

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

January 9, 2023

[REDACTED], VICE PRESIDENT OF OPERATIONS
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 12/01/2022 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 #:** 45073 **License Expiration:** 05/15/2023
Address: 115 APPLE BLOSSOM WAY, MOON TOWNSHIP, PA 15108
County: ALLEGHENY **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: BRODHEAD SENIOR LIVING LLC
Address: 115 APPLE BLOSSOM WAY, MOON TOWNSHIP, PA, 15108
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-2 **Date:** 08/07/2019 **Issued By:** Moon Twp

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 52 **Waking Staff:** 39

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Provisional, Fine **Exit Conference Date:** 12/01/2022

Inspection Dates and Department Representative

12/01/2022 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 40 **Residents Served:** 26

Secured Dementia Care Unit

In Home: Yes **Area:** entire home **Capacity:** 40 **Residents Served:** 26

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 26
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 26 **Have Physical Disability:** 0

Inspections / Reviews

12/01/2022 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/23/2022

01/06/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 01/06/2023
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 01/16/2023

Inspections / Reviews *(continued)*

01/09/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/06/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

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:

3. Name of medication.

13. Date and time of medication administration.

14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #1's November 2022 medication administration record (MAR) indicates [REDACTED] -Inhale 2 puffs orally 4 times daily as needed; however, the resident is not currently prescribed this medication.

Plan of Correction

Accept [REDACTED] - 01/06/2023)

12/2/22 - Physician wrote script to D/C Resident # 1's [REDACTED] medication. Order sent to pharmacy to remove from E-MAR.

12/12/232 - Weekly med cart audit completed by LPN. Verified medication had been removed from E-MAR Staff re-training on medication reordering and responsibility was completed on 12/2.

12/19/2022 - RN/LPN responsible. Weekly med cart audit 's will continue for 6mths. Re-evaluation will be done at that time and audits will be extended for another 6 mths. if errors are continuing. Weekly audit forms will be maintained and reviewed by Executive Director.

Licensee's Proposed Overall Completion Date: 12/22/2022

Implemented [REDACTED] - 01/09/2023)

187b - Date/Time of Medication Admin.

2. 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 #3's [REDACTED] was not available in the home from [REDACTED] however, the resident's November 2022 MAR indicates the initials of the staff persons administering the medication on [REDACTED]

Resident #4's [REDACTED] was not available in the home from [REDACTED] however the resident's November 2022 MAR indicates the initials of the staff persons administering the medication from [REDACTED]

REPEAT VIOLATION: 3/21/2022

Plan of Correction

Accept [REDACTED] - 01/06/2023)

12/2/2022 - Staff re-training on reordering medication, med tech responsibility, communication with the nurses. was conducted with all med techs.

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

12/6/2022 RN hired and began employment for Memory Care. RN will have complete responsibility for managing medication administration, re ordering medications and communication with pharmacy and physicians.

12/12/2022 Med cart audit performed to verify all medication had been received from pharmacy and was being administered per physician orders.

12/19/2022 RN/LPN responsible. Weekly med cart audit 's will continue for 6mths. Re evaluation will be done at that time and audits will be extended for another 6 mths. if errors are continuing. Weekly audit forms will be maintained and reviewed by Executive Director.

Licensee's Proposed Overall Completion Date: 12/22/2022

Implemented (█ - 01/09/2023)

187d - Follow Prescriber's Orders

3. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed █ by mouth at bedtime; however, the medication was not administered on 11/5/22 at 6:30 p.m. because it was not available in the home.

Resident #2 is prescribed the following medications; however, these medications were not administered to the resident on the following dates and times because they were not available in the home:

- █ Take one tablet by mouth at bedtime. Not administered 11/1/22 through 11/13/22 at 6:30 p.m.
- █
- █

Resident #3 is prescribed the following medications; however, these medications were not administered to the resident on the following dates and times because they were not available in the home:

- █
- █

Resident #4 is prescribed the following medications; however, these medications were not administered to the resident on the following dates and times because they were not available in the home:

- █
- █
- █

Resident #5 is prescribed the following medications; however, these medications were not administered to the

