

Department of Human Services
Bureau of Human Service Licensing

December 1, 2020

TRACI SCARFO, EXECUTIVE DIRECTOR
BRODHEAD SENIOR LIVING LLC
125 APPLE BLOSSOM WAY
MOON TOWNSHIP, PA 15108

RE: APPLE BLOSSOM SENIOR LIVING
125 APPLE BLOSSOM WAY
MOON TOWNSHIP, PA, 15108
LICENSE/COCC#: 45072

Dear Ms. Scarfo,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 11/13/2020 of the above facility, no regulatory citations have been identified as a result of this inspection.

Sincerely,
Jon Kimberland

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *APPLE BLOSSOM SENIOR LIVING* License #: *45072* License Expiration Date: *11/19/2021*
Address: *125 APPLE BLOSSOM WAY, MOON TOWNSHIP, PA 15108*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: *Traci Scarfo* Phone: *412-539-6446* Email: *traciscarfo@appleblossomseniorliving.com*

Legal Entity

Name: *BRODHEAD SENIOR LIVING LLC*
Address: *125 APPLE BLOSSOM WAY, MOON TOWNSHIP, PA, 15108*
Phone: *4123758400* Email: *TRACI.SCARFO@APPLEBLOSSOMSENIORLIVING.COM*

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: *52* Waking Staff: *39*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *11/13/2020*

Inspection Dates and Department Representative

11/13/2020 - On-Site: Trish Bartlett

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *150* Residents Served: *48*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *48*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *4* Have Physical Disability: *0*

Inspections / Reviews

11/13/2020 - Partial

Lead Inspector: *Trish Bartlett* Follow-Up Type: *Not Required*

No Deficiencies Identified