

Department of Human Services
Bureau of Human Service Licensing

May 11, 2022

[REDACTED]
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 03/21/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance 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 #: *45073* License Expiration: *08/25/2022*
Address: *115 APPLE BLOSSOM WAY, MOON TOWNSHIP, PA 15108*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *4123758400* 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: *Township of Moon*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *58* Waking Staff: *44*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Fine* Exit Conference Date: *03/21/2022*

Inspection Dates and Department Representative

03/21/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *40* Residents Served: *29*

Secured Dementia Care Unit

In Home: *Yes* Area: *Entire home* Capacity: *40* Residents Served: *29*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *29*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *29* Have Physical Disability: *0*

Inspections / Reviews

03/21/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/20/2022*

Inspections / Reviews (*continued*)

04/21/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *04/27/2022*

04/22/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/03/2022*

05/11/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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

Resident #1's resident-home contract, dated [REDACTED], is not signed by the resident.

REPEAT VIOLATION: 4/16/2021

Plan of Correction

Directed

2600.25(b) Resident Home Contract

Requirement: 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: Resident #1 resident home contracted, dated [REDACTED] is not signed by the resident.

Plan of Correction: By 4/21/2022, Staff will perform complete audit of all resident contracts and obtain required resident signatures on all contracts. Additionally, Admission and Administrative staff will receive education on PA 2600.25 to ensure that all future contracts are signed by all necessary. (DIRECTED: The education conducted with administrative staff shall be completed within 7 calendar days of receipt of the plan of correction. Documentation of the education shall be kept. LM 4/22/22). Going forward, Administrative staff will audit contract on new admissions to ensure that contract is signed appropriately. (DIRECTED: The audit of new resident resident-home contracts shall be completed within 24 hours of admission to ensure timely completion. LM 4/22/22).

DIRECTED: Within 5 calendar days of receipt of the plan of correction: A designated staff person shall review resident #1's resident-home contract with the resident and obtain the resident's signature. A copy of the signed resident-home contract shall be given to the resident, and a copy of the signed resident-home contract shall be placed in resident #1's record. LM 4/22/22

Completion Date: 05/03/2022

Document Submission

Implemented

see attached

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

Numerous medications for resident #2, to include the following, were present in the home's medication cart; however, are not currently prescribed by resident #2's physician:

183d - Prescription Current (continued)

- Pantoprazole 40 mg tablets-Take 1 tablet by mouth twice daily 30 minutes before breakfast and dinner
- Clopidogrel 75 mg tablet-Take 1 tablet by mouth every day
- Verapamil 120 mg ER capsule-Take 1 capsule by mouth daily
- Losartan 25 mg tablet-Take 1 tablet by mouth daily
- Crestor 10 mg tablet-Take 1 tablet by mouth daily

REPEAT VIOLATION: 8/10/2021, et. al.

Plan of Correction**Directed**

Plan of Correction:

An audit of the community's medication cart has been requested by the contracted pharmacy that will be completed by May 3, 2022. Staff will also be inserviced on Medication Administration, The 5 Rights of Medication Administration and the proper protocol for ongoing medication cart audits. (DIRECTED: The staff education with all staff persons qualified to administer medications shall be completed within 7 calendar days of receipt of the plan of correction. Documentation of the education shall be kept. LM 4/22/22).

-Medication Cart Audits and MAR Audits will be conducted by the Administrator/Designee weekly for 4 weeks and then once monthly for 3 months and quarterly per pharmacy services. (DIRECTED: Documentation of the audits shall be kept. LM 4/22/22).

DIRECTED: Within 10 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement procedures to ensure only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home, and that all resident medications present in the home have been prescribed by the resident's physician, physician's assistant or certified registered nurse practitioner. Documentation of the procedures shall be kept. All staff persons qualified to administer medications shall be educated on the new procedures within 10 calendar days of receipt of the plan of correction. Documentation of the education shall be kept. LM 4/22/22.

Completion Date: 05/03/2022

Document Submission**Implemented**

see attached

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 Violation

Resident #2 is prescribed Metoprolol ER Succinate 25 mg tablet-Take 1 tablet by mouth daily; however, the pharmacy

184a - Labeling OTC/CAM (continued)

label indicates Metoprolol ER Succinate 25 mg tablet-Take ½ tablet by mouth daily.

REPEAT VIOLATION: 8/10/2021, et. al.

Plan of Correction**Directed**

Nurse/Med Tech shall complete both a MAR audit and Med Cart Audit once per week for 1 month and then once monthly for 6 months for all residents, to ensure that all currently prescribed medications are available, and all expired prescriptions have been removed and appropriately disposed of. Tracker will be kept in a red binder in the medication room. (See audit tool attached to 2600.187d). (DIRECTED: The audits shall begin within 72 hours of receipt of the plan of correction. The audit shall also include a review of all medication pharmacy labels to ensure accuracy in accordance with prescribers' orders. LM 4/22/22)

By 5/3/2022, Staff qualified to administer medication shall be re-educated that all specific items in 2600.184a are present on each medication container. Documentation of education will be kept and available for review.

DIRECTED: Within 72 hours of receipt of the plan of correction: The pharmacy label for resident #2's Metoprolol ER Succinate shall be updated in accordance with the prescriber's orders. LM 4/22/22

Completion Date: 05/03/2022

Document Submission**Implemented**

see attached

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 the following medications; however, the medications are not available in the home:

- Lidocaine HCL 4% cream GNP-Apply topically to bilateral knees and hips every 4 hours as needed
- Lorazepam 0.5 mg tablet-Take 1 tablet by mouth every 12 hours as needed

Resident #2 is prescribed the following medications; however, the medications are not available in the home:

- Bisacodyl Suppository-Insert 1 suppository rectally every 96 hours as needed
- Nitroglycerin 0.4 mg tablet-Give 0.4 mg sublingually every 5 minutes as needed up to 3 doses
- Ondansetron HCL 4 mg tablet-Take 1 tablet by mouth every 8 hours as needed

185a - Implement Storage Procedures (continued)

Plan of Correction

Directed

Plan of Correction:

Nurse/Med Tech shall complete both a MAR audit and Med Cart Audit once per week for 1 month and then once monthly for 6 months for all residents, to ensure that all currently prescribed medications are available, and all expired prescriptions have been removed and appropriately disposed of. Tracker will be kept in a red binder in the medication room. (See audit tool attached to 2600.187d). (DIRECTED: The audits shall begin within 72 hours of receipt of the plan of correction. LM 4/22/22)

By 5/3/2022, Staff will be re-educated on Medication Administration, The 5 Rights of medication administration and proper medication cart auditing processes. Education will be kept on file and available for review.

DIRECTED: Within 72 hours of receipt of the plan of correction: Resident #1's Lidocaine HCL 4% cream and Lorazepam 0.5 mg tablet, as well as resident #2's Bisacodyl Suppository, Nitroglycerin 0.4 mg tablet and Ondansetron HCL 4 mg tablet shall be present and available in the home in accordance with prescribers' orders. If any of the medications for residents #1 and #2 were discontinued by the prescriber, documentation of the discontinued orders shall be kept in the resident's record. LM 4/22/22

DIRECTED: Within 5 calendar days of receipt of the plan of correction: A designated staff person shall review the medications for all current residents to ensure all medications are present and available in accordance with prescribers' orders. LM 4/22/22).

Completion Date: 05/03/2022

Document Submission

Implemented

see attached

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

On 3/21/22, staff person A initialed resident #1's March 2022 Medication Administration Record (MAR) as administering the following treatments; however, the treatments were completed by the Home Health nurse and were not completed by Staff person A:

- *Calmoseptine Ointment-Apply topically to left ankle wound daily*
- *Magic Mix-Apply topically to Coccyx/sacral area daily as needed*
- *Optifoam 4x4 dressing-cleanse left ankle wound with wound cleanser; apply Medihoneygel, cover with foam daily*
- *Santyl Ointment-use as directed to be done by Home Care Services for wound*
- *Skin prep wipes-Apply topically to left foot daily*

Plan of Correction

Accept

-By 4/21/2022 Home will establish a separate binder for each Home Health entity to document treatments

187b - Date/Time of Medication Admin. (continued)

performed during a visit. The Nurse or Med Tech will check the binder and document in the EMAR an observation stating the date and time and the treatment was treatment performed.

-Treatments ordered by Home Health will be ordered and entered into the MAR as PRN for the Nurse/Med Tech to perform when dressings/treatments have become soiled or dislodged and need to be replaced when the Home Health staff is not available, according to physician orders.

-Staff will check the Home Health Binders once weekly to ensure that all treatments/dressings done by the Home Health Staff have been appropriately documented in the EMAR as an observation and to transfer all necessary documentation into the medical chart as appropriate.

-By 5/3/2022, Staff will be educated on the updated protocol for documentation of service provided by ancillary staff. Additionally, all new hires will be oriented to this protocol and documentation of this education will be kept on record for review.

Completion Date: 05/03/2022

Document Submission

Implemented

see attached

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

2600.

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

Description of Violation

Resident #2 is prescribed the following medications; however, on 3/21/22, the medications were not administered to the resident, because they were not available in the home:

- Omeprazole DR 20 mg capsule-Take 1 capsule by mouth daily
- Nystatin 100,000 unit/gm-Apply topically to abdominal folds every shift until healed

REPEAT VIOLATION: 5/24/2021, et. al.; 8/10/2021, et. al.

Plan of Correction

Directed

Plan of Correction:

Nurse/Med Tech shall complete both a MAR audit and Med Cart Audit once per week for 1 month and then once monthly (for 6 months Unacceptable section of the plan of correction. LM 4/22/22). for all residents, to ensure that all currently prescribed medications are available, and all expired prescriptions have been removed and appropriately disposed of. Tracker will be kept in a red binder in the medication room (See audit tool attached to 2600.187d).

-All Staff will be educated to understand the importance of following physician orders. Also, they will be educated regarding any changes to the individual residents care. Staff will be directed to ALIS (CRM System) to review any updates/changes that may have occurred with the residents since their last shift. These inservices will be completed by 5/3/2022. (DIRECTED: Documentation of the education shall be kept. LM 4/22/22).

187d - Follow Prescriber's Orders (continued)

DIRECTED: Within 72 hours of receipt of the plan of correction: Resident #2's Omeprazole DR 20 mg capsule and Nystatin 100,000 unit/gm shall be present and available in the home in accordance with prescribers' orders. If any of the medications for resident #2 were discontinued by the prescriber, documentation of the discontinued orders shall be kept in the resident's record. LM 4/22/22

DIRECTED: Within 5 calendar days of receipt of the plan of correction: A designated staff person shall review the medications for all current residents to ensure all medications are present and available in accordance with prescribers' orders. LM 4/22/22).

Completion Date: 05/03/2022

Document Submission

Implemented