pennsylvania
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: traciscarfo@appleblossomseniorliving.com

MAILING DATE: July 9, 2020

Ms. Traci Scarfo
Executive Director
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. Scarfo:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 27, 2020, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Suzy Quinn
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

**RECEIVED**
7/2/20
Western Region Field Office
Bureau of Human Services Licensing

# Violation Report

## Facility Information

**Name:** *APPLE BLOSSOM SENIOR LIVING* **License Number:** *450720*
**Address:** *125 APPLE BLOSSOM WAY, MOON TWP. , PA 15108*
**County:** *ALLEGHENY* **Region:** *WESTERN*

## Administrator

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

## Legal Entity

**Name:** *BRODHEAD SENIOR LIVING LLC*
**Address:** *150 E Broad St, Columbus, OH, 43215*

## Certificate(s) of Occupancy

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

## Staffing Hours

**Resident Support Staff:** *0* **Total Daily Staff:** *43* **Waking Staff:** *32*

## Inspection

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

## Inspection Dates and Department Representative

*02/27/2020 - On-Site: Barbara Barone, Amy Duncan*

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity:** *150* **Residents Served:** *40*

### Secured Dementia Care Unit

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

### Hospice

**Current Residents:** *2*

### Number of Residents Who:

**Receive Supplemental Security Income:** *0*
**Diagnosed with Mental Illness:** *0*
**Have Mobility Need:** *3*
**Are 60 Years of Age or Older:** *39*
**Diagnosed with Intellectual Disability:** *0*
**Have Physical Disability:** *0*

## 25c2 - Fee Schedule

### Regulations

**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 charges specified amounts for individual personal needs services. The resident-home contracts of the residents listed below do not include a fee schedule of actual amounts charged for available services:

- Resident #1, contract dated 11/9/2019
- Resident #2, contract dated 12/1/2019
- Resident #3, contract dated 1/2/2020

### 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.)

At time of inspection 2/27/2020 the ED stapled Addendum D to Resident #1, 2, and 3 contracts.

Immediately 3/1/2020 the ED and Designated Staff Person reviewed all resident contracts to ensure all have the fee schedule attached (Addendum D). Documentation to be kept in accordance with 2600.25.c.

Immediately 3/1/2020 the ED and Designated Staff Person (DSP) developed and implemented a tracking system (check list) to ensure all resident contracts have Addendum D stapled to it.

Staff members were educated on the new tracking system.

The ED and DSP will review all resident contracts weekly x 1 month (March 2020), and then monthly x 6 months (April 2020-September 2020) to ensure all contracts have a fee schedule (Addendum D) attached. If addendum D is missing, ED or DSP will attach to contract. Documentation to be kept in accordance with 2600.25.c.

### Legal Entity Representative

Jean Mark — Signature

Traci Starks Executive Director 7/1/2020 — Printed Name and Title / Date

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

The above plan of correction is approved as of 7/2/20 (Date)

The above plan of correction was approved by SE (Initials)

Plan of correction implementation status as of 7/2/20 (Date)

☑ Implemented

☐ Not Implemented

## 64c - Annual Training

### Regulations

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

### Description of Violation

Staff person A, the home's administrator, completed only 22 hours of Department-approved training in training year 1/1/2019 to 12/31/2019.

### 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.)

At time of inspection 2/27/2020 Staff Person A only completed 22 hours of Department approved training hours in 2019.

On 3/5/2020 Staff Person A developed and implemented a training schedule for 2020 training year, to include at least 12 hours of in person training and 12 hours on-line department approved training. Documentation to be kept. Our training year runs from October to September of the following year.

On 4/8/2020 Staff Person A completed 2 hour CEU PALA Living with Dementia During the COVID-19 Pandemic webinar for the 2019 year. Documentation included.

On 5/14/2020 Staff Person A completed 4 hour CEU in person Administrator Fire Safety Training for the 2020 year. Documentation included.

### Legal Entity Representative

Signature

Traci Starfo Executive Director 7/1/2020

Printed Name and Title Date

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## 82a - Poisonous Materials

### Regulations

**2600.**
**82.a.** Poisonous materials shall be stored in their original, labeled containers.

### Description of Violation

Mr. Clean disinfectant was stored in an unlabeled, plastic spray bottle on the housekeeping cart in the 1st floor hallway. The original product label indicates "If ingested, get medical attention immediately if symptoms occur."

### 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.)

At the time of inspection 2/27/2020 disinfectant was stored in an unlabled, plastic spray bottle on the housing card in the 1st floor hallway. The original product label indicates "If ingested, get medical attention immediately if symptoms occur".

Immediately 2/27/2020 the disinfectant spray bottle was removed from housekeeping cart.

Immediately the executive director/designated staff person checked all housekeeping cart to ensure that all poisonous materials were in the original bottle. Removed any that were not labeled.

Immediately the executive director or designated staff person developed and implemented a tracking system to ensure that all poisonous materials are in the original bottles. Checklist implemented daily at beginning of shift and at end of shift X 6 months.

Immediately 3/3/2020 the staff were educated on regulation 2600.82.a. Documentation to be kept in accordance with 2600.82.a.

### Legal Entity Representative

Jan Knapp — Signature

Tina Scarfo Executive Director 7/1/2020 — Printed Name and Title / Date

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## 103e - Left Overs

### Regulations

2600.
103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

### Description of Violation

There was an unlabeled, undated tray of cooked fish fillets in the kitchen's walk-in cooler.

### 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.)

At the time of inspection 2/27/2020 the tray of unlabeled, undated cooked fish fillets were thrown out.

At time of inspection the executive director or DSP checked all food storage areas, refrigerators and freezers to ensure all food was labeled, sealed and dated.

Immediately 3/1/2020 the executive director or designated person implemented a tracking system to ensure that all food storage areas, including refrigerators and freezers will be checked two times daily at beginning of shift and end of shift for 6 months. Documentation kept.

Immediately 3/1/2020 the staff were educated on regulation 2600.103.e. Documentation to be kept in accordance with 2600.103.e.

### Legal Entity Representative

Jan Mark — Signature

Traci Starks Executive Director — Printed Name and Title

7/1/2020 — Date

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## 103g - Storing Food

### Regulations

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

### Description of Violation

A bag of Chex Mix and a bag of Panko Breadcrumbs were open and unsealed in the kitchen's dry storage area.

Repeat Violation: 10/21/2019

### 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.)

At time of inspection 2/27/2020 the bag of chex mix and bag of Panko Breadcrumbs were sealed.

At time of inspection the executive director or DSP checked all food storage areas, refrigerators and freezers to ensure all food was labeled, sealed and dated.

Immediately 3/1/2020 the executive director or designated person implemented a tracking system to ensure that all food storage areas, including refrigerators and freezers will be checked two times daily at beginning of shift and end of shift for 6 months. Documentation kept.

Immediately 3/3/2020 the staff were educated on regulation 2600.103.g. Documentation to be kept in accordance with 2600.103.g.

### Legal Entity Representative

Signature

Printed Name and Title: Traci Sharp Executive Director

Date: 7/1/2020

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## 132c - Fire Drill Records

### Regulations

2600.
132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

### Description of Violation

The fire drill record for the drill conducted on 12/26/2019 at 10:03 am indicates there were 28 residents in the home; however, 31 residents were evacuated.

The fire drill record for the drill conducted on 1/2/2020 at 11:10 am indicates there were 5 residents in the home; however, 31 residents were evacuated.

### 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.)

At the time of inspection 2/27/2020 fire drill information was conflicting.

Immediately 2/27/2020 the executive director educated the designated staff person on the correct way to fill out the fire drill log. Documentation kept.

On 3/24/2020 a fire drill was conducted to ensure that the fire alarm and smoke detectors were operable and the fire drill paperwork was completed correctly. Documentation kept.

On 5/12/2020 a fire safety inspection was conducted by a fire safety expert for the maximum amount of time allowed to safely evacuate. Documentation kept.

On 4/30/2020 a mock fire drill was conducted to review evacuation procedure, safe areas and duties of staff to ensure safe evacuation of residents. Documentation kept.

Immediately 3/3/2020 the staff were educated on regulation 2600.132.c. Documentation to be kept in accordance with 2600.132.c.

### Legal Entity Representative

Signature

Tina Sparks Executive Director 7/1/2020

Printed Name and Title Date

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## 133.1 - Exit Signs

### Regulations

**2600.**

**133.1.** Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

### Description of Violation

The door in the 1st floor lounge leading to the enclosed courtyard is not an emergency exit and is not labeled "not and exit."

The 2 sets of doors in the 3rd floor lounge leading to the outdoor balcony are not emergency exits and are not labeled "not and exit."

### 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.)

At time of inspection 2/27/2020 1st floor lounge and 2 sets of doors in the 3rd floor lounge were labeled not an exit.

Immediately 2/27/2020 the ED and Designated Staff Person checked all doors to make sure any door that is not an exit is labeled properly. Documentation to be kept in accordance with 2600.133.1.

Immediately 2/27/2020 regulation 2600.133.1 was added to maintenance weekly indoor checklist. Documentation to be kept in accordance with 2600.133.1.

### Legal Entity Representative

Signature

Tsali Stark Executive Director 7/1/2020

Printed Name and Title Date

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## 162c - Menus Posted

### Regulations

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 home's menu for the week of 2/23/2020 to 2/29/2020 was posted. However, the following week's menu was not posted.

### 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.)

At time of inspection 2/27/2020 the following week menu dated 3/2-3/9/20 was posted in a conspicuous and public place in the home.

On 3/2/2020 the ED and Designated Staff Person (DSP) developed and implemented a tracking system (check list) to be done weekly for 3 months (March 2020- May 2020) to ensure all menus are prepared 1 week in advance and posted in a conspicuous and public place in the home. Documentation to be kept in accordance with 2600.162.c.

On 3/3/2020 Staff was educated on the importance of having the current and next week of menus displayed on regulation 2600.162.c. Documentation kept in accordance with 2600.162.c.

### Legal Entity Representative

Signature

Tran Sparks Executive Director 7-1-2020
Printed Name and Title Date

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☐ Not Implemented

## 184b - Resident's Meds Labeled

### Regulations

**2600.**
**184.b.** If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

### Description of Violation

Resident #3's pre-filled, disposable Humalog pen was in the medication cart; however, it was not labeled with the resident's name.

### 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.)

At the time of inspection 2/27/2020 medications in the med cart were not labeled with the resident's name.

Immediately 2/27/2020 ED placed phone call to pharmacy to obtain label for medication. Medication label was sent and placed on medication 2/28/2020.

On 2/27/2020 staff was educated on 6 resident rights on medication administrating emphasizing on documentation, making sure that each medication is listed on e-mar and the new tracking system.

On 3/1/2020 a tracking system was implemented by executive director or designated staff person to ensure that all medication are recorded on e-mar for whom they are administered for. Documentation kept.

On 3/1/2020 the executive director or designated staff person will do a medication audit weekly x 1 month then monthly x 3 months. Documentation kept.

On 3/3/2020 Staff was educated on the importance regulation 2600.184.b. Documentation kept in accordance with 2600.184.b.

### Legal Entity Representative

Signature

Trici Sparks Executive Director 7/1/2020
Printed Name and Title Date

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☐ Not Implemented

## 185a - Implement Storage Procedures

### Regulations

**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 is prescribed Scopolamine patch 1mg/3 day - apply 1 patch transdermally every 72 hours as needed. However, this medication was not available in the home.

Resident #3's blood glucose readings were inaccurately documented on his February 2020 MAR to include:

- On 2/26/2020 at 7:00 am, the blood glucose reading was 73; however, it was documented as 78.
- On 2/26/2020 at 5:52 pm, the blood glucose reading was 102; however, it was documented as 121.

### 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.)

At the time of inspection 2/27/2020 glucose readings were documented incorrectly.

Immediately DSP placed phone call to pharmacy to obtain missing medication, pharmacy to send on nightly med drop. Medication received 2/27/2020.

Immediately 2/27/2020 new glucometers were ordered. Each glucometer was labeled with resident name on machine.

On 3/2/2020 staff was educated on resident rights emphasizing on documentation, making sure all medications that are on e-mar are available to resident and the new tracking system. Documentation kept.

On 3/2/2020 a tracking system was implemented by executive director or designated staff person to ensure safe storage, access, security, distribution and use of medications and medical equipment by a trained staff person.

On 3/3/2020 the executive director or designated staff person will do a medication audit weekly x 1 month then monthly x 3 months. Documentation kept.

On 3/3/2020 Staff was educated on the importance regulation 2600.185.a. Documentation kept in accordance with 2600.185.a.

### Legal Entity Representative

Jean Graf
Signature

Tina Scarb Executive Director 7/1/2020
Printed Name and Title Date

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☑ Implemented
☐ Not Implemented

## 187a - Medication Record

### Regulations

**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 #1 is prescribed Ativan Intensol 2mg/ml, give 0.25ml SL every 4 hours as needed. However, this medication is not listed on her February 2020 MAR.

Resident #1 is prescribed Morphine (Roxanol) 20mg/ml SL, give 0.25ml every 1 hour as needed. However, this medication is not listed on her February 2020 MAR.

### 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.)

At the time of inspection 2/27/2020 medications prescribed to resident #1 were not included on the MAR.

Immediation 2/27/2020 DSP contacted pharmacy via phone and sent down orders to ensure accurate medications are listed on the e-mar.

On 2/27/2020 staff was educated on 6 resident rights on medication administrating emphasizing on documentation, making sure that each medication is listed on e-mar and the new tracking system.

On 3/1/2020 a tracking system was implemented by executive director or designated staff person to ensure that all medication are recorded on e-mar for whom they are administered for. Documentation kept.

On 3/1/2020 the executive director or designated staff person will do a medication audit weekly x 1 month then monthly x 3 months. Documentation kept.

On 3/3/2020 Staff was educated on the importance regulation 2600.187.a. Documentation kept in accordance with 2600.187.a.

### Legal Entity Representative

Signature

Traci Sloan Executive Director 7/1/2020
Printed Name and Title Date

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☑ Implemented
☐ Not Implemented

## 191 - Resident Right to Refuse

### Regulations

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

### Description of Violation

Resident #1, admitted 11/9/2019, has not been educated regarding her right to refuse medication if she believes that there may be a medication error.

Resident #2, admitted 12/1/2019, has not been educated regarding her right to refuse medication if she believes that there may be a medication error.

Resident #3, admitted 1/2/2020, has not been educated regarding his right to refuse medication he believes that there may be a medication error.

Resident #5, admitted 12/26/2019, has not been educated regarding her right to refuse medication if the she believes that there may be a medication error.

### 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.)

At time of inspection 2/28/2020 Resident's #1, 2, 3, and 4 residents were educated on resident rights to question or refuse a medication if they believe there may be a medication error. Documentation of resident education to be kept in accordance with 2600.191.

On 3/1/2020 staff were educated on the importance of the resident rights to refuse medication if they believe there is an error in accordance to 2600.191. Documentation to be kept in accordance with 2600.191.

Immediately 3/1/2020 the ED and Designated Staff Person (DSP) developed and implemented a tracking system (check list) to ensure all resident contracts have Addendum A stapled to it.

The ED and DSP will review all resident contracts on admission, weekly x 1 month (March 2020), and then monthly x 6 months (April 2020-September 2020) to ensure all contracts have a resident rights (Addendum A) and the signed by the resident and attached. If addendum A is missing or not signed, ED or DSP will educate and attach signed Addendum A to the contract. Documentation to be kept in accordance with 2600.191.

### Legal Entity Representative

Signature

Traci Scarfo Executive Director 7/1/2020

Printed Name and Title Date

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☐ Not Implemented

## 225a - Assessment 15 Days

### Regulations

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 Violation

Resident 2's initial assessment, dated 12/1/2019, does not include an assessment of her supervision needs.

Resident 5's initial assessment, dated 12/26/2019, does not include an assessment of her personal care needs in securing health care, shopping, or obtaining clean, seasonal clothing.

### 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.)

At time of inspection 2/27/2020 resident assessments did not include supervision and personal care needs in the initial assessment of resident #2 and #5.

Immediately 2/28/20 resident #2 assessment was updated to reflect minimal supervision needs. Resident #5 assessment was updated to reflect the resident is unable to secure healthcare, shopping or obtaining clean seasonal clothing, staff will assist while in communication with the family addendum's attached.

Due to computer glitch box was previously checked however system was not able to print. See attached email from IT showing update to programing.

Immediately 3/2/2020 addendums were completed for Resident #2 and #5 to ensure all staff are aware of residents supervision needs and personal care needs.

Immediately 3/2/2020 the ED and Designated Staff Person (DSP) reviewed all resident assessments for completeness and accuracy to include personal care and supervision needs which are provided to the resident in addition to the frequency of all services.

On 3/5/2020 ED and DSP implemented a tracking system (checklist) to be done monthly x 3 months (March 2020-May 2020) to ensure resident assessments are complete and accurate. Documentation to be kept in accordance with 2600.225.a.

On 3/6/2020 staff was educated on regulation 2600.225.a. Documentation to be kept in accordance with 2600.225.a.

### Legal Entity Representative

Signature

Tina Scarfo Executive Director 7/1/2020
Printed Name and Title Date

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☐ Not Implemented

## 226a - Mobility Assessment

### Regulations

**2600.**
**226.a.** The resident shall be assessed for mobility needs as part of the resident's assessment.

### Description of Violation

Resident 2's initial assessment, dated 12/1/2019, does not include an assessment of her mobility needs.

### 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.)

At the time of inspection 2/27/2020 the resident assessment did not include mobility needs.

Immediately 2/28/20 resident #2 assessment was updated to reflect minimal mobility needs addendum's attached.

Due to computer glitch box was previously checked however system was not able to print. See attached email from IT showing update to programing.

Immediately 3/2/2020 executive director or designated staff person shall review all current resident assessments to ensure each resident has an accurate assessment of their mobility needs.

Immediately 3/5/2020 Executive director or designated staff person developed and implemented a tracking system to ensure all resident assessments have an accurate assessment of mobility needs. Checklist implemented monthly x 3 months. Documentation kept. Staff educated on regulation 2600.226.a.

On 3/6/2020 staff was educated on regulation 2600.225.a. Documentation to be kept in accordance with 2600.225.a

### Legal Entity Representative

Signature

Trish Sparks Executive Director 7/1/2020
Printed Name and Title Date

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