. Documentation shall be maintained.
-On 7/15/2026, the Residence Director or designee, will review the above findings for 2600.18 during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: *07/22/2026*

Evidence of Completion ***Implemented [redacted] - 07/22/2026)***

See attached.

185a - Implement Storage Procedures

2. 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 #1's May 2026 medication administration record (MAR) indicates a blood glucose reading of 173 on 5/13/2026 at 11:13 am; however, resident #1's glucometer indicates a blood glucose reading of 178.

Resident #1's May 2026 MAR indicates a blood glucose reading of 141 on 5/15/2026 at 11:57 am; however, resident #1's glucometer indicates a blood glucose reading of 144.

Plan of Correction ***Accept ([redacted] - 07/21/2026)***

-By 6/27/26, the Health Care Director or designee shall re-educate all nurses and medication technicians on proper MAR entries of blood glucose readings of diabetic residents. Documentation shall be kept.
-Beginning 6/29/26, The Health Care Director or Designee will audit MAR entries on diabetic residents against the blood glucose machine. Audits will be completed weekly for 4 weeks and then twice a month for two months.

185a - Implement Storage Procedures (continued)

Documentation shall be maintained.
-On 7/15/2026, the Residence Director or designee, will review the above findings for 2600.185.a during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained

Licensee's Proposed Overall Completion Date: *07/22/2026*

Evidence of Completion ***Implemented [redacted] 07/22/2026)***

See attached.

187a - Medication Record

3. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #2 is prescribed Macrobid 100 mg capsule, take 1 capsule by mouth twice daily for 5 days, from 5/13/2026-5/18/2026. However, on 5/19/2026, resident #2's May 2026 MAR did not indicate the duration of therapy.

Plan of Correction ***Accept [redacted] 07/21/2026)***

-By 6/27/26, Health Care Director or designee shall re-educate wellness nurses and Medication Techs on regulation 2600.187a regarding duration of therapy. Documentation shall be maintained.
-Beginning on 6/29/26, the Health Care Director or designee will audit all new medication orders to ensure duration of therapy is specified, if applicable. Audits will be completed weekly for 4 weeks and then twice monthly for two months. Documentation shall be maintained.
-On 7/15/2026, the Residence Director or designee, will review the above findings for 2600.187.a during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: *07/22/2026*

Evidence of Completion ***Implemented [redacted] - 07/22/2026)***

See attached.

187d - Follow Prescriber's Orders

4. Requirements

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

Description of Violation

Resident #1 is prescribed blood glucose checks 4 times daily. However, there were no bedtime blood glucose readings on resident #1's glucometer on the evenings of 5/14/2026, 5/15/2026, and 5/18/2026.

Plan of Correction ***Accept [redacted] - 07/21/2026)***

-By 6/27/26, the Health Care Director or designee shall re-educate all nurses and medication technicians on following the directions of the prescriber. Documentation shall be kept.
-By 6/27/26, the Healthcare Director or designee shall educate staff who administer medications on regulation

187d - Follow Prescriber's Orders (continued)

2600.187d, following directions of the prescriber and ensuring accuracy of glucometer readings. Documentation shall be kept.

-Beginning 6/29/26, The Health Care Director or Designee will audit MAR entries on diabetic residents against the blood glucose machine. Audits will be completed daily for 2 weeks and then weekly for 2 weeks. Documentation shall be kept.

-On 7/15/2026, the Residence Director or designee, will review the above findings for 2600.187.d during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: *07/22/2026*

Evidence of Completion ***Implemented [redacted] - 07/22/2026)***

See attached.

227d - Support Plan Medical/Dental

5. 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

On 5/19/2026, there was a bedside mobility device attached to the right side of resident #3's bed. However, resident #3's most recent support plan, dated [redacted]/2025, does not indicate the use of a bedside mobility device

Plan of Correction ***Accept [redacted] 07/21/2026)***

-Immediately the use of the bedside mobility device was added to resident #3 support plan by the Health Care Director.

-By 6/27/26, the Regional Health Care Director or designee will educate the Health Care Director, Assistant Health Care Director and Residence Director on regulation 2600.227.d. Each resident support plan shall include the need and use of bedside mobility devices. Documentation shall be maintained.

-By 6/27/26, Health Care Director or designee will complete an audit of all resident support plans who utilize bedside mobility devices. Needed updates will be made to the support plan at that time. Documentation shall be maintained.

-Beginning 6/29/26, the Health Care Director and/or designee will complete an audit of new resident support plans who utilize bedside mobility devices weekly x4 weeks and then twice monthly for two months to ensure compliance with 227.d. Documentation shall be maintained.

-On 7/15/2026, the Residence Director or designee, will review the above findings for 2600.227.d during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: *07/22/2026*

Evidence of Completion ***Implemented ([redacted] - 07/22/2026)***

See attached.

231b - Medical Evaluation

6. Requirements

2600.
231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #4 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]/2025. The resident's medical evaluation, dated [redacted]2025, does not indicate that resident #4's needs can be met safely at the Personal Care Home.

Plan of Correction ***Accept[redacted] 07/21/2026)***

-Immediately following the survey, the Health Care Director reached out to resident #4's PCP and had the medical evaluation corrected.
-By 6/27/26, the Regional Health Care Director or designee will educate the Health Care Director, Assistant Health Care Director and Residence Director on regulation 2600.231.b to ensure all residents medical evaluations completed, indicate that the resident's needs can be safely met at the personal care home. Documentation shall be maintained.
-By 6/27/26, the Health Care Director or designee will audit current resident records to ensure medical evaluations indicate that the resident's needs can be met safely at the personal care home. If any further noncompliance is found, the Health Care Director or designee will reach out to the residents PCP to have the medical evaluation corrected. The medical evaluation will have "noncompliance identified during medical evaluation audit completed on XX/XX/XXXX by XX as part of the plan of correction for the survey on 5/19/2026" written on the bottom of the DME. Documentation shall be maintained.
-Beginning 6/29/2026, the Health Care Director or designee will complete a weekly audit of new medical evaluations weekly x4 weeks and twice monthly for two months ensuring all resident medical evaluations indicate the resident's needs can be met safely at the personal care home. Documentation shall be maintained.
-On 7/15/2026, the Residence Director or designee, will review the above findings for 2600.231.b during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: *07/22/2026*

Evidence of Completion ***Implemented [redacted] 07/22/2026)***

See attached.