



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 _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

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 Public Welfare 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, 2019** until **November 19, 2020**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **450720**

Robert E. Robinson
ISSUING OFFICER

[Signature]
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.



November 19, 2019

Ms. Rose Siddle
RVPO
Brodhead Senior Living,
LLC 150 East Broad Street
Columbus, Ohio 43215

RE: Apple Blossom Senior Living
125 Apple Blossom Way
Moon Township, Pennsylvania 15108
License COC #: 450720

Dear Ms. Siddle:

As a result of the Department's Bureau of Human Services Licensing inspection on October 21, 2019, 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 the home is new and not yet serving four or more residents.

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, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services provider application submission experience. To participate in the online applicant survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Application.

Ms. Rose Siddle

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider applicant responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock", written in a cursive style.

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosures
License
Violation Report

Violation Report

Facility Information

Name: *APPLE BLOSSOM SENIOR LIVING*
 Address: *125 APPLE BLOSSOM WAY, MOON TWP. , PA 15108*
 County: *ALLEGHENY* Region: *WESTERN*

License Number: *450720*

Administrator

Name: *Traci Scarfo* Phone: *412.539.6446* Email:

Legal Entity

Name: *BRODHEAD SENIOR LIVING, LLC*
 Address: *150 EAST BROAD STREET, COLUMBUS, OH, 43215*

Certificate(s) of Occupancy

Type: *I-1* Date: *8/27/19* Issued By: *Moon Towhship*

Staffing Hours

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

Inspection

Type: *Partial* BHA Docket #: Notice: *Announced*
 Reason: *New*

Inspection Dates and Department Representative

10/21/2019 - On-Site: Laurie Garrigan, Joseph Everges

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *150* Residents Served: *0*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

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

3c - Post Current License

Regulations

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

At 9:40 a.m., a copy of 55 PA. Code Chapter 2600 was not posted in a conspicuous and public place in the home. A copy was posted behind the locked glass cabinet in the lobby, which was not accessible to residents or the public.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

On October 21, 2019 the copy of 55 PA. Code Chapter 2600 was taken out of locked glass cabinet in the lobby and posted in a conspicuous and public area so that it is accessible to residents or the public.

On November 1, 2019: The administrator, business office manager and maintenance director were educated on the importance of the 55 PA. Code Chapter 2600 (pink book) is accessible to the residents and the public at all times. Documentation shall be kept.

On November 1, 2019: The administrator and the business office manager shall develop and implement a system to ensure that the 55 PA. Code Chapter 2600 (pink book) is posted in a conspicuous place that is accessible to the residents and the public. Documentation of the system shall be kept.

On November 1, 2019: A checklist was implemented by the administrator and business office manager person to monitor daily for one month beginning November 1, 2019 and ending November 30, 2019, then weekly for 3 months starting December 1, 2019 and ending February 29, 2020, and monthly for 6 months beginning March 1, 2020 and ending August 31, 2020 to ensure that the 55 PA. Code Chapter 2600 is posted in a conspicuous place that is accessible to the residents and the public. Documentation of all checklists shall be kept.

Legal Entity Representative

Signature 

Traci Scarfo
Printed Name and Title

Executive Director

11/13/2019
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

11/14/19
(Date)

Plan of correction implementation status as of

11/14/19
(Date)

Fully Implemented

The above plan of correction was approved by


(Initials)

Not Implemented

18 - Compliance With Laws

Regulations

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 Standard Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but no less than 15 feet from, any fossil-fuel burning device or appliance. However, multiple carbon monoxide detectors were installed within 15 feet of fossil-fuel burning devices to include:

- *The 1st floor laundry room carbon monoxide detector was approximately 8 feet from the gas furnace.
- *The mechanical room carbon monoxide detector was approximately 6 feet from the gas furnace.
- *The 1st floor club house carbon monoxide detector was approximately 3 feet from the gas fireplace.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

On October 21, 2019 the CO2 monitors were moved the appropriate distance to comply with regulation 2600.18


On November 1, 2019: The administrator and maintenance director were educated on the proper placement and safety of the CO2 monitors. Documentation shall be kept.

On November 1, 2019, then weekly there after on Friday's for 6 months beginning November 8, 2019 and ending May 31, 2020: The administrator and maintenance director shall inspect all areas where CO2 must be placed to ensure that each CO2 monitor is placed at least 15 ft from any fossil fuel burning device or appliance. Documentation will be kept for 1 month beginning November 1, 2019 and then discarded.

Legal Entity Representative

| | | |
|---|--|-------------------|
|  | Traci Scarfo Executive Director | 11/13/2019 |
| Signature | Printed Name and Title | Date |

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| | | | |
|--|---|---|--------------------|
| The above plan of correction is approved as of | 11/14/19 (Date) | Plan of correction implementation status as of | 11/14/19 (Date) |
| The above plan of correction was approved by |  (Initials) | <input checked="" type="checkbox"/> Fully Implemented | |
| | | <input type="checkbox"/> Not Implemented | |

89b - Hot Water Temperature

Regulations

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

At 9:55 a.m., the hot water temperature in the sink of the club house bar was 134.7 degrees Fahrenheit.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

On October 21, 2019 a mixer was placed on sink in the club house to ensure proper temperature did not exceed 120 degrees F. Hot water was checked and the reading was 112 degrees F.


On November 1, 2019: The administrator and maintenance director were educated on the importance of water not exceeding 120 degrees F., safe water temperature and regulation 2600.89b.

On November 1, 2019: The administrator and maintenance director will monitor the hot water temperature weekly on Friday for 3 months beginning November 1, 2019 and ending January 31, 2020, monthly for 6 months beginning February 1, 2020 and ending July 31, 2020 in all areas accessible to the residents to ensure that the temperature is 120 degrees or less. Water temperature will be adjusted immediately if it exceeds 120 degrees F. Documentation will be kept.

Legal Entity Representative

| | | |
|---|---------------------------------|------------|
|  | Traci Scarfo Executive Director | 11/13/2019 |
| Signature | Printed Name and Title | Date |

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| The above plan of correction is approved as of | 11/14/19 (Date) | Plan of correction implementation status as of | 11/14/19 (Date) |
| | | <input checked="" type="checkbox"/> Fully Implemented | |
| The above plan of correction was approved by |  (Initials) | <input type="checkbox"/> Not Implemented | |

103g - Storing Food

Regulations

2600. 103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At 10:06 a.m., there was an unsealed 1/2 full 2 lb. bag of home fries and an unsealed 1/8 full 2 lb. bag of French fries in the kitchen in cooler #3.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

On October 21, 2019 a bag of home fries and bag of french fries were sealed and dated in cooler #3.

On November 1, 2019: The administrator and executive chef will monitor all coolers two times a day for 6 months beginning November 1, 2019 and ending April 30, 2020 to ensure safe food storage practices all being followed including all food items being labeled and dated. Documentation shall be kept.

On November 1, 2019: The executive chef, line cook and server were educated on safe food practices and regulation 2600.103g. Documentation shall be kept.

Legal Entity Representative

Signature: [Handwritten Signature] Printed Name and Title: Traci Scarfo executive director Date: 11/13/2019

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The above plan of correction is approved as of 11/14/19 (Date) Plan of correction implementation status as of 11/14/19 (Date) [Checked] Fully Implemented [Unchecked] Not Implemented

The above plan of correction was approved by [Handwritten Initials] (Initials)

124 - Notice to Fire Department

Regulations

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home did not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction (POC)

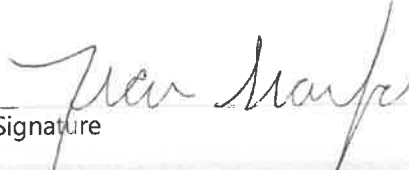
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

On October 21, 2019 written notification was sent to the local fire department of the address of the home and floor plans of each floor of the locations of ht ebedrooms. Evacuation assistance will be added to the letter at the time residents occupy the building.

On November 1, 2019 : The administrator and business office manager will develop and implement a system to ensure that a written notification is sent to the local fire department upon move-in of a resident with mobility needs to ensure safe evacuation. Confirmation will be kept in the form of the fax confirmation receipt.

On November 1, 2019: A checklist was implemented by the administrator and business office manager ensure that a written notification of a new resident with mobility needs is sent to the local fire department. All resident mobility needs will be evaluated monthly starting November 1, 2019 and any changes will be sent to the local fire department.

Legal Entity Representative


Signature


Traci Scarfo Executive Director
Printed Name and Title

11/13/2019
Date

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(Date)

Plan of correction implementation status as of 11/14/19
(Date)

The above plan of correction was approved by 
(Initials)

Fully Implemented

Not Implemented