



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 **115 APPLE BLOSSOM WAY, MOON TOWNSHIP, PA 15108**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

<small>ADDRESS OF SATELLITE SITE</small>	<small>ADDRESS OF SATELLITE SITE</small>
<small>ADDRESS OF SATELLITE SITE</small>	<small>ADDRESS OF SATELLITE SITE</small>
<small>ADDRESS OF SATELLITE SITE</small>	<small>ADDRESS OF SATELLITE SITE</small>

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 **40**
(MAXIMUM CAPACITY)

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 40

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: **450730**

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
115 Apple Blossom Way
Moon Township, Pennsylvania 15108
License COC #: 450730

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.

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*License Number: *450730*Address: *115 APPLE BLOSSOM WAY, MOON TWP., PA 15108*County: *ALLEGHENY*Region: *WESTERN*

Administrator

Name: *Traci Scarfo*Phone: *937.603.7129*

Email:

Legal Entity

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

Certificate(s) of Occupancy

Type: *I-2*Date: *08/27/2019*Issued By: *Moon Township*

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 Eveges

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *40*Residents Served: *0*

Secured Dementia Care Unit

In Home: *Yes*Area: *Entire Home*Capacity: *40*Residents Served: *0*

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*

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 does 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 the bedrooms. 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 were educated and developed 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 shall be kept.

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

Fran May
Signature

TRACI SLACK
Printed Name and Title

Executive Director

11/13/19
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)

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

Fully Implemented

Not Implemented

233c - Key-Locking Devices

Regulations

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanisms were not conspicuously posted near the following doors to the Secure Dementia Care Unit (SDCU):

*The emergency exit next to bedroom #109

*The emergency exit next to bedroom #139

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 code for operating the homes locking system was posted near the following doors to the secured dementia units. Emergency exit next to bedroom 109 and bedroom 139.

On November 1, 2019: The administrator, business office manager and maintenance director were educated on the importance of making sure the code is posted near all exit doors. Documentation 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 code is posted in a conspicuous place near the emergency exit doors.

Legal Entity Representative

Jan May
Signature

TALI SURFS Executive Director
Printed Name and Title

11/13/19
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

JS
(Initials)

Fully Implemented

Not Implemented