



MAILING DATE: May 19, 2023

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

RE: Apple Blossom Senior Living  
License #: 450723

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, review on April 3, 2023, of the above facility, we have determined that your submitted plan of correction is not implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

**Facility Information**

Name: *APPLE BLOSSOM SENIOR LIVING* License #: *45072* License Expiration: *03/07/2023*  
Address: *125 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: *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: *Moon Twp*

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *107* Waking Staff: *80*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint, Provisional* Exit Conference Date: *04/03/2023*

**Inspection Dates and Department Representative**

04/03/2023 - On-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: *3*

**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: *24* Have Physical Disability: *0*

**Inspections / Reviews**

**04/03/2023 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/23/2023*

Inspections / Reviews *(continued)*

05/02/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/04/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/09/2023

05/10/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/04/2023

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

## 25c11 - List of Rates

**1. Requirements**

2600.

25.c. At a minimum, the contract must specify the following:

11. A list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.

**Description of Violation**

*Resident #1's resident-home contract, dated 8/30/21, indicates the resident is paying \$4850 monthly for room and board and \$440 monthly for [REDACTED] level of care; however, the resident's invoice, dated 3/1/23, indicates the resident is paying \$6026 monthly for room and board and \$1040 monthly for level of care.*

*Resident #2's resident-home contract, dated 3/6/23, does not include the actual rates that the resident will be periodically charged for food, shelter, and services. This section of the contract is blank.*

**Plan of Correction****Accept [REDACTED] 05/02/2023)**

*On 10/10,2022 all residents /responsible parties were sent a letter informing them that effective Jan 1, 2023 their rent would increase by 14%.*

*4/3 - A copy of this letter was in Res.#1's administrative file, it was not filed in with the contract but in a misc. folder in the file.*

*4/4 - For all future rate increases a letter that states the exact amount of the change, the effective date and the resident name and room number will be filed with the original residency agreement as an addendum to the contract. All resident files were reviewed and the rate increase letter was filed with the resident agreement as an addendum.*

*4/4 - The Executive Director and the Business Office Mgr. will be responsible for proper filing of all changes to the resident file.*

*4/3 - The actual rate sheet for Resident #2 was in the resident file, just not within the resident agreement but was filed in the misc. folder of the chart.*

*4/3 - The rate sheet was signed by the responsible party and lists the monthly rate for both the [REDACTED] and the [REDACTED] who share a room. All residency agreements were reviewed and all rate sheets are part of the agreement.*

*4/4 - The Executive Director will be responsible to review all administrative files for new admissions and will ensure that all required documentation is completed and filed properly.*

**Licensee's Proposed Overall Completion Date: 04/20/2023**

**Implemented [REDACTED] 05/10/2023)**

## 85a - Sanitary Conditions

**2. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

**Description of Violation**

*At 12:35 p.m. there were approximately 2 dozen cigarette butts in the grass on the back left corner of the home.*

85a - Sanitary Conditions (continued)

Plan of Correction

Accept [redacted] 05/02/2023)

4/4 - Maintenance Director removed all the cigarette butts found in the back corner of the property.

4/4 - Maintenance Director was instructed that at least 1X per day [redacted] should walk the property and look for cigarette butts that had been thrown out from people in cars driving through the community.

4/4 - Maintenance Director and/or Housekeeping Supervisor will be responsible for keeping the property free from cigarette butts by walking the property 1X daily and removing any trash found on the ground.

Licensee's Proposed Overall Completion Date: 04/20/2023

Implemented [redacted] 05/10/2023)

85b - Infestation

3. Requirements

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

On 2/15/23, multiple bedbug carcasses were found in the felt mechanism of resident #1's bed.

Plan of Correction

Accept [redacted] 05/02/2023)

12/2022 Resident #1's family purchased a new mechanical bed for the resident. The bed was delivered here from the furniture store. Late Jan family complained of bugs in resident's room. Feb 1 exterminator was called and appointment was made to spray residents room.

Feb 16, Mar 2, Mar 16 exterminators treated residents room. Mar 31, exterminators heat treated residents room.

Resident was temporarily housed in a new room on the same floor as [redacted] original room. April 11, residents was moved into a new room of her choice. Facility paid to discard her original bed and family replaced with a new bed

4/17 - Executive Director will continue to be responsible to follow policies and procedures that addresses removal of insects when found in facility. as was done in the case of Res.#1

Licensee's Proposed Overall Completion Date: 04/20/2023

Implemented [redacted] 05/10/2023)

85e - Trash Outside Home

4. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

At approximately 12:38 p.m., there was a large amount of paper and miscellaneous trash scattered near the outdoor dumpster enclosure area.

Plan of Correction

Accept [redacted] 05/02/2023)

4/3 - maintenance Director picked up the paper that had been blown around by the high winds.

4/4 Maintenance Director and Housekeeping Director were instructed by the Executive Director to check the property at least 1X per day for trash and dispose of it properly.

4/4 Maintenance Director will be responsible for ensuring each morning that the lids on the commercial trash receptacles have not blown open . Any trash found outside the receptacles will be properly disposed of properly.

85e - Trash Outside Home (continued)

Licensee's Proposed Overall Completion Date: 04/20/2023

Implemented [REDACTED] 05/10/2023)

141a 1-10 Medical Evaluation Information

5. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #2's initial medical evaluation, dated 2/17/23, does not include body positioning and movement. This area of the form is blank.

Plan of Correction

Accept [REDACTED] - 05/02/2023)

4/4 - Physician was called and verified that no body positioning was needed for Res#2. Box was checked.

4/4 - Executive Director reviewed all new DME's to verify that all boxes had been checked by the physician.

4/4 - Executive Director will audit 5 resident charts per week to verify that DME's are complete with all boxes checked. All new DME's will be audited as they are completed by the physician.

Licensee's Proposed Overall Completion Date: 04/20/2023

Implemented [REDACTED] 05/10/2023)

225a - Assessment 15 Days

6. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #2's initial assessment, dated [REDACTED] indicates the resident is independent in multiple areas, including in ambulating and with personal hygiene, and that he has no dietary needs. However, the resident's initial medical evaluation, dated 2/17/23, indicates that the resident is totally immobile and is prescribed a mechanical soft diet, and staff and resident interviews indicate that the resident uses a wheelchair and that his spouse provides all of his medical and personal hygiene needs.

REPEAT VIOLATION: 3/23/2022 et al.

## 225a - Assessment 15 Days (continued)

**Plan of Correction****Accepted** [REDACTED] 05/02/2023)

4/14 - Resident #2 assessment was updated to reflect care needs and noted that [REDACTED] will provide care and facility will be responsible to provide care should the spouse be unable at any time.

4/14 - The assessments of the 2 other couples that live in the facility were audited by the Executive Director to ensure care needs are properly noted and who is responsible to provide care at all times.

4/14 - Executive Director will be responsible for reviewing all assessments at time of move in and/or annual update or change in condition.. Executive Director will audit 5 resident charts monthly for assessment accuracy.

**Licensee's Proposed Overall Completion Date: 04/20/2023**

**Not Implemented** ([REDACTED] 05/10/2023)