



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **BRODHEAD SENIOR LIVING LLC**

LEGAL ENTITY

To operate **APPLE BLOSSOM SENIOR LIVING**

NAME OF FACILITY OR AGENCY

Located at **125 APPLE BLOSSOM WAY, MOON TOWNSHIP, PA 15108**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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 **150**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions:

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 **November 19, 2021** until **May 19, 2022**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **450721**

Janette Biderup
ISSUING OFFICER

Jamie J. Buchenauer
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 628P – 01/21



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: November 19, 2021

[REDACTED]
Brodhead Senior Living, LLC
125 Apple Blossom Way
Moon Township, Pennsylvania 15108

RE: Apple Blossom Senior Living
125 Apple Blossom Way
Moon Township, Pennsylvania 15108
License/COC #: 450721

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on May 12, 2021, May 19, 2021 and May 20, 2021, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (450720) dated November 19, 2020 – November 19, 2021 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa. Code § 20.71(a)(2); (3); (4) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from November 19, 2021 to May 19, 2022.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Shivani Patel, Enforcement Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

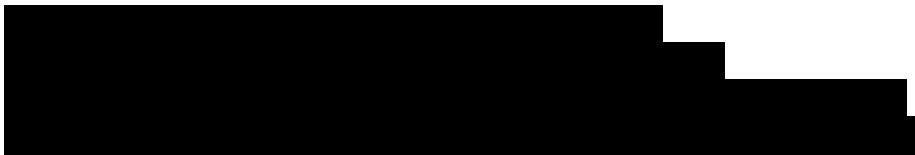
Sincerely,



Jamie Buchenauer
Deputy Secretary
Office of Long-Term Living

Enclosure
Licensing Inspection Summary

cc:



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

Facility Information

Name: *APPLE BLOSSOM SENIOR LIVING* License #: *45072* License Expiration Date: *11/19/2021*
Address: *125 APPLE BLOSSOM WAY, MOON TOWNSHIP, PA 15108*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *4125396446* Email: [REDACTED]

Legal Entity

Name: *BRODHEAD SENIOR LIVING LLC*
Address: *125 APPLE BLOSSOM WAY, MOON TOWNSHIP, PA, 15108*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *08/27/2019* Issued By: *Moon Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *68* Waking Staff: *51*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *08/11/2021*

Inspection Dates and Department Representative

05/12/2021 - On-Site: [REDACTED]
05/19/2021 - On-Site: [REDACTED]
05/20/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *150* Residents Served: *65*

Secured Dementia Care Unit

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

Hospice

Current Residents: *65*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *65*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *3* Have Physical Disability: *1*

Inspections / Reviews

05/12/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *08/26/2021*

9/13/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *10/01/2021*

10/8/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Exception*

25c2 - Fee Schedule

1. 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 has 7 levels of care, ranging from \$440/month to \$2,585/month. Resident #1's resident-home contract, dated [REDACTED]/20, indicates the resident is a level 2, which is \$715/month; however, the resident-home contract does not include a description of the services available with each level of care, or a process to identify how the resident was assessed as a level 2.

REPEAT VIOLATION: 2/27/2020

Plan of Correction

Directed

DIRECTED: By 9/23/21: A designated staff person shall update the home's resident-home contract to include the home's fee schedule, description of services that are available to residents, the specific services available under each of the home's levels of care, the cost of each of the levels of care, and a process to identify how each resident is assessed for levels of care. Documentation shall be kept. Each resident and their designated person, including resident #1, shall receive written notification of the updates to the resident-home contract, which includes the home's fee schedule, the description of services that are available to residents, the specific services available under each of the home's level of care, the cost of each of the levels of care and the process to identify how each resident was assessed for levels of care. Documentation shall be kept in each resident record. The updates to the resident-home contract shall also be included in the resident-home contract for newly-admitted residents. All staff persons involved in the admission process shall be educated by 9/23/21 to ensure all newly-admitted residents receive the updated resident-home contract, as well as an accurate fee schedule. Documentation of the education shall be kept. LM 9/13/21

Completion Date: 09/10/2021 Licensee's Proposed Date for POC Implementation

Not Implemented

10/8/21 

25c11 - List of Rates

1. Requirements

2600.

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

11. A list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.

Description of Violation

Resident #1's resident-home contract, dated [REDACTED]/20, indicates "The Community's current list of services included in the Basic Services is located in the Community Fee Schedule"; however, the community fee schedule is not attached to the resident-home contract.

25c11 - List of Rates (continued)

Plan of Correction

Directed

DIRECTED: By 9/23/21: A designated staff person shall update the home's resident-home contract to include the home's fee schedule, description of services that are available to residents, the specific services available under each of the home's levels of care, the cost of each of the levels of care, and a process to identify how each resident is assessed for levels of care. Documentation shall be kept. Each resident and their designated person, including resident #1, shall receive written notification of the updates to the resident-home contract, which includes the home's fee schedule, the description of services that are available to residents, the specific services available under each of the home's level of care, the cost of each of the levels of care and the process to identify how each resident was assessed for levels of care. Documentation shall be kept in each resident record. The updates to the resident-home contract shall also be included in the resident-home contract for newly-admitted residents. All staff persons involved in the admission process shall be educated by 9/23/21 to ensure all newly-admitted residents receive the updated resident-home contract, as well as an accurate fee schedule. Documentation of the education shall be kept. LM 9/13/21

Not Implemented

10/8/21



Completion Date: 09/10/2021 Licensee's Proposed Date for POC Implementation

42v - Resident-Home Contract

1. Requirements

2600.

42.v. A resident has the right to receive services contracted for in the resident-home contract.

Description of Violation

Resident #1 requires physical assistance with transferring, personal hygiene, bladder management and toileting. On 4/23/21 and 4/26/21, resident #1 requested to postpone [REDACTED] shower until the following day; however, no assistance with the resident's shower was provided to the resident. Resident #1 also refused a shower on the evening of 5/3/21, and requested assistance with bathing during the daylight shift; however, no assistance with the resident's shower was provided to the resident. As a result, resident #1 did not have a shower from 4/21/21 through 5/5/21. Resident #1's resident-home contract, dated [REDACTED]/20, indicates assistance with ADL's and IADL's is to be provided by the home.

42v - Resident-Home Contract (continued)

Plan of Correction

Directed

DIRECTED: By 9/23/21: A designated staff person shall generate a shower list of all residents who require assistance with bathing. The list shall include the days of the week and the shift the residents are to receive assistance with bathing, as well as the assistance needed. Each resident who requires assistance with bathing shall be consulted to determine if they have a preference on the days of the week and shift they prefer to be showered. Documentation shall be kept for any resident who refuses a shower. If a resident refuses a shower, efforts should be made to reschedule the resident's shower for the next day. Documentation of the shower list shall be kept and updated as resident care needs change, or after new residents are admitted who require assistance with bathing. All direct care staff persons shall be educated on the new shower list. Documentation of the shower list shall be kept. Documentation of the education shall be kept. LM 9/13/21

DIRECTED: By 9/23/21: A designated staff person shall review the assessments and support plans of all residents who require assistance with bathing to ensure resident care needs are accurately documented. A designated staff person shall develop and implement a system to ensure resident assessments and support plans are updated as resident care needs change. Documentation of the system shall be kept. All staff persons involved in the development and updating resident assessments and support plans shall be educated on the new system. Documentation of the education shall be kept. LM 9/13/21

DIRECTED: By 10/1/21: A designated staff person shall review the assessments and support plans of at least 8 residents monthly to ensure accuracy and completeness. Documentation of the audits shall be kept. LM 9/13/21

Completion Date: 09/10/2021 Licensee's Proposed Date for POC Implementation

Not Implemented

10/8/21



57b - 1 Hour/Day

1. Requirements

2600.

57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

Description of Violation

The home is required to provide a minimum of 1 hour of personal care services for each mobile resident and 2 hours of personal care services for each resident with a mobility need.

On 4/18/21, there were 64 residents in the home, including 8 residents with mobility needs, requiring a total minimum of 72 hours of direct care staffing. On this date, only 51.25 hours of direct care staffing was provided.

On 5/7/21, there were 63 residents in the home, including 9 residents with mobility needs, requiring a total minimum of 72 hours of direct care staffing. On this date, only 54 hours of direct care staffing was provided.

57b - 1 Hour/Day (continued)

Plan of Correction

Directed

DIRECTED: By 9/15/21: A designated staff person shall review the home's direct care staffing schedule daily to ensure adequate staffing is provided to meet the needs of the residents in accordance with 2600.57a, 2600.57b, 2600.57c, 2600.57d and 2600.60a. If it is determined staffing levels will fall below minimum requirements, a designated staff person shall immediately attempt to schedule substitute personnel or contact a staffing agency in accordance with 2600.61. Documentation of the daily reviews shall be kept, which includes the date, number of residents in the home on each day, the number of resident's with mobility needs, any additional assistance needed in accordance with 2600.60a and the number of direct care staffing hours provided. LM 9/13/21

Completion Date: 09/10/2021 Licensee's Proposed Date for POC Implementation

Not Implemented

10/8/21 

57c - 2 Hours/Day

1. Requirements

2600.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

The home is required to provide a minimum of 1 hour of personal care services for each mobile resident and 2 hours of personal care services for each resident with a mobility need.

On 4/10/21, there were 64 residents in the home, including 8 residents with mobility needs, requiring a total minimum of 72 hours of direct care staffing. On this day, only 66 hours of direct care staffing was provided.

On 4/18/21, there were 64 residents in the home, including 8 residents with mobility needs, requiring a total minimum of 72 hours of direct care staffing. On this date, only 51.25 hours of direct care staffing was provided.

On 5/7/21, there were 63 residents in the home, including 9 residents with mobility needs, requiring a total minimum of 72 hours of direct care staffing. On this date, only 54 hours of direct care staffing was provided.

Plan of Correction

Directed

DIRECTED: By 9/15/21: A designated staff person shall review the home's direct care staffing schedule daily to ensure adequate staffing is provided to meet the needs of the residents in accordance with 2600.57a, 2600.57b, 2600.57c, 2600.57d and 2600.60a. If it is determined staffing levels will fall below minimum requirements, a designated staff person shall immediately attempt to schedule substitute personnel or contact a staffing agency in accordance with 2600.61. Documentation of the daily reviews shall be kept, which includes the date, number of residents in the home on each day, the number of resident's with mobility needs, any additional assistance needed in accordance with 2600.60a and the number of direct care staffing hours provided. LM 9/13/21

Completion Date: 09/10/2021 Licensee's Proposed Date for POC Implementation

Not Implemented

10/8/21 

57d - Waking Hours

1. Requirements

2600.

57d - Waking Hours (continued)

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

The home is required to provide a minimum of 1 hour of personal care services for each mobile resident and 2 hours of personal care services for each resident with a mobility need.

On 4/10/21, there were 64 residents in the home, including 8 residents with mobility needs, requiring a total minimum of 54 direct care staffing during waking hours. However, on 4/10/21, only 53 hours of direct care staffing were provided during waking hours.

On 4/18/21, there were 64 residents in the home, including 8 residents with mobility needs, requiring a minimum of 54 direct care staffing during waking hours. However, on 4/18/21, only 47 hours of direct care staffing were provided during waking hours.

On 5/7/21, there were 63 residents in the home including 9 residents with mobility needs, requiring a minimum of 54 hours of personal care staffing during waking hours. However, on 5/7/21, only 33.25 hours of personal care were provided.

Plan of Correction**Directed**

DIRECTED: By 9/15/21: A designated staff person shall review the home's direct care staffing schedule daily to ensure adequate staffing is provided to meet the needs of the residents in accordance with 2600.57a, 2600.57b, 2600.57c, 2600.57d and 2600.60a. If it is determined staffing levels will fall below minimum requirements, a designated staff person shall immediately attempt to schedule substitute personnel or contact a staffing agency in accordance with 2600.61. Documentation of the daily reviews shall be kept, which includes the date, number of residents in the home on each day, the number of resident's with mobility needs, any additional assistance needed in accordance with 2600.60a and the number of direct care staffing hours provided. LM 9/13/21

Completion Date: 09/10/2021 Licensee's Proposed Date for POC Implementation

Not Implemented10/8/21 **121a - Unobstructed Egress****1. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 5/20/21, the front door of the home was locked with a keypad, requiring a code to unlock it to exit the building. The home is not licensed as a secured dementia care unit.

Plan of Correction**Directed**

DIRECTED: Immediately: The key pad at the front door of the home shall be disabled. LM 9/13/21

DIRECTED: By 9/15/21, then monthly thereafter: A designated staff person shall inspect all stairways, hallways, doorways, passageways and egress routes from room and from the home to ensure they are unlocked and unobstructed. LM 9/13/21

Completion Date: 09/10/2021 Licensee's Proposed Date for POC Implementation

Not Implemented10/8/21 

225a - Assessment 15 Days

1. 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 Repeat Violation

Resident #1 requires physical assistance with transferring, personal hygiene, bladder management and toileting; however, the resident's most recent assessment, dated [REDACTED]/20, indicates the resident is independent with these personal care needs.

REPEAT VIOLATION: 2/27/2020

Plan of Correction**Directed**

DIRECTED: By 9/17/21: Resident #1's assessment and support plan shall be reviewed and updated to ensure it accurately reflects resident #1's care needs. The updated assessment and support plan shall be kept in the resident's record and made available to all direct care staff persons. LM 9/13/21

DIRECTED: By 9/23/21: A designated staff person shall review the assessments and support plans of all residents to ensure they accurately reflect the residents' care needs. A designated staff person shall develop and implement a system to ensure resident assessments and support plans are updated as resident care needs change.

Documentation of the system shall be kept. All staff persons involved in the development and updating resident assessments and support plans shall be educated on the new system by 10/1/21. Documentation of the education shall be kept. LM 9/13/21

DIRECTED: By 10/1/21: A designated staff person shall review the assessments and support plans of at least 8 residents monthly to ensure accuracy and completeness. Documentation of the audits shall be kept. LM 9/13/21

Completion Date: 09/10/2021 Licensee's Proposed Date for POC Implementation

Not Implemented

10/8/21

