

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

October 3, 2025

[REDACTED], OWNER
CNE FAMILY PROPERTIES LLC
[REDACTED]

RE: PLEASANT RIDGE
981 PLEASANT HILL ROAD
LEECHBURG, PA, 15656
LICENSE/COC#: 45630

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/04/2025 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: PLEASANT RIDGE License #: 45630 License Expiration: 04/10/2026
 Address: 981 PLEASANT HILL ROAD, LEECHBURG, PA 15656
 County: WESTMORELAND Region: WESTERN

Administrator

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

Legal Entity

Name: CNE FAMILY PROPERTIES LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 07/07/1998 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 58 Waking Staff: 44

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint Exit Conference Date: 08/04/2025

Inspection Dates and Department Representative

08/04/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 73 Residents Served: 48
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 6
 Number of Residents Who:
 Receive Supplemental Security Income: 25 Are 60 Years of Age or Older: 46
 Diagnosed with Mental Illness: 30 Diagnosed with Intellectual Disability: 3
 Have Mobility Need: 10 Have Physical Disability: 0

Inspections / Reviews

08/04/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/29/2025

08/26/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 09/25/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/29/2025

Inspections / Reviews *(continued)*

09/02/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/25/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 09/30/2025

10/03/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/25/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

86b - Bathroom

1. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The 2 bathrooms across from bedroom #228 did not have an operable, outside window or an operable exhaust fan for ventilation.

Plan of Correction

Accept ([redacted]) - 09/02/2025)

See attached.

Bathroom vents were installed on August 9th 2025 by [redacted] The completion of "long hall" restrooms was slated to be completed by August 12th. To ensure that all restrooms stay in good working order they are cleaning numerous times throughout the day by one or more of our 6 housekeepers. The housekeepers are to check that the vents are working along with of items in the restroom, this is part of their restroom cleaning check list. Monthly maintenance checks all toilet seats, drains, vents, and tanks.

Licensee's Proposed Overall Completion Date: 08/27/2025

Implemented ([redacted]) - 10/03/2025)

162c - Menus Posted

2. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The menus posted in the facility only included the dates of 8/4/25 to 8/10/25.

Plan of Correction

Accept ([redacted]) - 09/02/2025)

There are always two to threes worth of menus posted in various places. It happened that near the dining hall there was only one at the time. Menus are made by the administrator in collaboration with the kitchen manager this system as been in place since 10/25/2024, they are then posted in the dining hall, main floor common area, the kitchen, and main office located next to the sign in, additional copies are located with the administrator. To avoid this from happening we are now keeping an additional copy in the dining hall but located at the nurses station so that should they can easily read the menu to residents and make copies should there be another torn down this took effect 08/05/2025 placed at the nurses station by Jerrma. at the bottom of them menu are options for substitutions and available snacks.

Licensee's Proposed Overall Completion Date: 08/27/2025

Implemented ([redacted]) - 10/03/2025)

185a - Implement Storage Procedures

3. 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.

185a - Implement Storage Procedures (continued)

Description of Violation

Resident #2's glucometer was not set to the correct time.

On the following dates and times, resident #2's blood glucose was incorrectly documented on the resident's August 2025 MAR:

Date & Time	Meter	MAR
7/29/25 8:00 AM	213 mg/dl	228 mg/dl
8/1/25 8:00 AM	214 mg/dl	213 mg/dl
8/4/25 8:00 AM	205 mg/dl	204 mg/dl

Plan of Correction

Accept () - 09/02/2025

The plan of correction is focused on checking and correcting the machines as needed. To ensure the machines are working and showing the correct time, we have implemented a daily check sheet that is done during turnover from Midnight/ Dayshift narc count. This was implemented by the wellness director () on 08/08/2025 This is log is to be completed each morning, with the resident's name, the time, and if it needs to be corrected, and initialed by the on shift day turn medical technician. . This way, if we are seeing a machine that needs to be corrected every day, we can go ahead and have that machine replaced. please see the attached.

Licensee's Proposed Overall Completion Date: 08/27/2025

Implemented () - 10/03/2025

187b - Date/Time of Medication Admin.

4. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #3 was prescribed Atorvastatin 20 mg – 1 tablet daily at bedtime. Resident #3's August 2025 MAR includes an entry for Atorvastatin 10 mg – 1 tablet at bedtime. Staff administered the medication as it was ordered; however, staff initialed this entry from August 1, 2025 to August 3, 2025 as if it was administered.

Plan of Correction

Directed () - 09/02/2025

See attached. () was prescribed 10mg in () when () dosage changed on July 25, 2025. The pharmacy sent an additional 10mg tablets so that we could use what we already had, meaning that () was receiving () 20mg but in the dosage form of (2) 10mg tablets. there for () never missed a dose, and it was correctly administered. August 4th, () 20mg tablets were sent from the pharmacy, so there for () was now receiving () dosage in 1 tablet. To ensure we are communicating these changes, we have implemented new communication logs. Please see attached, this shows the initial fax 07/25/2025 to health direct and the date the type of pill changed was 08/03/2025, and new tablet was in place 08/04/2025 all occurring during the inspection causing the overlap and conflicting information

Proposed Overall Completion Date: 08/27/2025

Directed Plan:

187b - Date/Time of Medication Admin. (continued)

By 9/25/25: All staff persons who are qualified to administer medications shall be retrained on regulation 2600.187b. Documentation of the training shall be kept.

Directed Completion Date: 09/25/2025

Implemented (█) - 10/03/2025

187d - Follow Prescriber's Orders**5. Requirements**

2600.

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

Description of Violation

Resident #2 was prescribed Toujeo 300 units/ ml – 26 units at bedtime. This medication was not administered from 7/14/25 to 7/20/25 because it was not available in the home.

Plan of Correction

Accept (█) - 08/26/2025

See attached. This was initially a verbal order. Our policy is that, on the third missed dose, we send the fax again to request the refill. As you can see, this did not happen; what did happen is that █ was removed from █ medical technician position as █ failed to follow this procedure. We have also implemented a binder for all missed medication and refill faxes, the staff initials at the end of each shift and checked Monday-Friday by director of wellness to eliminate the possibility of this happening again.

Licensee's Proposed Overall Completion Date: 08/25/2025

Implemented (█) - 10/03/2025