

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

March 4, 2025

[REDACTED]
BRODHEAD SENIOR LIVING LLC
[REDACTED]
[REDACTED]

RE: APPLE BLOSSOM SENIOR LIVING
115 APPLE BLOSSOM WAY
MOON TOWNSHIP, PA, 15108
LICENSE/COC#: 45073

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/18/2024 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: 10/11/2025
 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: [REDACTED]
 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: 64 Waking Staff: 48

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Monitoring Exit Conference Date: 12/10/2024

Inspection Dates and Department Representative

11/18/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 40 Residents Served: 32

Secured Dementia Care Unit
 In Home: Yes Area: Entire home Capacity: 40 Residents Served: 32

Hospice
 Current Residents: 13

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 32
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 32 Have Physical Disability: 0

Inspections / Reviews

11/18/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/21/2024

12/20/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 12/20/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/27/2024

Inspections / Reviews *(continued)*

01/07/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/27/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/30/2025

03/04/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/28/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

103g Storing Food

1. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At approximately 1:30pm, an open and unsealed bag of Lay's potato chips was present on the snack rack near the dishwashing area in the main kitchen.

At approximately 1:35pm, an open and unsealed bag of Eggo waffles was present in the upright commercial freezer in the kitchen.

Plan of Correction

Directed [REDACTED] 01/07/2025)

No Residents were adversely affected. Upon notification, the Lay's Potato chips were disposed of and the Eggos were sealed immediately. Audit completed of all memory care food storage areas on 11/18/24 with no further concerns. Education completed on 11/19/24 by Memory Care Director for all Memory Care Team Members on proper storage of all foods. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 1/7/25). Daily audits by Memory Care Director or designee started on 11/20/24 and will be completed daily after each meal for 1 month, then weekly for 4 weeks, then monthly. All Audits will be reviewed by the quality committee on 12/27/24 for further action and/or audits needed. (DIRECTED: The quality management review shall include a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept. [REDACTED] 1/7/25).

Proposed Overall Completion Date: 01/07/2025

Directed Completion Date: 01/07/2025

Implemented [REDACTED] - 03/04/2025)

132d Evacuation

2. 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

According to documentation from a fire safety expert, dated 3/13/24, the maximum evacuation time to evacuate the building to a public thoroughfare or to a fire-safe area is 4 minutes, 41 seconds. However, during the fire drill conducted on 10/21/24 at 6:48am, the evacuation time of the 33 residents present in the home was 9 minutes, 27 seconds.

During the fire drill held on 11/4/24 at 6:48am, 33 residents were present in the home; however, according to numerous staff persons present during this fire drill, approximately 4-5 residents who require the physical assistance of 2 staff persons to transfer in/out of bed/chair were not evacuated to a public thoroughfare or to a fire-safe area during this fire drill, to include resident [REDACTED]

132d Evacuation (continued)

Plan of Correction**Directed** [REDACTED] - 01/07/2025)

No Residents were adversely affected. The Executive Director had a fire safety expert at facility on 10/24/24 to complete a new fire evacuation time and fire safety area form to accurately capture the internal fire safe areas. Two additional staff members are being added for a total of 4 staff members from 11pm 7am. and a new standards of practice was written on 10/30/24 to include 2 staff member from PC to report to MC to assist with the evacuation process for a total of 6 team members to evacuate for the 11pm to 7AM shift. Reeducation of the evacuation process will be completed on 12/20/24. (DIRECTED: All staff persons shall receive the education of the home's evacuation procedures, which includes ensuring all residents are assisted out of bed and evacuated to a fire safe area within the time specified by a fire safety expert within the past year during each fire drill. Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 1/7/25). Monthly fire drills will continue to be completed by the maintenance director or designee with memory care residents being evacuated appropriately according to the fire safety expert documentation. Audits will be completed by the Executive Director or designee monthly x6 (UNACCEPTABLE PORTION OF PLAN OF CORRECTION. DIRECTED: The monthly executive director review of all fire drill documentation shall continue indefinitely to ensure compliance with 2600.132a, 2600.132c, 2600.132d, 2600.132e, 2600.132g and 2600.132h. [REDACTED] 1/7/25) to ensure residents are evacuated to an appropriate area, per the fire safety expert documentation. Audits will be reviewed by the Quality Committee on 12/27/24 for further action and/or audits needed. (DIRECTED: The quality management review shall include a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept. [REDACTED] 1/7/25).

DIRECTED: By 1/20/25: All staff persons shall be educated on the home's new standards of practice of the designee immediately contacting staff persons in the personal care home building by walkie talkie for evacuation assistance immediately following the activation of the fire alarm. Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 1/7/25

DIRECTED: By 1/30/25: The home shall conduct an unannounced fire drill with only 4 staff persons present in the home and utilizing the home's new standards of practice of immediately contacting staff persons in the personal care home building to assist with fire drill evacuation. The administrator shall be present to observe the fire drill; however, shall not participate in the evacuation of residents. Immediately following the completion of the fire drill, the administrator shall ensure every resident was assisted out of bed and evacuated to a fire safe area within the time specified by a fire safety expert within the past year in accordance with 2600.132d. Accurate documentation of the fire drill shall be kept in accordance with 2600.132c. [REDACTED] 1/7/25

DIRECTED: Beginning on 1/10/25: The administrator/designee shall monitor the home's staffing schedule daily to ensure adequate staffing is present in the home in accordance with 2600.60a and to ensure all residents can be evacuated to a fire safe area within the time specified by a fire safety expert within the past year. [REDACTED] 1/7/25

Proposed Overall Completion Date: 01/07/2025

Directed Completion Date: 01/30/2025

Implemented [REDACTED] - 03/04/2025)