

Department of Human Services
Bureau of Human Service Licensing

July 21, 2020

BRODHEAD SENIOR LIVING LLC
150 EAST BROAD STREET
COLUMBUS, OH, 43215

RE: APPLE BLOSSOM SENIOR LIVING
115 APPLE BLOSSOM WAY
MOON TOWNSHIP, PA, 15108
LICENSE/COC#: 45073

Dear Ms. Siddle,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/17/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Larry Mazza
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cs: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSE INSPECTION SUMMARY**

Facility Information

Name: *APPLE BLOSSOM SENIOR LIVING* License #: *45073* License Expiration Date: *11/19/2020*
 Address: *115 APPLE BLOSSOM WAY, MOON TOWNSHIP, PA 15108*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: *Traci Scarfo* Phone: *4125396446* Email: *traciscarfo@appleblossomseniorliving.com*

Legal Entity

Name: *BRODHEAD SENIOR LIVING LLC*
 Address: *150 EAST BROAD STREET, COLUMBUS, OH, 43215*
 Phone: *4125396446* Email: *ROSESIDDLE@TRADITIONSMGMT.NET*

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *34* Waking Staff: *26*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *06/17/2020*

Inspection Dates and Department Representative

06/17/2020 - On-Site: Amy Duncan

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *40* Residents Served: *17*

Secured Dementia Care Unit

In Home: *Yes* Area: *Entire Home* Capacity: *40* Residents Served: *17*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *17*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *17* Have Physical Disability: *0*

Inspections / Reviews

06/17/2020 - Partial

Lead Inspector: *Amy Duncan* Follow-Up Type: *POC Submission* Follow-Up Date: *07/02/2020*

Inspections / Reviews (*continued*)

7/8/2020 - POC Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *POC Submission*Follow-Up Date: *07/15/2020*

7/15/2020 - POC Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *Document Submission*Follow-Up Date: *07/17/2020*

7/21/2020 - Document Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *Not Required*

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #3 is prescribed Seroquel 75 mg-Take 1 tablet by mouth daily at bedtime; however, the pharmacy label indicates Seroquel 50 mg-Take 1 tablet by mouth daily at bedtime.

Plan of Correction - 07/08/2020**Do Not Accept**

At time of inspection medication indicated to take 75mg take 1 tablet by mouth daily at bedtime, however the pharmacy label indicates 50mg take 1 tablet by mouth daily at bedtime.

Immediately 6/17/2020, pharmacy was contacted to correct instructions for medication. Label was put on with written instructions that afternoon and applied to medication. Cycle refill done weekly prior packs discarded.

Nurse checks and approves orders via med administration system before sending to pharmacy for filling to ensure accuracy. System used is a binder kept by memory care director, once verified it is sent to the pharmacy and the original is placed in the resident chart. Upon receiving meds from the pharmacy a check is done to ensure the directions match the already approved orders.

Completion Date: 06/30/2020

Plan of Correction - 07/15/2020**Directed**

At time of inspection medication indicated to take 75mg take 1 tablet by mouth daily at bedtime, however the pharmacy label indicates 50mg take 1 tablet by mouth daily at bedtime.

Immediately 6/17/2020, DSP contacted pharmacy to correct instructions for medication. Label was put on with written instructions that afternoon and applied to medication. Cycle refill done weekly prior packs discarded.

Nurse checks and approves orders via med administration system before sending to pharmacy for filling to ensure accuracy. System used is a binder kept by memory care director, once verified it is sent to the pharmacy and the original is placed in the resident chart. Upon receiving meds from the pharmacy a check is done to ensure the directions match the already approved orders.

On 6/19/20 in-service was done for the nursing staff to ensure proper instructions when approving orders.

Immediately: A designated staff person shall review all pharmacy labels monthly to ensure accuracy in accordance with prescribers' orders. LM 7/15/2020

Completion Date: 06/30/2020

184a - Labeling OTC/CAM (continued)

Document Submission - 07/21/2020**Implemented**

At time of inspection medication indicated to take 75mg take 1 tablet by mouth daily at bedtime, however the pharmacy label indicates 50mg take 1 tablet by mouth daily at bedtime.

Immediately 6/17/2020, DSP contacted pharmacy to correct instructions for medication. Label was put on with written instructions that afternoon and applied to medication. Cycle refill done weekly prior packs discarded.

Nurse checks and approves orders via med administration system before sending to pharmacy for filling to ensure accuracy. System used is a binder kept by memory care director, once verified it is sent to the pharmacy and the original is placed in the resident chart. Upon receiving meds from the pharmacy a check is done to ensure the directions match the already approved orders.

On 6/19/20 in-service was done for the nursing staff to ensure proper instructions when approving orders.

Immediately: A designated staff person shall review all pharmacy labels monthly to ensure accuracy in accordance with prescribers' orders.

187c - Refusal of Medication

1. Requirements

2600.

- 187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #2 refused multiple prescribed medications on multiple dates and times, to include the following medications on 6/1/20, 6/2/20, 6/3/20, 6/6/20, 6/9/20, 6/10/20, 6/11/20 and 6/14/20 at 8:00 pm:

**Donepezil HCL 10 mg tablet-Take 1 tablet by mouth daily at bedtime*

**Quetiapine Fumarate 50 mg-Take t tablet by mouth daily at bedtime*

**Simvastatin 20 mg-Take 1 tablet by mouth daily at bedtime*

**Polyethylene Glycol 3358-Mix 17 g into 4-8 oz. of beverage choice by mouth 2 times daily*

**Pain relief 500 mg-Take 2 tablets by mouth every 6 hours*

**Mirtazapine 15 mg-Take 1 tablet by mouth daily at bedtime*

However, the prescribing physician was not notified of the refusals, and the resident's June 2020 medication administration record does not indicate the medications were refused.

Plan of Correction - 07/08/2020**Do Not Accept**

At time of inspection resident refused numerous medications on numerous days and notification to the prescribing physician was not done, the June 2020 MAR does not indicate the meds were refused.

Immediately 6/17/2020 the MAR was reviewed. Medications were listed as "will try later" as they were refused and were going to make a second attempt later.

Staff education completed 6/19/2020 to not utilize the "will try later" button but instead utilize "refused" for any med refusal.

Completion Date: 06/30/2020

187c - Refusal of Medication (continued)**Plan of Correction - 07/15/2020****Directed**

At time of inspection resident refused numerous medications on numerous days and notification to the prescribing physician was not done, the June 2020 MAR does not indicate the meds were refused.

Immediately 6/17/2020 the MAR was reviewed by the DSP. Medications were listed as "will try later" as they were refused and were going to make a second attempt later.

Staff education completed 6/19/2020 to not utilize the "will try later" button but instead utilize "refused" for any med refusal.

Medication refusal log created and utilized for med refusals. This document can be submitted to the prescribing physician based on physician protocol.

Immediately: A designated staff person shall review resident MAR's monthly to ensure medication refusals are documented properly and that the resident's physician has been notified of the refusal. LM 7/15/2020

Completion Date: 06/30/2020

Document Submission - 07/21/2020**Implemented**

At time of inspection resident refused numerous medications on numerous days and notification to the prescribing physician was not done, the June 2020 MAR does not indicate the meds were refused.

Immediately 6/17/2020 the MAR was reviewed by the DSP. Medications were listed as "will try later" as they were refused and were going to make a second attempt later.

Staff education completed 6/19/2020 to not utilize the "will try later" button but instead utilize "refused" for any med refusal.

Medication refusal log created and utilized for med refusals. This document can be submitted to the prescribing physician based on physician protocol.

Immediately: A designated staff person shall review resident MAR's monthly to ensure medication refusals are documented properly and that the resident's physician has been notified of the refusal.

187d - Follow Prescriber's Orders**1. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 is prescribed Seroquel 75 mg-Take 1 tablet by mouth daily at bedtime; however, the resident was administered Seroquel 50 mg at bedtime daily from 6/11/20 through 6/16/20.

187d - Follow Prescriber's Orders (continued)

Plan of Correction - 07/08/2020**Do Not Accept**

Immediately 6/17/2020, pharmacy was contacted to correct instructions for medication. Label was put on with written instructions that afternoon and applied to medication. Cycle refill done weekly prior packs discarded. Nurse checks and approves orders via med administration system before sending to pharmacy for filling to ensure accuracy. System used is a binder kept by memory care director, once verified it is sent to the pharmacy and the original is placed in the resident chart. Upon receiving meds from the pharmacy a check is done to ensure the directions match the already approved orders.

Completion Date: 06/30/2020

Plan of Correction - 07/15/2020**Directed**

At time of inspection medication indicated to take 75mg take 1 tablet by mouth daily at bedtime, however the pharmacy label indicates 50mg take 1 tablet by mouth daily at bedtime.

Immediately 6/17/2020, DSP contacted pharmacy to correct instructions for medication. Label was put on with written instructions that afternoon and applied to medication. Cycle refill done weekly prior packs discarded.

Nurse checks and approves orders via med administration system before sending to pharmacy for filling to ensure accuracy. System used is a binder kept by memory care director, once verified it is sent to the pharmacy and the original is placed in the resident chart. Upon receiving meds from the pharmacy a check is done to ensure the directions match the already approved orders.

On 6/19/20 in-service was done for the nursing staff to ensure proper instructions when approving orders.

Immediately: A designated staff person shall review resident medication labels and MAR's monthly to ensure proper medication administration and to ensure the directions of the prescriber are being followed. LM 7/15/2020

Completion Date: 06/30/2020

187d - Follow Prescriber's Orders (continued)

Document Submission - 07/21/2020**Implemented**

Immediately 6/17/2020, pharmacy was contacted to correct instructions for medication. Label was put on with written instructions that afternoon and applied to medication. Cycle refill done weekly prior packs discarded. Nurse checks and approves orders via med administration system before sending to pharmacy for filling to ensure accuracy. System used is a binder kept by memory care director, once verified it is sent to the pharmacy and the original is placed in the resident chart. Upon receiving meds from the pharmacy a check is done to ensure the directions match the already approved orders.

Completion Date: 06/30/2020

Plan of Correction - 07/15/2020 Directed

At time of inspection medication indicated to take 75mg take 1 tablet by mouth daily at bedtime, however the pharmacy label indicates 50mg take 1 tablet by mouth daily at bedtime.

Immediately 6/17/2020, DSP contacted pharmacy to correct instructions for medication. Label was put on with written instructions that afternoon and applied to medication. Cycle refill done weekly prior packs discarded.

Nurse checks and approves orders via med administration system before sending to pharmacy for filling to ensure accuracy. System used is a binder kept by memory care director, once verified it is sent to the pharmacy and the original is placed in the resident chart. Upon receiving meds from the pharmacy a check is done to ensure the directions match the already approved orders.

On 6/19/20 in-service was done for the nursing staff to ensure proper instructions when approving orders.

Immediately: A designated staff person shall review resident medication labels and MAR's monthly to ensure proper medication administration and to ensure the directions of the prescriber are being followed.

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 Violation

Resident #2's initial assessment, dated 5/29/20, indicates the resident has no problem with agitation; however, staff interviews and the resident's initial support plan, dated 5/29/20, indicate the "resident is easily agitated and angers easily."

Plan of Correction - 07/08/2020**Do Not Accept**

At time of inspection resident #2's initial assessment indicated resident has no problem with agitation; however staff interviews and the residents initial support plan indicates the resident is easily agitated and angers easily.

Immediately 6/18/20 assessment addendum was created to document that D/severe resident is easily agitated.

Completion Date: 06/30/2020

225a - Assessment 15 Days (continued)

Plan of Correction - 07/15/2020**Directed**

At time of inspection resident #2's initial assessment indicated resident has no problem with agitation; however staff interviews and the residents initial support plan indicates the resident is easily agitated and angers easily.

Immediately 6/18/20 assessment addendum was created by the ED to document that D/severe resident is easily agitated.

A checklist was completed by ED 6/19/20 to ensure all residents had appropriate date. DSP will check admission documentation for appropriate dates documentation to be kept. New resident charts have checklist attached for necessary documentation needed.

Immediately: A designated staff person shall develop and implement a system to ensure resident assessments are immediately updated as resident care needs change. LM 7/15/2020

Completion Date: 06/30/2020

Document Submission - 07/21/2020**Implemented**

At time of inspection resident #2's initial assessment indicated resident has no problem with agitation; however staff interviews and the residents initial support plan indicates the resident is easily agitated and angers easily.

Immediately 6/18/20 assessment addendum was created by the ED to document that D/severe resident is easily agitated.

A checklist was completed by ED 6/19/20 to ensure all residents had appropriate date. DSP will check admission documentation for appropriate dates documentation to be kept. New resident charts have checklist attached for necessary documentation needed.

Immediately: A designated staff person shall develop and implement a system to ensure resident assessments are immediately updated as resident care needs change.

231c - Preadmission Screening

1. Requirements

2600.

- 231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #1 was admitted to the secured dementia care unit on 12/6/19; however, the resident's written cognitive preadmission screening was completed on 11/18/19.

231c - Preadmission Screening (*continued*)**Plan of Correction - 07/08/2020****Do Not Accept**

At time of inspection resident 1 was admitted to the secured dementia unit on 12/6/19 however the residents written cognitive preadmission screening was completed on 11/18/19.

Documentation error by DSP completing the form.

Immediately ED looked at all pre-screens to ensure that dates fall in the 72 hour requirement to a secured dementia unit. Documentation to be kept

Completion Date: 06/30/2020

Plan of Correction - 07/15/2020**Accept**

At time of inspection resident 1 was admitted to the secured dementia unit on 12/6/19 however the residents written cognitive preadmission screening was completed on 11/18/19.

Documentation error by DSP completing the form.

Immediately ED looked at all pre-screens to ensure that dates fall in the 72 hour requirement to a secured dementia unit. Documentation to be kept.

A checklist was completed by ED 6/19/20 to ensure all residents had appropriate date. DSP will check admission documentation for appropriate dates documentation to be kept. New resident charts have checklist attached for necessary documentation needed.

Completion Date: 06/30/2020

Document Submission - 07/21/2020**Implemented**

At time of inspection resident 1 was admitted to the secured dementia unit on 12/6/19 however the residents written cognitive preadmission screening was completed on 11/18/19.

Documentation error by DSP completing the form.

Immediately ED looked at all pre-screens to ensure that dates fall in the 72 hour requirement to a secured dementia unit. Documentation to be kept.

A checklist was completed by ED 6/19/20 to ensure all residents had appropriate date. DSP will check admission documentation for appropriate dates documentation to be kept. New resident charts have checklist attached for necessary documentation needed.