

Department of Human Services
Bureau of Human Service Licensing

June 17, 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 review on 05/09/2022, 06/01/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

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: *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 Township*

Staffing Hours

Resident Support Staff: Total Daily Staff: *100* Waking Staff: *75*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *06/01/2022*

Inspection Dates and Department Representative

05/09/2022 - On-Site: [REDACTED]
06/01/2022 - Off-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: *4*

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: *17* Have Physical Disability: *0*

Inspections / Reviews

05/09/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/11/2022*

06/09/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/13/2022*

06/16/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/20/2022*

06/17/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation, dated [REDACTED], indicates see attached in the medication addendum; however, nothing is attached.

Plan of Correction**Do Not Accept**

By 6/1/2022, Staff will be educated on the Traditions Policy on Nursing Assessments. Documentation of education will be kept. Audit tool for DME to include medication addendum attached. Documentation will be kept by Wellness Director and reviewed monthly. All Annual or Change of Condition DME will be documented on tool an all assessments will be renewed in a timely manner according to the policy.

Completion Date: 06/01/2022**Plan of Correction****Accept**

DME was updated on 5/9/2022. see attached.

Review completed of DMEs to ensure properly completed and updated.

Administrator/Designee will audit new DMEs going forward to make sure they are complete and accurate.

Completion Date: 06/14/2022**Document Submission****Implemented**

DME was updated on 5/9/2022. see attached.

Review completed of DMEs to ensure properly completed and updated.

Administrator/Designee will audit new DMEs going forward to make sure they are complete and accurate.

see attached

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

Description of Violation

Resident #1's most recent assessment, dated [REDACTED], indicates the resident has no problem with judgment and that [REDACTED] decisions are not harmful to self or others; however, the resident has suicidal ideations and held a pillow over [REDACTED] face in an attempt to suffocate [REDACTED] on 4/30/22. Also, [REDACTED] is assessed as independent with eating; however, staff interviews indicate resident requires significant cueing to eat meals. In addition, [REDACTED] supervision needs are assessed as minimal; however, the resident requires hourly checks for safety.

Plan of Correction**Do Not Accept**

By 6/1/2022, Staff will be educated on the Traditions Policy on Nursing Assessments. Documentation of education will be kept. Audit tool for RASP renewals will be kept by Wellness Director and reviewed monthly. All Annual or Change of Condition RASPS will be documented on tool an all assessments will be renewed in a timely manner according to the policy.

Completion Date: 06/01/2022**Plan of Correction****Accept**

RASP was updated on 5/9/2022. see attached.

225c - Additional Assessment (continued)

Review completed of RASPs to ensure properly completed and updated.

Administrator/Designee will audit new RASPs going forward to make sure they are complete and accurate.

Completion Date: 06/14/2022

Document Submission**Implemented**

RASP was updated on 5/9/2022. see attached.

Review completed of RASPs to ensure properly completed and updated.

Administrator/Designee will audit new RASPs going forward to make sure they are complete and accurate.

see attached,