



Emailing Date: December 14, 2023

██████████ Regional VP of Operations
Brodhead Senior Living LLC
125 Apple Blossom Way
Moon Township, Pennsylvania 15108

RE: Apple Blossom Senior Living
License/COC #: 450720

Dear ██████████:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on July 27, 2023, and July 28, 2023, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala". The signature is written in a cursive, flowing style.

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
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: *11/05/2023*
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-2* Date: *08/27/2019* Issued By: *Moon Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *90* Waking Staff: *68*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint, Provisional* Exit Conference Date: *07/28/2023*

Inspection Dates and Department Representative

07/27/2023 - On-Site: [REDACTED]
07/28/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *150* Residents Served: *71*

Secured Dementia Care Unit

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

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *71*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *19* Have Physical Disability: *0*

Inspections / Reviews

07/27/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/18/2023*

08/10/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/22/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/16/2023

08/10/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/22/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/31/2023

09/20/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/22/2023

Reviewer: [REDACTED]

Follow-Up Type: Exception

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person [redacted] the home's administrator, was hired on [redacted]/23; however, a Pennsylvania criminal background check was not completed for staff person [redacted] until [redacted]/23.

Plan of Correction

Directed [redacted] - 08/10/2023

1. A PA Criminal Background check was completed on the home's administrator prior to completion of the inspection on 7/27/2023.
2. A whole house audit on current employees was completed 7/28/2023-the home is now in compliance.
3. The BOM was educated on 2066.51-Criminal Background check on 8/10/2023. A new hire checklist was provided to the BOM which includes PA Background check. (DIRECTED: The new hire checklist shall be implemented by 8/15/23. Copies of the completed new hire checklists shall be kept in each newly-hired staff person's record. [redacted] 8/10/23).
4. The Executive Director will audit all new hire employee charts on Date of Hire to verify PA background check complete. this audit will begin week of 8/7/2023.

Directed Completion Date: 08/15/2023

Implemented [redacted] - 09/20/2023

88a - Surfaces

2. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 7/27/23, the black rubber stripping on numerous fire-safe doors, to include the following, was detached from the doors and hanging:

- The fire-safe doors near bedroom #132
- The fire-safe doors near bedroom #231
- The fire-safe doors near bedroom #302

Plan of Correction

Accept [redacted] - 08/10/2023

1. All block rubber stripping on fire-safe doors near bedroom #132, #231 and #302 were fixed prior to completion of inspection on 7/28/2023.
2. All fire safe doors were checked for compliance with 2600.88.a. on 8/10/2023 and are compliant.
3. Director of Maintenance was educated on 8600.88.a. on 8/10/2023.
4. The Director of Maintenance will complete an audit of fire safe doors weekly x 4 weeks and then monthly for 2 months to verify ongoing compliance. This audit will begin 8/21/2023.

Licensee's Proposed Overall Completion Date: 08/21/2023

88a - Surfaces (continued)

Implemented (█) - 09/20/2023)

132d - Evacuation

3. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

Not all residents were evacuated to a fire-safe area during the following fire drills:

- 6/22/23 at 8:02 PM-72 residents were present in the home; however, only 68 residents were evacuated
- 3/24/23 at 5:40 AM-83 residents were present in the home; however, only 80 residents were evacuated

REPEAT VIOLATION: 12/20/2022, et. al.

Plan of Correction

Directed (█) - 08/10/2023)

1. A fire drill was held 8/10/2023 to verify all residents participation with evacuation during the fire drill.
2. A letter will be provided by 8/18/2023, to all residents explaining their mandatory participation in evacuation during fire drills. (DIRECTED: Copies of the letters shall be placed in each resident's record. █ 8/10/23).
3. All residents will be educated on their mandatory participation in the fire drills at the monthly resident council meetings. Resident will be educated on policy that if the resident violates the Fire Drill Participation 2 more more times then it will result in a 30 day discharge notice.
4. The ED will audit monthly participation by all residents in evacuation during fire drills. Audit will begin with the August 2023 fire drill and █ (UNACCEPTABLE PORTION OF PLAN OF CORRECTION. █ 8/10/23). (DIRECTED: Beginning with the August, 2023 fire drill, the administrator shall review all fire drill records monthly to ensure all residents evacuate to a public thoroughfare or to the fire-safe area designated in writing within the past year by a fire safety expert, within the time specified within the past year by a fire safety expert. █ 8/10/23).

Directed Completion Date: 08/31/2023

Implemented (█) - 09/20/2023)

141a 1-10 Medical Evaluation Information

4. Requirements

2600.

141a 1-10 Medical Evaluation Information *(continued)*

- 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 #1’s medical evaluation, dated [REDACTED]/23, does not include a cognitive function assessment. This section of the form is blank.

REPEAT VIOLATION: 4/3/2023; 12/20/2022, et. al.

Plan of Correction

Directed [REDACTED] - 08/10/2023)

1. Resident #1 DME was updated and completed thoroughly on 8/10/2023.
2. A whole house audit will be completed for all residents DME to verify completion in its entirety by 8/18/2023.
3. Wellness Director will be educated on 2600.141.a. by completion date of 8/18/2023 since [REDACTED] is responsible for the completion of medical evaluations. The Wellness Director will follow a new resident checklist to verify completion of the DME. (DIRECTED: The new resident admission checklist shall be implemented by 8/15/23. Copies of the completed checklists shall be kept in each newly-admitted resident's record. [REDACTED] 8/10/23).
4. A monthly audit will be completed by the ED on any new DME within the month to verify completion in its entirety for 3 months. the monthly audit will begin August 2023.

Directed Completion Date: 08/31/2023

Implemented [REDACTED] - 09/20/2023)

183b - Meds and Syringes Locked

5. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident’s room.

Description of Violation

On 7/28/23 at 2:50 PM, the 1st floor medication cart was unlocked, unattended and accessible in the 1st floor care base room. Numerous resident medications were present in the unlocked medication cart, to include the following:

- Resident #2’s Clopidogrel-75 mg, Atorvastatin-20 mg and Isosorbide ER

183b - Meds and Syringes Locked (continued)

- Resident #3's Atenolol-25 mg, Levothyroxine-75 mcg and Lisinopril-10 mg
- Resident #4's Midodrine-2.5 mg, Warfarin-5mg and Sertraline-25 mg

REPEAT VIOLATION: 12/20/2022, et. al.

Plan of Correction

Directed [REDACTED] - 08/10/2023)

1. First Floor med cart was immediately locked on 7/28/2023.
2. Employee in charge of that med cart at the time will be educated on 2600.183.b. by 8/18/2023. (DIRECTED: Documentation of the education shall be kept in accordance with 2600.65i. [REDACTED] 8/10/23)
3. All med techs and nurses will be educated on 2600.183.b. by 8/18/2023. (DIRECTED: Documentation of the education shall be kept in accordance with 2600.65i. [REDACTED] 8/10/23)
4. Wellness Director will complete an audit of all med carts to verify they are locked daily for one month and then weekly for 2 months. Audit will begin 8/14/2023.

Directed Completion Date: 08/18/2023

Implemented [REDACTED] - 09/20/2023)

183d - Prescription Current**6. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 7/28/23, resident #5's Acetaminophen 325 mg tablets-Take 2 tablets (650 mg) by mouth every 4 hours as needed for fever were present in the home; however, this order was discontinued by the prescriber on 5/19/23.

REPEAT VIOLATION: 9/23/2022

Plan of Correction

Directed [REDACTED] - 08/10/2023)

1. The medication identified (Acetaminophen 325 mg) were immediately destroyed on 7/28/2023.
2. All med carts were audited by Wellness Director and Executive Director by 8/10/2023 to verify no other issues. All med carts in compliance.
3. All med techs and nurses will be educated on 2600.183.d. by 8/18/2023. (DIRECTED: Documentation of the education shall be kept in accordance with 2600.65i. [REDACTED] 8/10/23)
4. Wellness Director will complete med cart audits weekly x 4 weeks and then monthly x 2 months to verify all meds present in a med cart have an active order for all residents in the facility. Med cart audit will begin 8/14/2023.

Directed Completion Date: 08/18/2023

Implemented [REDACTED] - 09/20/2023)

187a - Medication Record

7. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #1 is prescribed Acetaminophen 325 mg tablet-Take 2 tablets (650 mg) by mouth every 6 hours as needed; however, resident #1's July 2023 medication administration record (MAR) indicates Acetaminophen 325 mg tablet-Take 2 tablets (650 mg) by mouth every 4 hours as needed.

REPEAT VIOLATION: 9/23/2022

Plan of Correction

Directed [REDACTED] - 08/10/2023)

1. Resident #1 had not taken that medication for over 30 days so the order was discontinued by the physician and the medication was removed from the cart and destroyed on 7/28/2023. The medication was also removed from the resident's MAR on 7/28/2023.
2. All med carts were audited by the Wellness Director and Executive Director prior to 8/10/2023 to verify no other issues. All med carts in compliance.
3. All current med techs and nurses will be educated on 2600.187.a. by 8/18/2023. (DIRECTED: The education shall also include the home's procedures for updating resident MAR's upon receipt of new orders from the prescriber. Documentation of the education shall be kept in accordance with 2600.65i. [REDACTED] 8/10/23)
4. The Wellness Director will complete audits weekly x 4 weeks and then monthly x 2 months to verify all medication labels match the order on the MAR. this audit will begin 8/14/2023.

Directed Completion Date: 08/18/2023

Implemented [REDACTED] - 09/20/2023)

225a - Assessment 15 Days

8. Requirements

2600.

225a - Assessment 15 Days (continued)

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 #1's assessment, dated [redacted]/23, does not include numerous diagnoses, to include [redacted] as indicated on resident #1's medical evaluation, dated [redacted]/23.

Resident #7's assessment, dated [redacted]/22, does not include the diagnoses of [redacted], as indicated on resident #7's medical evaluation, dated [redacted] 23.

REPEAT VIOLATION: 5/31/2023; 4/3/2023; 12/20/2022, et. al.

Plan of Correction

Directed [redacted] - 08/10/2023)

1. Resident #7 and Resident #1 RASPs were updated by 8/9/2023 to include all diagnosis identified on their medical evaluation.
2. Full house audit was completed by 8/10/2023 of current residents' RASPs to verify current RASP include all diagnosis on the residents current medical evaluation.
3. The Wellness Director will be educated on 2600.225.a. by 8/14/2023. (DIRECTED: Documentation of the education shall be kept in accordance with 2600.65i. [redacted] 8/10/23)
4. The ED will complete an audit within 15 days of admission of any new RASP within the month to verify assessment includes all diagnoses identified on resident latest medical evaluation for 3 months. this audit will begin 8/14/2023. (DIRECTED: Beginning on 8/14/23: For the next 3 months, the administrator shall review the assessment for each newly-admitted resident within 15 days of admission to ensure accuracy and completeness, which includes ensuring all resident diagnoses are present on resident assessments. Documentation of the audits shall be kept. [redacted] 8/10/23)

Directed Completion Date: 08/31/2023

Implemented ([redacted] - 09/20/2023)

225c - Additional Assessment

9. Requirements

2600.

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

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #2's most recent assessment, dated [redacted]/23, does not include the diagnoses of [redacted] as indicated on resident #2's most recent medical evaluation, dated [redacted]/23. Also, resident #2's most

225c - Additional Assessment (continued)

recent assessment, dated [REDACTED]/23, indicates resident #2 has no supervision needs; however, resident #2 is a fall risk and requires assistance with transferring, toileting and personal hygiene.

Resident #5's most recent assessment, dated [REDACTED]/22, does not include an assessment of the following needs. These sections of resident #5's assessment are blank:

- Transferring in/out of bed/chair
- Managing Health Care
- Short-Term Memory

Resident #6's most recent assessment, dated [REDACTED]/23, does not include the diagnoses of [REDACTED] as indicated on resident #6's medical evaluation, dated [REDACTED]/22. Also, resident #6 is [REDACTED]; however, resident #6's assessment indicates resident #6 is independent with toileting, [REDACTED].

REPEAT VIOLATION: 8/25/2022, et. al.

Plan of Correction

Directed [REDACTED] - 08/10/2023)

1. Resident #2 assessment was updated to include [REDACTED] as indicated on Resident #2 most recent medical evaluation. Resident #2 assessment also updated to reflect supervision needs related to fall risk.
2. Resident #5 assessment was updated and completed in its entirety.
3. Resident #6 is no longer in community so un//able to updated/fix assessment.
4. A whole house audit was completed prior to 8/9/2023 to verify all resident RASps include medical information from latest medical evaluation and that they were completed in their entirety.
5. Wellness Director educated on 2600.225.c. by 8/14/2023. (DIRECTED: Documentation of the education shall be kept in accordance with 2600.65i. [REDACTED] 8/10/23)
6. The ED will complete an audit daily of any new or updated RASP to verify assessment includes all diagnoses identified on resident latest medical evaluation and they are completed in their entirety for 3 months. this audit will begin 8/14/2023. (DIRECTED: Documentation of the audits shall be kept. [REDACTED] 8/10/23)

Directed Completion Date: 08/31/2023

Implemented [REDACTED] 09/20/2023)