

Department of Human Services
Bureau of Human Service Licensing

August 24, 2021

[REDACTED], EXECUTIVE DIRECTOR
BRODHEAD SENIOR LIVING LLC
115 APPLE BLOSSOM WAY
MOON TOWNSHIP, PA 15108

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/16/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jody Garvey

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: APPLE BLOSSOM SENIOR LIVING **License #:** 45073 **License Expiration Date:** 11/19/2021
Address: 115 APPLE BLOSSOM WAY, MOON TOWNSHIP, PA 15108
County: ALLEGHENY **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** 4125396446 **Email:** [REDACTED]

Legal Entity

Name: BRODHEAD SENIOR LIVING LLC
Address: 115 APPLE BLOSSOM WAY, MOON TOWNSHIP, PA, 15108
Phone: 4123758400 **Email:** [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 136 **Waking Staff:** 102

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 05/20/2021

Inspection Dates and Department Representative

04/16/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 150 **Residents Served:** 102

Secured Dementia Care Unit

In Home: Yes **Area:** **Capacity:** 40 **Residents Served:** 34

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 102
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 34 **Have Physical Disability:** 1

Inspections / Reviews

04/16/2021 - Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/11/2021

Inspections / Reviews *(continued)*

6/15/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *06/19/2021*

7/12/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/16/2021*

8/24/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

- 16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 1/28/21 at approximately 8:12 a.m., Emergency Medical Services responded to a call for resident #1 who fainted during a shower and remained unresponsive to verbal stimuli for approximately 6 minutes. The resident was transported to the local hospital for treatment; however, the home did not report the incident to the Department.

Plan of Correction

Accept

At time of inspection on 4-16-2021 an incident report for resident #1 was sent to department and a copy given to the inspector.

Immediately on 4/19/2021 staff was educated on reportable incidents on when to send a reportable and the current form that is used. Documentation kept.

Immediately starting on 4/19/2021 a designated person will review all incidents daily to ensure all incidents specified in 2600.16c. are reported to the department on departments current form within 24 hours. documentation will be kept.

Completion Date: 06/11/2021

Document Submission

Implemented

SEE ATTACHMENT

25a - Written Contract and Review

1. Requirements

2600.

- 25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

The administrator or a designee did not review the resident-home contract, dated [REDACTED], for resident #2 with the resident or the resident's designated person prior to signature. The contract was signed for the resident's designated person, however, that person indicated that [REDACTED] did not sign the contract.

Plan of Correction

Accept

On 4/19/2021 contract was signed by the Resident's POA.

Immediately on 4/19/2021 Educated staff on the importance of making sure all contracts are completed, dated, and stapled. Documentation kept.

On 5/1/2021 a tracking system was developed and implemented to ensure that each resident's contract is signed within 24 hours of admission. This tracking system will be checked by designated person weekly for all new contracts and initials will be placed at bottom of contract to let staff know that the contract is complete and can be filed. documentation will be kept for 1 month.

Completion Date: 07/10/2021

25a - Written Contract and Review (*continued*)**Document Submission****Implemented***SEE ATTACHMENT*

25b - Contract Signatures

1. Requirements

2600.

- 25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED], for resident #2, was not signed by the resident, the payor if different from the resident, or co-signed by the the resident's designee.

Plan of Correction**Accept**

On 4/19/2021 resident #2 signed the contract.

Immediately on 4/19/2021 educated staff on the importance of making sure all contracts are completed, dated and stapled. Documentation kept.

A checklist was completed on 5/1/2021 by designated person to ensure that all resident contracts were signed and dated. Documentation kept.

On 5/1/2021 a tracking system was developed and implemented to ensure that each resident's contract is signed within 24 hours of admission. This tracking system will be checked by designated person weekly for all new contracts and initials will be placed at bottom of contract to let staff know that the contract is complete and can be filed. documentation will be kept for 1 month.

Completion Date: 07/10/2021

Document Submission**Implemented***ATTACHMENT*

101j2 - Bedroom Chairs

1. Requirements

2600.

- 101.j. Each resident shall have the following in the bedroom:

2. A chair for each resident that meets the resident's needs.

Description of Violation

On 4/19/21 at 9:30 a.m., the shared bedroom of resident #2 and resident #3 did not have any chairs.

Plan of Correction**Accept**

At time of inspection on 4/16/2021 chairs were placed in room for resident #2 and #3.

Immediately on 4/19/2021 all staff persons were educated on the requirement that each resident shall have a chair to meet the resident's need in the room. Documentation kept.

On 5/1/2021 a tracking system was developed and implemented to ensure that each resident has a chair in his/her room. This tracking system was added to the maintenance checklist that is done weekly. documentation will be kept for a month.

Completion Date: 06/11/2021

101j2 - Bedroom Chairs (*continued*)**Document Submission****Implemented***SEE ATTACHMENT*

102i Soap Dispenser

1. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

On 4/19/21 at 9:30 a.m., there was an unlabeled, used bar of soap on the sink in the bathroom shared by resident #2 and resident #3.

Plan of Correction**Accept**

At time of inspection on 4/16/2021 the bar of soap was removed from the resident's room.

immediately of 4/19/2021 staff was educated on shared rooms and the labeling of shared rooms. documentation kept.

On 5/1/2021 a tracking system was developed and implemented to ensure that in a shared rooms are labeled. This tracking system was added to the maintenance checklist that is done weekly. documentation will be kept for a month.

Completion Date: 06/11/2021

Document Submission**Implemented***SEE ATTACHMENT*