

Department of Human Services  
Bureau of Human Service Licensing

September 20, 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 licensing inspections on 08/10/2021, 08/11/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,

[REDACTED]

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: *Twp. of Moon*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *66* Waking Staff: *50*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *08/11/2021*

**Inspection Dates and Department Representative**

*08/10/2021 - On-Site:* [REDACTED]  
*08/11/2021 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *40* Residents Served: *33*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Entire home* Capacity: *40* Residents Served: *33*

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *33*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *33* Have Physical Disability: *0*

## Inspections / Reviews

08/10/2021 - Full

Lead Inspector: [REDACTED]	Follow-Up Type: <i>POC Submission</i>	Follow-Up Date: <i>08/27/2021</i>
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9/7/2021 - POC Submission

Lead Reviewer: [REDACTED]	Follow-Up Type: <i>POC Submission</i>	Follow-Up Date: <i>09/13/2021</i>
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9/20/2021 - POC Submission

Lead Reviewer: [REDACTED]	Follow-Up Type: <i>Document Submission</i>	Follow-Up Date: <i>09/27/2021</i>
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## 17 - Record Confidentiality

### 1. Requirements

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 Repeat Violation

*On 8/10/21, the privacy coding document, which contained the names of residents #1, #2, #3 and #4, was attached to the licensing inspection summary, dated 2/28/20, and was posted on the main lobby bulletin board.*

*REPEAT VIOLATION: 2/28/2020*

### Plan of Correction

Accept

*At the time of inspection 8/10/21 document was removed from the main lobby bulletin board*

*on 8/15/21 staff was educated on the the importance of confidentiality. documentation kept*

*Immediately on 8/15/21, a tracking system was implemented to ensure that confidentiality is kept. documentation kept.*

*Designated person checks bulletin board a the beginning of each shift for 6 months to ensure that all resident info is kept. documentation kept.*

**Completion Date:** 09/02/2021

## 96a - First Aid Kit

### 1. Requirements

2600.

- 96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

### Description of Violation

*On 8/10/21, the first aid kit located at the nurses' station did not include antiseptic, a thermometer, adhesive tape, breathing shield or eye coverings.*

*On 8/10/21, the first aid kits located in the laundry room near bedroom #113 and the laundry room near bedroom #137, did not include eye coverings.*

## 96a - First Aid Kit (continued)

**Plan of Correction****Accept**

*At the time of inspection on 8/11/21, the inspector found 1st the aide kit at the nurse's station did not have an antiseptic, thermometer, adhesive tape, breathing shield, or eye coverings. 1st aid kit in the laundry room did not have eye coverings.*

*At time of inspection 8/11/2021 the missing items were added to the 1st aid kit.*

*Immediately on 8/15/21 staff was educated on the importance of 1st aid and their content*

*immediately on 8/15/21, a tracking system was implemented to ensure that each 1st aid kit includes regular equipment.*

*immediately on 8/15/21, the designated person checks each 1st aid kit to ensure compliance 1st aide kit will be checked by the designated person weekly for 1 month then monthly for 6 months documentation kept.*

**Completion Date:** 09/17/2021

## 103g - Storing Food

**1. Requirements**

2600.

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

**Description of Violation**

*On 8/10/21, there was an opened and unsealed bag of Lays kettle cooked potato chips on the dry storage shelf in the kitchen.*

**Plan of Correction****Accept**

*At the time of inspection on 8/10/21. Inspector found an unstored bag of potato chips.*

*Immediately on 8/10/21 Lays Potato chips were placed in plastic sealed bags and labeled with the date.*

*on 8/15/21 staff was educated on food storage and labeling. documentation kept.*

*starting on 8/15/2021The designated person will monitor all food storage areas, including refrigerators, daily for 1 month, then weekly thereafter to ensure safe food storage practices are being followed, including all food items being labeled and dated. Documentation kept.*

**Completion Date:** 09/02/2021

## 183d - Prescription Current

**1. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

**Description of Violation**

*On 8/11/21, resident #5's [REDACTED] was dated as opened on 6/7/21; however, was still present in the home. According to the manufacturer's instructions, the medication is to be discarded 4 weeks after opening.*

183d - Prescription Current (*continued*)**Plan of Correction****Accept**

*at the time of inspection on 8/11//21 inspector found that medications for resident #5 was expired according to manufacturer's instructions.*

*At time of inspection on 8/11/2021 resident #5 [REDACTED] were discarded and new ones ordered from pharmacy.*

*on 8/15/21 nurses were educated on checking for dates and labeling when opened documentation kept.*

*on 8/15/21 a medication audit was done on all residents. documentation kept.*

*on 8/15/21 a tracking system was implemented for medication audit. A medication audit by a designated person will be done weekly for 1 month then monthly for 6 months. documentation kept.*

**Completion Date:** 09/17/2021

## 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:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

**Description of Repeat Violation**

*The pharmacy label for resident #4's [REDACTED] indicates to administer 5 drops under the tongue each day; however, resident #4 is prescribed [REDACTED] under tongue in the morning.*

**REPEAT VIOLATION:** 6/17/2020

**Plan of Correction****Accept**

*at the time of inspection on 8/11/2021 inspector found the dosage incorrect on the label of resident #4.*

*At time of inspection 8/11/2021 pharmacy label was correct. obtained doctor order to administer 5 drops daily. order sent to pharmacy.*

*on 8/15/21 nurses were educated on the five rights of medication administration. documentation kept*

*on 8/15/21 a medication audit was done on all resident's medications. documentation kept.*

*on 8/15/21 a tracking system was implemented for medication audit. A medication audit by a designated person will be done weekly for 1 month then monthly for 6 months. documentation kept.*

**Completion Date:** 09/17/2021

## 187a - Medication Record

**1. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.

187a - Medication Record (*continued*)

4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

**Description of Violation**

*Resident #4's August 2021 medication administration record (MAR) does not include a diagnosis or purpose for the following medications:*

- [REDACTED] tablet-Take two tablets (650mg) by mouth three times daily
- [REDACTED] in the morning
- [REDACTED] of beverage of choice by mouth twice daily

*Resident #5's August 2021 MAR does not include a diagnosis or purpose for the following medications:*

- [REDACTED] -Take 1 tablet by mouth once weekly
- [REDACTED] -Take two tablets [REDACTED] by mouth once daily
- [REDACTED] -Take one tablet daily
- [REDACTED] -Take one tablet by mouth at bedtime

*Resident #6's August 2021 MAR does not include a diagnosis or purpose for the following medications:*

- [REDACTED] tablet-Take two tablets [REDACTED] by mouth three times daily
- [REDACTED] -Take one tablet by mouth daily at bedtime
- [REDACTED] -Take one capsule by mouth daily
- [REDACTED] -Take one tablet by mouth daily

*Resident #7's August 2021 MAR does not include a diagnosis or purpose for the following medications:*

- [REDACTED] -Take 1.5 tablet [REDACTED] by mouth twice daily
- [REDACTED] -Take one tablet by mouth daily

## 187a - Medication Record (continued)

**Plan of Correction****Directed**

at time of inspection on 8/11/2021 the inspector found that resident #4 said [REDACTED] wasn't educated on right to refuse medication.

At time of inspection diagnosis for resident #4, #5, #6, #7 were added to e-mar for all medications.

on 8/15/21 staff and residents were educated on the right to refuse medications. documentation kept.

on 8/15/21, a tracking system was implemented to ensure that residents' right to refuse medication is discussed in October for resident right month during the resident council. documentation kept.

*DIRECTED: Within 7 days of receipt of the plan of correction, then monthly thereafter: A designated staff person shall review the medication administration records for all residents to ensure all items specified in 2600.187a are present, including a diagnosis or purpose for each medication. [REDACTED] 9/20/21*

*DIRECTED: Within 7 days of receipt of the plan of correction: All staff persons qualified to administer medications shall be reeducated that all items specified in 2600.187a are present on each resident medication administration record, including a diagnosis or purpose for each medication. Documentation of the education shall be kept. [REDACTED] 9/20/21*

**Completion Date:** 09/17/2021

## 187d - Follow Prescriber's Orders

**1. Requirements**

2600.

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

**Description of Repeat Violation**

Resident #4 is prescribed [REDACTED] tablet-Take two tablets by mouth three times daily. However, this medication was not administered to the resident on 8/11/21 at 6:00 a.m., because the medication was not available in the home.

Resident #4 is prescribed [REDACTED]-Take one tablet by mouth three times daily. However, this medication was not administered to the resident on 8/11/21 at 6:00 a.m., because the medication was not available in the home.

*REPEAT VIOLATION: 6/17/2020*

187d - Follow Prescriber's Orders (*continued*)**Plan of Correction****Accept**

*at the time of inspection on 8/11//21 inspector found that medications for resident #4 was not admin because was not available by pharmacy.*

*At time of inspection on 8/11/2021 the medication was ordered from the pharmacy.*

*on 8/15/21 nurses were educated on getting meds from pharm on time. documentation kept.*

*on 8/15/21 a medication audit was done on all residents medications. documentation kept.*

*on 8/15/21 a tracking system was implemented for medication audit. A medication audit by a designated person will be done weekly for 1 month then monthly for 6 months. documentation kept.*

**Completion Date:** 09/17/2021

## 191 - Resident Right to Refuse

**1. Requirements**

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 Repeat Violation**

*Resident #4, admitted [REDACTED], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.*

**REPEAT VIOLATION:** 2/28/2020

**Plan of Correction****Directed**

*at time of inspection on 8/11/2021 the inspector found that resident #4 said [REDACTED] wasn't educated on right to refuse medication.*

*At time of inspection 8/11/2021 resident was education on the right to refuse medication.*

*immediately on 8/15/21 staff and residents were educated on the right to refuse medications. documentation kept.*

*immediately on 8/15/21 a tracking system was implemented to ensure that residents' right to refuse medication is discussed in October for resident right month during resident council. documentation kept. (DIRECTED: The tracking system shall be used for all new admissions to ensure each newly-admitted resident is notified in writing of their right to refuse or question a medication if they believe there is a medication error. [REDACTED] 9/20/21*

**DIRECTED:** *Within 7 days of receipt of the plan of correction: A designated staff person shall review all resident records to ensure each resident has been notified in writing of their right to refuse or question a medication if they believe there is a medication error. [REDACTED] 9/20/21*

**Completion Date:** 09/17/2021