



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

Dear Ms. Scarfo:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 28, 2020, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Suzy Quinn".

Suzy Quinn
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *APPLE BLOSSOM SENIOR LIVING* License Number: *45073*
Address: *115 APPLE BLOSSOM WAY, MOON TOWNSHIP, PA 15108*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: *Traci Scarfo* Phone: Email: *TRACISCARFO@APPLEBLOSSOMSENIORLIVING.COM*

Legal Entity

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

Certificate(s) of Occupancy

Type: *1-2* Date: *08/27/2019* Issued By: *TOWNSHIP OF MOON*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *14* Waking Staff: *11*

Inspection

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

Inspection Dates and Department Representative

02/28/2020 - On-Site: Barbara Barone, Amy Duncan

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *40* Residents Served: *7*

Secured Dementia Care Unit

In Home: *Yes* Area: *115 Apple Blossom Way* Capacity: *40* Residents Served: *7*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *7*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *7* 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

A copy of Chapter 2600 is not posted in a conspicuous and public place in the home.

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 a binder with 2600 regulation was placed in a conspicuous and public place in the Memory Care building.

Immediately 3/1/2020 the ED and Designated Staff Person will perform daily checks x 1 month (March 2020), weekly x 3 months (April 2020-June 2020) and then monthly x 6 months (July 2020-December 2020) to ensure binder is in a conspicuous and public place in the Memory Care building. Documentation to be kept in accordance with 2600.3.c.

Immediately 3/3/2020 the staff were educated on regulation 2600.3.c. Documentation to be kept in accordance with 2600.3.c.

Legal Entity Representative

Traci Slarb
Signature

Traci Slarb, Executive Director 7/16/20
Printed Name and Title Date

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The above plan of correction is approved as of

7/2/20
(Date)

Plan of correction implementation status as of

7/2/20
(Date)

Implemented

The above plan of correction was approved by

SE
(Initials)

Not Implemented

17 - Record Confidentiality

Regulations

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At 9:40 am, a binder on the counter top of the nurse's station was unlocked, unattended, and accessible, containing shower schedules, record of bowel movements and staff communications for all residents, to include residents #1,#2 and #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.)

At time of inspection 2/28/2020 all resident records and binders were removed from the care base and were locked in the Med room.

On 3/3/2020 staff were educated on the importance of confidentiality and keeping all resident records and binders in a locked med room or on a shelf behind the care base desk. Documentation to be kept in accordance with 2600.17.

On 3/3/2020 the ED and Designated Staff Person (DSP) developed and implemented a tracking system (check list) to be done at the beginning and end of every shift daily for 6 months (March 2020-August 2020) to ensure confidentiality of resident records and binders are maintained. Documentation to be kept in accordance with 2600.17.

Legal Entity Representative

Juan May
Signature

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

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(Initials)

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- Not Implemented

25c13 - Complaint Procedure

Regulations

2600.

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

- 13. Written information on the resident's rights and complaint procedures as specified in § 2600.41 (relating to notification of rights and complaint procedures).

Description of Violation

Resident # 1's resident-home contract, dated 11/8/2019, does not include written information on the resident's rights and complaint procedures.

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 the ED stapled Addendum A & B to Resident #1's contract.

Immediately 3/1/2020 the ED and Designated Staff Person reviewed all resident contracts to ensure all have the resident rights (Addendum A) and complaints procedure (Addendum B) stapled to the contract. Documentation to be kept in accordance with 2600.25.c.130.

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 & B stapled to it.

Staff members were educated on the new tracking system.

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 complaint procedure (Addendum B) attached. If addendum A or B is missing, ED or DSP will attach to contract. Documentation to be kept in accordance with 2600.25.c.13.

Legal Entity Representative

[Handwritten Signature]
Signature

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

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42e - Telephone Access

Regulations

2600.

42.e. A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.

Description of Violation

Residents do not have access to a telephone in the home to make calls in privacy.

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 a portable phone was installed at the care base to ensure that residents have access to a telephone in the home to make calls privately. Each resident bedroom has a telephone line for access to have their own phone in their room if they choose.

Immediately 3/1/2020 the staff were educated on the resident having the right to a telephone to make calls in privacy regulation 2600.42.e. Documentation to be kept in accordance with 2600.42.e.

Legal Entity Representative

[Handwritten Signature]
Signature

TIALI STARKS Executive Director 7/12/2020
Printed Name and Title Date

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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.)

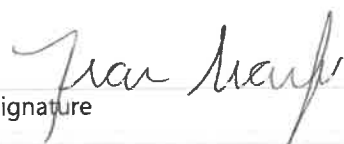
At time of inspection 2/28/2020 Staff Person A only completed 22 hours of Department approved training hours in 2019.

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 

TRALI SLARBO Executive Director 7/1/2020
Printed Name and Title Date

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81b - Resident Personal Equipment

Regulations

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

An uncovered bed cane, with an opening approximately 10" wide and 8" deep, was attached to resident #4's bed in bedroom #103, posing an entrapment hazard.

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 an uncovered bed cane was attached to resident #4's bed posing an entrapment hazard.

Immediately 3/1/2020 Resident #4 bed cane in room 103 was covered.

On 3/2/2020 Staff was educated on the importance of having covers on bed canes to prevent injury. Documentation kept in accordance with 2600.81.b.

On 3/2/2020 the ED and Designated Staff Person (DSP) developed and implemented a tracking system (check list) to be done daily for 6 months (March 2020-August 2020) to ensure the safety of the resident while using a bed cane. Documentation to be kept in accordance with 2600.81.b.

On 5/12/2020 additional bed canes and covers were purchased to have on stock for use by residents.

Legal Entity Representative

Jean Krup
Signature

TRACI SLOAN Executive Director 7/1/2020
Printed Name and Title Date

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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 10:49 am indicates there was 1 resident in the home; however, 5 residents were evacuated.

The fire drill record for the drill conducted on 1/2/2020 at 11:28 am indicates there was 0 residents in the home; however, 6 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 2/28/2020 fire drill information was conflicting.

Immediately 2/28/2020 the executive director educated the designated staff person on the correct way to fill out the fire drill log. Documentation kept.

On 3/31/2020 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 4/29/2020 a mock fire drill was conducted to review evacuation procedure, safe areas and duties of staff to ensure safe evacuation of residents. Documentation kept.

Legal Entity Representative


Signature

Tina Swartz 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 2/24/2020 to 3/1/2020 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 2/28/2020 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

Juan Lopez
Signature

Teresa Suroto Executive Director 7/1/2020
Printed Name and Title Date

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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 11/8/2019, has not been educated regarding her right to refuse medication if she believes that there may be a medication error.

Resident #2, admitted 1/4/2020, has not been educated regarding her right to refuse medication if she believes that there may be a medication error.

Resident #3, admitted 12/20/2019, has not been educated regarding his right to refuse medication he believes that there may be a medication error.

Resident #4, admitted 12/1/2019, 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.)

Immediately 2/28/20 family was contacted via phone by ED Traci to obtain signature on updated copy of resident rights highlighting #28 right to refuse medication if error believed.

On 3/1/2020 staff were educated on the importance of the resident (POA) 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 updated resident rights's addendum signed by resident POA and attached to the contract.

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 a POA 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

[Handwritten Signature]
Signature

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

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The above plan of correction was approved by *[Handwritten Initials]* (Initials) Implemented Not Implemented

227g -Support Plan Signatures

Regulations

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #2's initial support plan, dated 1/4/2020, was not signed by the resident nor does it indicate the resident was unable to participate, declined to participate, refused to sign or was unable to sign.

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 #2's support plan was not signed by the resident nor was there indication the resident was unable to participate, decline to participate, refused to sign or was unable to sign.

2/28/20 ED went and obtained copy of support plan and marked unable to sign.

Immediately 3/2/2020 the ED and designated staff person (DSP) reviewed all support plans to ensure that the support plans are signed by the resident or designated person or it is indicated on the support plan that the resident was unable or declined to participate, refused to sign or was unable to sign.

On 3/2/2020 the ED and Designated Staff Person (DSP) developed and implemented a tracking system (check list) to be done monthly for 6 months (March 2020- August 2020) to ensure all support plans are signed or indicate why document is not signed. Documentation to be kept in accordance with 2600.227.g.

On 3/2/2020 staff were educated on the importance of ensuring the support plans are signed or documented as such in accordance to 2600.227.g. Documentation to be kept in accordance with 2600.227.g.

Legal Entity Representative

[Handwritten Signature]
Signature

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

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