



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: September 7, 2022

[REDACTED]
Brodhead Senior Living, LLC
125 Apple Blossom Way
Moon Township, Pennsylvania 15108

RE: Apple Blossom Senior Living
125 Apple Blossom Way
Moon Township, Pennsylvania 15108
License/COC #: 450722

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on March 23, 2022, March 25, 2022, March 28, 2022, March 29, 2022, April 8, 2022, and July 7, 2022, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby issues you a SECOND PROVISIONAL license to operate the above facility. A SECOND PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa. Code § 20.71(a)(2); (3); (4) (relating to conditions for denial, nonrenewal or revocation). Your SECOND PROVISIONAL license is enclosed and is valid from September 7, 2022 to March 7, 2023.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.


Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
Section:					
184(b)	II	89	\$5	\$445	5 calendar days from mailing date of this letter
187(a)	II	89	\$5	\$445	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.>

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:


 Pennsylvania Department of Human Services
 Bureau of Human Services Licensing
 Room 631, Health and Welfare Building
 625 Forster Street
 Harrisburg, Pennsylvania 17120
 PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Jamie F. Buchenauer

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: [REDACTED]
[REDACTED]
[REDACTED]

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: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *08/27/2019* Issued By: *Township of Moon*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *133* Waking Staff: *100*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Provisional, Monitoring* Exit Conference Date: *07/07/2022*

Inspection Dates and Department Representative

07/07/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *150* Residents Served: *89*

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: *89*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *44* Have Physical Disability: *0*

Inspections / Reviews

07/07/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/29/2022*

Inspections / Reviews (*continued*)

07/28/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *08/01/2022*

08/05/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *08/08/2022*

181c - Self-administration Assessment

1. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #1 self-administers Trelegy Ellipta inhaler, which is kept at the resident's bedside. However, resident #1 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

Resident #2 self-administers Diclofenac gel 1%, which is kept at the resident's bedside. However, resident #2 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

Plan of Correction

Accept

Resident #1 inhaler and Resident #2 gel was removed from resident rooms immediately.

By 8/5/2022 Residents #1 and #2 will have self administration assessment completed by physician or nurse practitioner.

Medication technicians will be educated on self administration assessment form to be completed by 8/5/2022.

Completion Date: 08/05/2022 Licensee's Proposed Date for POC Implementation

Not Implemented
8/8/22

183e - Storing Medications

1. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #1's Latanoprost 0.005% solution was not dated when opened.

Plan of Correction

Accept

On 7/7/2022 Resident #1 Latanoprosbt was dated with open date sticker.

Medication cart was audited on 7/8/2022 by Wellness Director to ensure that medications in the medication cart match mar including open date stickers on medications.

By 7/26/2022 nurse/med tech will complete both mar and med cart audit once per week for 1 week for 1 month and then once monthly for 6 months for residents to ensure that current medication orders are available and to review all pharmacy labels to ensure accuracy with pharmacy labels.

By 8/5/2022 medication technician will be educated on proper labeling for open dates.

Need: All staff who administer medications to be educated on dating of all medications that require it.

Record will be kept.

Completion Date: 08/05/2022 Licensee's Proposed Date for POC Implementation

Not Implemented
8/8/22

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:

Description of Violation

There was a plastic bag that contained both a Basaglar injectable pen and a Novolog Flex pen for resident #2; however, there is only a pharmacy label for the Basaglar injectable pen on the plastic bag. There was no pharmacy label for the Novolog flex pen.

There is an unlabeled Ventolin HFA inhaler with a spacer in resident #1's drawer in the medication cart. The dosage is not indicated. This medication is not listed on resident #1's July medication administration record (MAR).

There is an opened, unlabeled Humalog Kwik pen in resident #1's drawer in the medication cart. The dosage is not indicated. The medication is not listed on resident #1's July MAR.

Plan of Correction**Accept**

On 7/7/2022 Resident #2 insulin pen was labeled with pharmacy label. Resident #1 inhaler and humalog kwik pen was removed from medication cart.

Medication cart was audited on 7/8/2022 by Wellness Director to ensure that medications in the medication cart match mar.

By 7/26/2022 nurse/med tech will complete both mar and med cart audit once per week for 1 week for 1 month and then once monthly for 6 months for residents to ensure that current medication orders are available and to review all pharmacy labels to ensure accuracy with pharmacy labels.

Staff to be educated on proper storage and labeling of medications, including insulin.

Documentation kept

Record will be kept.

Completion Date: 08/05/2022 Licensee's Proposed Date for POC Implementation

Not Implemented

8/8/22

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's glucometer was not calibrated to the correct date and time. On 7/7/22, the glucometer date indicated 4/27/22.

Resident #1 is prescribed Novolog Flex pen U-100 insulin, inject 3 units before meals three times a day plus low dose sliding scale: glucose level under 140= 0 units; 141-180=1 unit; 181-220=2 units; 221-260=3 units; 261-300=4 units; 301-340=5 units over 340: 6 units. Do not give insulin if glucose is less than 70.

There were no glucometer readings documented for the following dates and times:

7/1 4:30 pm; 7/2, 7:30 am and 4:30 pm; 7/3 7:30 am and 11:30 am; 7/4 7:30 am, 11:30 am, 4:30 pm; 7/5 7:30 am and 11:30 am, 7/6 7:30 am

185a - Implement Storage Procedures (continued)

The following medications for resident #3 were discontinued on 3/28/2022, but were still on the first floor medication cart:

- * Clopidogrel 75 mg, take 1 tablet by mouth once a day.
- * Atenolol/Chlorthalidone 100/25mg, take 1 tablet by mouth every day.

Resident #3 is prescribed Clonidine HCL 0.1 mg, take 1 tablet by mouth daily as needed, but the medication is not available in the home.

Plan of Correction**Accept**

On 7/7/2022 Resident #1 medications were removed from medication cart.

Medication cart was audited on 7/8/2022 by Wellness Director to ensure that medications in the medication cart match mar.

By 7/26/2022 nurse/med tech will complete both mar and med cart audit once per week for 1 week for 1 month and then once monthly for 6 months for residents to ensure that current medication orders are available and to review all pharmacy labels to ensure accuracy with pharmacy labels.

By 7/8/2022 Nurse/med tech will implement glucometer log to document insulin given in addition to documentation on the mar. Glucometer log will be used per resident and kept ongoing.

Need immediate steps completed re: resident #3 medications. Also need same steps as directed in the 3/23/22 POC:

Within 2 calendar days of receipt of the plan of correction and at least weekly thereafter - The administrator or designed staff person who is trained in medication administration will audit the actual readings on each resident's glucometer as compared with the documented readings on the resident's medication administration record (MAR), and also ensure the glucometer is calibrated to the current date and time. This shall be done at least weekly for residents who receive blood glucose testing and shall consist of all readings for the previous week. The weekly audits shall occur for a minimum of five weeks commencing upon the receipt of this plan. Documentation will be kept.

Within 2 calendar days of receipt of the plan of correction - A designated staff person who is trained in medication administration will monitor the medication administration record (MAR) daily to ensure all medication administration documentation, is complete and accurate, including units of insulin administered. Documentation will be kept.

Within 15 calendar days of receipt of the plan of correction - All staff persons administering medication will be reeducated on proper medication administration procedures including following the orders of the prescriber and matching the medication labels to the orders. Documentation will be kept.

Within 15 calendar days of receipt of the plan of correction - The administrator or designee who is trained in medication administration, will observe a medication pass by each staff person who administers medication, at least two times, then monthly thereafter to ensure all medication administration is complete and accurate.

Documentation will be kept.

Completion Date: 08/05/2022 *Licensee's Proposed Date for POC Implementation*

Not Implemented

8/8/22

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:

187a - Medication Record (continued)

Description of Violation

Resident #1's medication administration record (MAR) includes Hydrocodone-Acetaminophen 5-325; however, this medication was discontinued on 5/13/2022.

Resident #1 is prescribed Novolog Flex pen U-100 insulin, inject 3 units before meals three times a day plus low dose sliding scale: glucose level under 140= 0 units; 141-180=1 unit; 181-220=2 units; 221-260=3 units; 261-300=4 units; 301-340=5 units over 340: 6 units. Do not give insulin if glucose is less than 70.

- There are two entries on resident #1's MAR. One entry indicates give 2 units with the sliding scale before meals three times a day; and the other entry indicates give 3 units with sliding scale before meals three times a day.

- In addition, according to the July 2022 MAR, Novolog Flexpen insulin was administered at 7:30 am, 11:30 am and 4:30 pm on 7/1 through 7/6; however, there are the number of units of insulin administered are not recorded on the July 2022 MAR.

Plan of Correction**Accept**

On 7/7/2022 Resident #1 medications were removed from medication cart.

Medication cart was audited on 7/8/2022 by Wellness Director to ensure that medications in the medication cart match mar.

By 7/26/2022 nurse/med tech will complete both mar and med cart audit once per week for 1 week for 1 month and then once monthly for 6 months for residents to ensure that current medication orders are available and to review all pharmacy labels to ensure accuracy with pharmacy labels.

By 7/8/2022 Nurse/med tech will implement glucometer log to document insulin given in addition to documentation on the mar. Glucometer log will be used per resident and kept ongoing.

Need same steps as directed in the previous LIS dated 3/23/22:

Within 2 calendar days of receipt of the plan of correction - A designated staff person who is trained in medication administration will monitor the medication administration record (MAR) daily to ensure all medication administration documentation, is complete, and accurate, including units of insulin administered. Documentation will be kept.

Within 15 calendar days of receipt of the plan of correction - The administrator or designee who is trained in medication administration, will observe a medication pass by each staff person who administers medication, at least two times, then monthly thereafter to ensure all medication administration is complete and accurate.

Documentation will be kept.

Completion Date: 08/05/2022 Licensee's Proposed Date for POC Implementation

Not Implemented

8/8/22