

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY PUBLIC

January 23, 2023

[REDACTED], REGIONAL VICE PRESIDENT OF OPERATIONS
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 08/25/2022, 08/29/2022, 08/30/2022, 09/06/2022, 09/01/2022, 09/23/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

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:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: BROADHEAD 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:** 137 **Waking Staff:** 103

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 08/30/2022

Inspection Dates and Department Representative

08/25/2022 - On-Site: [REDACTED]
08/29/2022 - On-Site: [REDACTED]
08/30/2022 - On-Site: [REDACTED]
09/06/2022 - Off-Site: [REDACTED]
09/01/2022 - Off-Site: [REDACTED]
09/23/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 150 **Residents Served:** 91

Secured Dementia Care Unit

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

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 91
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 46 **Have Physical Disability:** 0

Inspections / Reviews

08/25/2022 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *10/29/2022*

12/05/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *01/16/2023*

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *12/15/2022*

01/09/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *01/16/2023*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *01/19/2023*

01/23/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: *01/16/2023*

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] resident #1 exited the main entrance of the home on [REDACTED] mobility scooter and the door alarm was cleared within 7 seconds by staff person A. At [REDACTED] am, staff person B responded to the door alarm and opened the innermost set of doors to the main entryway setting off the door alarm again, took a brief look then, within 6 seconds, reset the door alarm that [REDACTED] had triggered when opening it. Resident #1 was discovered face down on the sidewalk, on the residents date of death, near [REDACTED] scooter by a store employee in the shopping plaza in Moon Township approximately 0.8 mile from the home. Resident had ceased to breathe prior to police arriving on site. The resident's cause of death was exsanguination due to laceration to scalp due to fall.

According to the home's (door) Alarms Memory Care/Residential Care Policy provided to the Department by staff person C, the home's administrator, the procedures to be followed include:

1. The doors that lead to the outside are equipped with an alarm system to alert staff members when a door has been opened. The alarm system must be activated at all times. No exceptions can be made for the safety of the residents.
2. It is responsibility of all staff members to respond every time an alarm sounds.
3. When an alarm sounds, staff members should determine which door(s) have been opened.
4. Once the door(s) has been identified, the alarm should be reset.
5. A staff member must go to the door(s) that have been opened to investigate the situation. When arriving at the door, the staff member must redirect the resident(s) back inside the community. If a resident has eloped, it is also important to walk outside to make certain all residents who might have exited are escorted back inside the community.
6. During the time the situation at the door is being investigated, another staff member should initiate a head count of all residents. A head count of all residents is essential to make certain that every resident that may have exited is inside the community.
7. If a resident is still determined to be missing, begin the procedures for the "Missing Resident Plan" in the Disaster/Evacuation Section of the manual.
8. It is important to remember that residents may be able to exit the community unnoticed when visitors are leaving. If a family member deactivates the alarm system to leave the community, a resident has an opportunity to walk outside. Be certain to ask family members and friends of the residents to ask for assistance when leaving so that the doors and alarm system can be monitored.
9. Never underestimate a resident's desire or ability to open a door and walk outside. It is the responsibility of every staff member to check the doors when the alarm sounds. Never assume that another staff member has taken care of the situation.
10. The Alarms are to be tested every shift and documented that they are functioning properly on the Alarm sheet.

However, on [REDACTED], the home's procedures were not followed when resident #1 eloped from the home. The staff persons on duty did not conduct a property search of the outside of the building and did not conduct a head count of residents.

Plan of Correction

Directed ([REDACTED] - 01/09/2023)

Responsibility: Administrator/ Director of Wellness

8/25 Administrator, staff member C, met with staff members B, D as well as the entire leadership staff to gather facts and review and educate everyone on the importance and procedure for responding to alarms and elopement.

42b - Abuse (continued)

10/5 AAA conducted a virtual training for all staff on abuse and neglect. Elopement procedures were then presented by staff member . Copy of training confirmation from AAA and Record of Training dated 10/5/2022 will be submitted after POC is accepted.

10/27 Elopement drills will be conducted monthly by the Administrator/designee. Documentation of response time and results will be kept.

10/28 Orientation of staff to elopement drill procedure conducted by Administrator.
11/17 & 12/9 Elopement drills conducted. Time and result documented
Monthly drills will continue and documentation of drills will be kept for review by Dept.
Administrator / Director of Wellness responsible..

Elopement Drill log will be submitted after POC is accepted per Dept. instructions. .

DIRECTED

Within 1 day of receipt of the accepted plan of correction: The administrator shall review all incidents of the door alarm activation to ensure the home's policy and procedures were followed. 1/9/23 JK

Directed Completion Date: 12/14/2022

Implemented [REDACTED] - 01/23/2023)

65b - Rights/Abuse 40 Hours**2. Requirements**

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

2. Emergency medical plan.
4. Reporting of reportable incidents and conditions.

Description of Violation

Direct care staff person B was hired on [REDACTED] 2 and had worked in excess of 40 hours as of [REDACTED]. However, the home does not have documentation that staff person B received training in emergency medical plan and reportable incidents.

Direct care staff person D was hired on [REDACTED] and had worked in excess of 40 hours as of [REDACTED]. However, the home does not have documentation that staff person D received training in emergency medical plan and reportable incidents.

Plan of Correction

Accept [REDACTED] - 01/09/2023)

Responsibility: Business Office Manager/Administrator

8/26 Business Office Manager revised the new hire orientation to include emergency medical plan and reportable incidents. New hire orientation form includes all required training per 42b. New hire orientation will be completed prior to employee being added to the schedule. Business Office Manager will be responsible for all new hire orientation.

65b - Rights/Abuse 40 Hours (continued)

9/8 Staff person B was trained on emergency medical plan and reportable incidents.

10/27 staff person D was trained on emergency medical plan and reportable incidents. Training record was signed by staff B & D acknowledging training.

10/27 Administrator will review all new hire documentation to ensure that all new hires are being properly oriented prior to working their 1st 40 scheduled hours. Administrator reviewed new hired documentation on 11/8, 11/29, 12/6.

12/12 Business office manager reviewed all personnel files to ensure all employees have received the required training.

12/14 Copy of record of training for staff B & D will be submitted after POC is accepted per Dept. instructions.

Licensee's Proposed Overall Completion Date: 12/14/2022

Implemented [REDACTED] - 01/23/2023)

65i - Training Record**3. Requirements**

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

Direct care staff person B was hired on [REDACTED] and had worked in excess of 40 hours as of [REDACTED]. However, the home does not have documentation that staff person B received training in emergency medical plan and reportable incidents.

Direct care staff person D was hired on [REDACTED] and had worked in excess of 40 hours as of [REDACTED]. However, the home does not have documentation that staff person D received training in emergency medical plan and reportable incidents.

Plan of Correction

Accept [REDACTED] - 01/09/2023)

Responsibility: Business Office Manager/Administrator

9/8 staff person B was trained on emergency medical plan and reportable incidents.

10/27 staff person D was trained on emergency medical plan and reportable incidents.

8/26 Business office manager is responsible for new hire orientation. New hire orientation form was revised to include all required training per 42b.

New hire orientation will be completed prior to employee being added to the schedule. A record of training for all new hires will be kept in employee file for review by Dept.

10/27 Administrator will review all new hire documentation weekly to ensure that all new hires are being properly oriented prior to working their 1st 40 scheduled hours.

12/6 Administrator reviewed new hire orientation forms on 11/8, 11/29, 12/6

65i - Training Record (continued)

12/11 Business Office Manager reviewed all personnel files to ensure all employees had the required training.

12/14 Record of training for Staff person B & D along with policy used for training on Emergency Medical Plan and Reportable Incidents and Conditions will be submitted after POC is accepted per Dept. instructions.

Licensee's Proposed Overall Completion Date: 12/14/2022

Implemented ([REDACTED] - 01/23/2023)

141b1 - Annual Medical Evaluation

4. Requirements

2600.

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

Description of Violation

Resident #1 had a medical evaluation completed on [REDACTED] However, the next medical evaluation was not completed until [REDACTED]

POC Submission

Accept ([REDACTED] 12/05/2022)

On August 29, 2022 RN audited all resident DME's to ensure that they were accurate and timely.

Assistant Director of wellness has been re-educated on the importance of completing annual medical evaluations in a timely manner.

Administrator will review Audit tool monthly for any DME's that are due to be renewed and ensure that completion of DME is done in a timely manner.

Licensee's Plan Completion Date: 10/28/2022

Implemented [REDACTED] 01/23/2023)

225c - Additional Assessment

5. Requirements

2600.

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

1. Annually.

Description of Violation

Resident #1's annual assessment completed [REDACTED] was not updated to include the following information:

* The resident's diagnosis of dementia as indicated on [REDACTED] Home Health Services Plan of Care notes signed by physician on 5/23/22 and in Personal Care Medical Associates, Inc (PCMA) clinician (CRNP) progress note from 6/13/22.

* That resident was ordered oxygen 2L per minute via nasal cannula at night (at 8:00 p.m.) for COPD.

* That resident had begun receiving home health care services from [REDACTED] Home Health Services on 5/13/22.

Resident #1's assessment completed [REDACTED] indicates that the resident's judgment is "A – no problem" [REDACTED] need for supervision is "Minimal – Resident requires no supervision in the home or when in familiar surroundings but needs

225c Additional Assessment (continued)

attendance in unfamiliar places." The resident's assessment was not updated to include changes in his cognitive status, judgement and supervision needs based on the following:

On [REDACTED], Resident #1 eloped from the community and was located on [REDACTED] mobility scooter approximately 1.6 miles from the home down a long winding hill.

On [REDACTED] staff person C, the home's administrator, spoke with resident #1's family to discuss moving resident to the legal entity's memory care/secure dementia care unit on the same campus.

On [REDACTED] a staff observation note was entered into the computer system that "resident is very confused this evening riding around on [REDACTED] scooter saying [REDACTED] trying to find [REDACTED] people when staff asked who [REDACTED] was trying to find resident wasn't sure what we were asking resident started cussing as [REDACTED] was riding down the hall way saying where the H*** are they at now will continue to monitor."

REPEAT VIOLATION 3/23/22 et al

POC Submission

Accept [REDACTED] - 12/05/2022)

On August 29, 2022 RN audited all Resident Assessment Plans to ensure that they were accurate and timely.

Assistant Director of wellness has been re educated on the importance of completing RASP's in a timely manner.

Administrator will review Audit tool routinely every month for Resident Assessment Plans that are due to be renewed and ensure that completion of every RASP is done in a timely manner.

Licensee's Plan Completion Date: 10/28/2022

Implemented [REDACTED] - 01/23/2023)