

Department of Human Services  
Bureau of Human Service Licensing

March 3, 2022

[REDACTED]

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/COC#: 45072

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 12/27/2021 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,  
Larry Mazza

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 #: *45072* License Expiration: *05/19/2022*  
Address: *125 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: *125 APPLE BLOSSOM WAY, MOON TOWNSHIP, PA, 15108*  
Phone: *4123758400* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *08/27/2019* Issued By: *Moon Twp.*

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *105* Waking Staff: *79*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *02/03/2022*

**Inspection Dates and Department Representative**

12/27/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *150* Residents Served: *83*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *5*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *83*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *22* Have Physical Disability: *1*

**Inspections / Reviews**

**12/27/2021 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/13/2022*

Inspections / Reviews (*continued*)

## 02/22/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *03/01/2022*

## 02/28/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *03/02/2022*

## 03/03/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *03/15/2022*

## 63a - First Aid/CPR Training

## 1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

## Description of Violation

On 8/23/21, there were 86 residents present in the home, requiring a minimum of 2 staff persons trained in first aid and certified in obstructed airway techniques and CPR to be present in the home; however, from 3:39 AM through 6:36 AM, only 1 staff person trained in first aid and certified in obstructed airway techniques and CPR was present in the home.

## Plan of Correction

**Directed**

1. Administrator and/or designee will complete audit of employee files for CPR/FA certification by 3/1/2022.
2. CPR/FA class held on 3/2/2022 and be mandatory for employees in nursing department.
3. CPR/FA class will be held on 3/2/2022 and be mandatory for employees not in nursing department.
4. New hires will be required to complete CPR/FA within 30 days of hire.

*DIRECTED: Within 48 hours of receipt of the plan of correction: A designated staff person shall review the direct care staffing schedule daily to ensure there is at least 1 staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR present in the home at all times. LM 3/3/22*

**Completion Date:** 03/02/2022

## 185a - Implement Storage Procedures

## 1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

## Description of Violation

Resident #1 is prescribed Ondansetron 4mg- Take 1 tablet every 8 hours as needed for nausea; however, this medication is not available in the home for administration.

## Plan of Correction

**Directed**

1. Administrator and/or designee will complete mar to medication cart audit by 3/1/2022.
2. Administrator and/or designee will hold staff education regarding medication storage procedures on 2/22/2022. (DIRECTED: Documentation of the education shall be kept. LM 3/3/22)
3. Administrator and/or designee will complete mar to medication audit monthly.
4. PRN Ondansetron 4 mg last ordered on 8/10/2021. Med will be discontinued on 3/3/2022 for non use. (DIRECTED: Documentation of the discontinued order for resident #1's Ondansetron shall be kept in the resident's record. LM 3/3/22)

**Completion Date:** 03/03/2022

## 187b - Date/Time of Medication Admin.

## 1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

**Description of Violation**

*Resident #2 is prescribed Eliquis 5mg-Take 1 tablet by mouth 2 times a day. However, resident #2's December 2021 medication administration record does not include the initials of the staff persons who administered the medication to the resident twice daily from 12/1/21 through 12/26/21.*

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

1. Resident EMAR was erroneously check marked as self medicate for Eliquis.
2. Resident EMAR was correctly immediately during on site visit.
3. Administrator and/or designee scheduled medication technician training observation on 2/21/2022.
4. Administrator and/or designee will complete mar to medication cart audits monthly.
5. Administrator and/or designee will complete mar audit to ensure no other resident has been erroneously marked as self medicate on EMAR by 3/15/2022.
5. Administrator and/or designee will complete medication technician observations every 6 months.
6. Mar to cart audit completed by pharmacist to correct errors in Jan 2022. Mar to cart audits have also been completed in Feb 2022 and scheduled for Mar 2, 2022.

**Completion Date:** 03/15/2022

## 187d - Follow Prescriber's Orders

## 1. Requirements

2600.

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

**Description of Violation**

*Resident #1 is prescribed Vitamin D3 1000IU-Take 1 tablet once a day at 2:00 PM; however, the resident is being administered Calcium 600mg + Vitamin D3 500u.*

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

1. Administrator and/or designee scheduled medication technician training observation on 2/21/2022.
2. Administrator and/or designee will complete mar to medication cart audits monthly.
3. Administrator and/or designee will complete medication technician observations every 6 months.
4. Correct medication ordered to reflect doctor's ordered and delivered on 12/28/21.

*DIRECTED: Within 10 calendar days of receipt of the plan of correction: All staff persons qualified to administer medications shall be re-educated on the 5 rights of medication administration, which includes ensuring the pharmacy labels match the resident medication administration records prior to administering medications to residents. Documentation of the education shall be kept. LM 3/3/22)*

**Completion Date:** 03/02/2022

## 57b - 1 Hour/Day

**1. Requirements**

2600.

57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

**Description of Violation**

*The home is required to provide a minimum of 1 hour of personal care services for each mobile resident and 2 hours of personal care services for each resident with a mobility need.*

*On 7/18/21, there were 74 residents in the home, including 12 residents with mobility needs, requiring a total minimum of 86 hours of direct care staffing. On this date, only approximately 63.5 hours of direct care staffing were provided.*

*On 8/21/21, there were 86 residents in the home, including 15 residents with mobility needs, requiring a total minimum of 101 hours of direct care staffing. On this date, only approximately 69.5 hours of direct care staffing were provided.*

*On 8/22/21, there were 86 residents in the home, including 15 residents with mobility needs, requiring a total minimum of 101 hours of direct care staffing. On this date, only approximately 56.5 hours of direct care staffing were provided.*

*On 9/11/21, there were 92 residents in the home, including 12 residents with mobility needs, requiring a total minimum of 104 hours of direct care staffing. On this date, only approximately 82 hours of direct care staffing were provided.*

*On 9/12/21, there were 92 residents in the home, including 12 residents with mobility needs, requiring a total minimum of 104 hours of direct care staffing. On this date, only approximately 78 hours of direct care staffing were provided.*

*REPEAT VIOLATION: 5/12/2021, at. al.*

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

1. Administrator and/or designee completes staffing schedule.
2. Wellness director and Administrator to complete staffing schedule on monthly basis.
3. Wellness director and Administrator to review staffing hours scheduled each shift ensure adequate staffing looking ahead to make sure that each upcoming shift is adequately staffed. (DIRECTED: If it is determined that minimum staffing hours cannot be met for an upcoming shift, a designated person shall immediately arrange for substitute coverage in accordance with 2600.61. Documentation of hours worked for all direct care staff persons, including substitute personnel, shall be kept on a daily basis. LM 3/3/22)
4. Administrator and/or wellness director to review staffing calculations required. (DIRECTED: Documentation of daily staffing calculations shall be kept, including the number of residents in the home, the number of residents who are mobile, the number of residents with mobility needs, as well as any additional staffing hours needed to meet the needs of the residents as specified in the resident assessments and support plans. LM 3/3/22)
5. Call offs are made directly to Administrator and/or designee.

**57b - 1 Hour/Day (continued)**

6. Call offs are covered by requesting staff to work shifts. If no other staff available to work shift, manager on duty covers the shift. (DIRECTED: Documentation of hours worked for all managers/supervisors who perform direct care services shall be kept on a daily basis. LM 3/3/22)
7. Staff from Housekeeping are cross trained as direct care staff and have completed Direct Caregiver Provider test and initial direct caregiver training.
8. On shift staffing program to be implemented on 3/6/2022 for more accurate staffing. This program is a web based program so that current staffing needs are sent to staff in a live format.
9. Contracts are in place and being used for two staffing agencies- [REDACTED] staffing to ensure adequate staffing.
10. Administrator and/or Wellness Director are recruiting staff with sponsored ads on [REDACTED]. referral bonus programs with employees, sign on bonuses
11. Administrator to hold admissions for 30 days.

**Completion Date:** 03/31/2022

**57c - 2 Hours/Day****1. Requirements**

2600.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

**Description of Violation**

*The home is required to provide a minimum of 1 hour of personal care services for each mobile resident and 2 hours of personal care services for each resident with a mobility need.*

*On 7/18/21, there were 74 residents in the home, including 12 residents with mobility needs, requiring a total minimum of 86 hours of direct care staffing. On this date, only approximately 63.5 hours of direct care staffing were provided.*

*On 8/21/21, there were 86 residents in the home, including 15 residents with mobility needs, requiring a total minimum of 101 hours of direct care staffing. On this date, only approximately 69.5 hours of direct care staffing were provided.*

*On 8/22/21, there were 86 residents in the home, including 15 residents with mobility needs, requiring a total minimum of 101 hours of direct care staffing. On this date, only approximately 56.5 hours of direct care staffing were provided.*

*On 9/11/21, there were 92 residents in the home, including 12 residents with mobility needs, requiring a total minimum of 104 hours of direct care staffing. On this date, only approximately 82 hours of direct care staffing were provided.*

*On 9/12/21, there were 92 residents in the home, including 12 residents with mobility needs, requiring a total minimum of 104 hours of direct care staffing. On this date, only approximately 78 hours of direct care staffing were provided.*

*On 1/22/22, there were 82 residents in the home, including 21 residents with mobility needs, requiring a total minimum of 103 hours of direct care staffing. On this date, only approximately 100.25 hours of direct care staffing were provided.*

**57c - 2 Hours/Day (continued)**

REPEAT VIOLATION: 5/12/2021, *at. al.*

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

1. Administrator and/or designee completes staffing schedule.
2. Wellness director and Administrator to complete staffing schedule on monthly basis.
3. Wellness director and Administrator to review staffing hours scheduled each shift ensure adequate staffing looking ahead to make sure that each upcoming shift is adequately staffed. (DIRECTED: If it is determined that minimum staffing hours cannot be met for an upcoming shift, a designated person shall immediately arrange for substitute coverage in accordance with 2600.61. Documentation of hours worked for all direct care staff persons, including substitute personnel, shall be kept on a daily basis. LM 3/3/22)
4. Administrator and/or wellness director to review staffing calculations required. (DIRECTED: Documentation of daily staffing calculations shall be kept, including the number of residents in the home, the number of residents who are mobile, the number of residents with mobility needs, as well as any additional staffing hours needed to meet the needs of the residents as specified in the resident assessments and support plans. LM 3/3/22)
5. Call offs are made directly to Administrator and/or designee.
6. Call offs are covered by requesting staff to work shifts. If no other staff available to work shift, manager on duty covers the shift. (DIRECTED: Documentation of hours worked for all managers/supervisors who perform direct care services shall be kept on a daily basis. LM 3/3/22)
7. Staff from Housekeeping are cross trained as direct care staff and have completed Direct Caregiver Provider test and initial direct caregiver training.
8. On shift staffing program to be implemented on 3/6/2022 for more accurate staffing. This program is a web based program so that current staffing needs are sent to staff in a live format.
9. Contracts are in place and being used for two staffing agencies- [REDACTED] to ensure adequate staffing.
10. Administrator and/or Wellness Director are recruiting staff with sponsored ads on [REDACTED]. referral bonus programs with employees, sign on bonuses
11. Administrator to hold admissions for 30 days.

Completion Date: 03/31/2022

**57d - Waking Hours****1. Requirements**

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

**Description of Violation**

*The home is required to provide a minimum of 1 hour of personal care services for each mobile resident and 2 hours of personal care services for each resident with a mobility need.*

*On 7/18/21, there were 74 residents in the home, including 12 residents with mobility needs, requiring a minimum of 64.5 hours of personal care staffing during waking hours. However, on this date, only 38 hours of personal care were provided during waking hours.*

*On 7/20/21, there were 73 residents in the home, including 12 residents with mobility needs, requiring a minimum of 63.75 hours of personal care staffing during waking hours. However, on this date, only approximately 48.5 hours of personal care were provided during waking hours.*

*On 8/21/21, there were 86 residents in the home, including 15 residents with mobility needs, requiring a minimum of 75.75 hours of personal care staffing during waking hours. However, on this date, only approximately 48.5 hours of personal care were provided during waking hours.*

*On 8/22/21, there were 86 residents in the home, including 15 residents with mobility needs, requiring a minimum of 75.75 hours of personal care staffing during waking hours. However, on this date, only approximately 44.5 hours of personal care were provided during waking hours.*

*On 9/11/21, there were 92 residents in the home, including 12 residents with mobility needs, requiring a minimum of 78 hours of personal care staffing during waking hours. However, on this date, only 59.5 hours of personal care were provided.*

*On 9/12/21, there were 92 residents in the home, including 12 residents with mobility needs, requiring a minimum of 78 hours of personal care staffing during waking hours. However, on this date, only approximately 42.5 hours of personal care were provided during waking hours.*

*On 1/22/22, there were 82 residents in the home, including 21 residents with mobility needs, requiring a minimum of 77.25 hours of personal care staffing during waking hours. However, on this date, only approximately 75 hours of personal care were provided during waking hours.*

*REPEAT VIOLATION: 5/12/2021, et. al.*

## 57d - Waking Hours (continued)

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

1. Administrator and/or designee completes staffing schedule.
2. Wellness director and Administrator to complete staffing schedule on monthly basis.
3. Wellness director and Administrator to review staffing hours scheduled each shift ensure adequate staffing looking ahead to make sure that each upcoming shift is adequately staffed. (DIRECTED: If it is determined that minimum staffing hours cannot be met for an upcoming shift, a designated person shall immediately arrange for substitute coverage in accordance with 2600.61. Documentation of hours worked for all direct care staff persons, including substitute personnel, shall be kept on a daily basis. LM 3/3/22)
4. Administrator and/or wellness director to review staffing calculations required. (DIRECTED: Documentation of daily staffing calculations shall be kept, including the number of residents in the home, the number of residents who are mobile, the number of residents with mobility needs, as well as any additional staffing hours needed to meet the needs of the residents as specified in the resident assessments and support plans. LM 3/3/22)
5. Call offs are made directly to Administrator and/or designee.
6. Call offs are covered by requesting staff to work shifts. If no other staff available to work shift, manager on duty covers the shift. (DIRECTED: Documentation of hours worked for all managers/supervisors who perform direct care services shall be kept on a daily basis. LM 3/3/22)
7. Staff from Housekeeping are cross trained as direct care staff and have completed Direct Caregiver Provider test and initial direct caregiver training.
8. On shift staffing program to be implemented on 3/6/2022 for more accurate staffing. This program is a web based program so that current staffing needs are sent to staff in a live format.
9. Contracts are in place and being used for two staffing agencies- [REDACTED] staffing to ensure adequate staffing.
10. Administrator and/or Wellness Director are recruiting staff with sponsored ads on [REDACTED]. referral bonus programs with employees, sign on bonuses
11. Administrator to hold admissions for 30 days.

**Completion Date:** 03/31/2022