

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

July 14, 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 06/30/2023 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: 11/05/2023
 Address: 125 APPLE BLOSSOM WAY, MOON TOWNSHIP, PA 15108
 County: ALLEGHENY Region: WESTERN

Administrator

Name: [REDACTED] Phone: [REDACTED]

Legal Entity

Name: BRODHEAD SENIOR LIVING LLC
 Address: [REDACTED]
 Phone: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 91 Waking Staff: 68

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 06/30/2023

Inspection Dates and Department Representative

06/30/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 150 Residents Served: 70
 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: 70
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 21 Have Physical Disability: 1

Inspections / Reviews

06/30/2023 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/20/2023
 07/12/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 07/14/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/18/2023

Inspections / Reviews *(continued)*

07/12/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/14/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/15/2023

07/14/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/14/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED] at approximately [REDACTED], resident #1 reported an allegation of abuse against staff person A; however, this incident not reported to the local Area Agency on Aging until [REDACTED].

Plan of Correction

Directed [REDACTED] - 07/12/2023)

- 1) Staff that the resident reported the allegation of abuse to after the incident occurred were identified. Those employees were re-educated immediately on failing to report the allegation immediately to their supervisor or Administration as Mandated Reporters and were disciplined for not doing so.
- 2) All employees training on Resident Abuse and Mandated Reporting is scheduled for 7/13/2023 at 2 pm through the AAA and will be completed by 7/15/2023. ED will also put STOP posters in employee break room. (DIRECTED: Documentation of the education shall be kept. LM 7/12/23)
- 3) Residents were educated of Residents Right against Abuse in Resident Council on 7/5/2023.
- 4) ED will also re-educate employees at every staff inservice/training monthly for the next 3 months.
- 5) The Wellness Director, or designee, will review internal incidents daily to verify that all appropriate incidents are reported to AAA timely. (DIRECTED: The daily review of internal incidents shall begin on 7/15/23. LM 7/12/23)

Directed Completion Date: 07/15/2023

Implemented [REDACTED] - 07/14/2023)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED] at approximately [REDACTED], resident #1 reported an allegation of abuse against staff person A; however, this incident was not reported to the Department until [REDACTED].

Plan of Correction

Directed [REDACTED] - 07/12/2023)

- 1) Staff that the resident reported the allegation of abuse to after the incident occurred were identified. Those employees were re-educated immediately on failing to report the allegation immediately to their supervisor or Administration as Mandated Reporters and were disciplined for not doing so.
- 2) All employees training on Resident Abuse and Mandated Reporting is scheduled for 7/13/2023 at 2 pm through the AAA and will be completed by 7/15/2023. Facility will also put a STOP poster up in employee break room. (DIRECTED: Documentation of the education shall be kept. LM 7/12/23).

16c Written Incident Report (continued)

- 3) Residents were educated of Residents Right against Abuse in Resident Council on 7/5/2023.
- 4) ED will re educate employees at every employee inservice/training monthly for the next 3 months.
- 5) The Wellness Director, or designee, will review internal incidents daily to verify that all appropriate incidents are reported to AAA timely. (DIRECTED: The daily review of internal incidents shall begin on 7/15/23. LM 7/12/23)

Directed Completion Date: 07/15/2023

Implemented (LM - 07/14/2023)

42c - Treatment of Residents**3. Requirements**

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [REDACTED], staff person A was providing care to resident #1 in the resident's bedroom. Resident #1 indicated staff person A was "rough" towards resident #1 while providing care, then propelled resident #1 in [REDACTED] wheelchair to the dining room in a very fast manner. Numerous other staff persons observed resident #1 upset and crying in the dining room following the incident.

Plan of Correction

Directed [REDACTED] - 07/12/2023)

- 1) Resident #1 was assessed by Wellness Director immediately after Wellness Director was made aware and no adverse effects found.
- 2) The staff person who was "rough" was identified and was terminated from employment immediately.
- 3) All staff was re educated on resident rights on 7/5/23 by the Ombudsman and Abuse Training through the AAA is scheduled for all staff on 7/13/23. ED will post a STOP poster in employee break room. (DIRECTED: Documentation of the education shall be kept. [REDACTED] 12/23).
- 4) ED will educate employees at inservice/training monthly for the next 3 months.
- 5) The ED, or designee, will interview 3 residents monthly to verify that they feel safe and feel their residents rights are being respected. (DIRECTED: The monthly resident interviews shall begin on 7/15/23. Documentation of the interviews shall be kept. [REDACTED] 7/12/23).

Directed Completion Date: 07/15/2023

Implemented [REDACTED] 07/14/2023)