

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

July 1, 2025

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

RE: APPLE BLOSSOM SENIOR LIVING
125 APPLE BLOSSOM WAY
MOON TOWNSHIP, PA, 15108
LICENSE/COC#: 45072

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/17/2025 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:** 12/14/2025
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: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-2 **Date:** 06/18/2025 **Issued By:** Moon Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 142 **Waking Staff:** 107

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Monitoring **Exit Conference Date:** 06/18/2025

Inspection Dates and Department Representative

06/17/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 150 **Residents Served:** 107

Secured Dementia Care Unit

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

Hospice

Current Residents: 16

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 106
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 35 **Have Physical Disability:** 0

Inspections / Reviews

06/17/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/27/2025

06/23/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 06/30/2025
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/27/2025

Inspections / Reviews *(continued)*

06/23/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/30/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/30/2025

07/01/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/30/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident [redacted] bilateral bed enablers were not securely attached to resident [redacted] bed frame.

Plan of Correction

Accept [redacted] - 06/23/2025)

On 6/17/25 the bed enablers were immediately secured for Residents [redacted] by the Maintenance Department. The residents currently utilizing bed enablers were audited on 6/17/25 for proper securement and the need for continued use. Direct care staff and therapy department educated on 6/17/25 for proper use and securing of bed enablers by the Executive Director. Documentation of the staff education shall be kept in accordance with 2600.65i. Residents with bed enabler bars will be audited for proper securement by the ED or designee daily for 2 weeks and then weekly for 2 weeks, starting 6/18/2025 then monthly. Audit results will be reviewed at the quality management meeting on 6/30/25. The quality management review shall include a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept.

Proposed Overall Completion Date: 07/07/2025

Proposed Overall Completion Date: 06/30/2025

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented [redacted] - 07/01/2025)

89b - Hot Water Temperature

2. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

At 11:10 AM, the hot water temperature at the sink in the 1st floor common women's restroom across from the Club House was 151.3 degrees Fahrenheit.

Plan of Correction

Directed [redacted] 06/23/2025)

1st floor common women's restroom was immediately shut down and repaired by the maintenance department within 30 minutes. Once repaired, the temperature was tested by both the maintenance department and the surveyor. Temperature established at 118 and restroom reopened. Maintenance department educated on 6/17/25. documentation kept in accordance with 2600.65i. Starting on 6/19/25 daily temps to be taken on all common area restrooms for 2 weeks, then 2 random weekly for 2 months and report to quality management. (DIRECTED: Documentation of the hot water temperatures shall be kept for 2 months. Immediately following the weekly checks, the administrator/designee shall test the hot water from at least 4 different sources every month to ensure compliance with 2600.89b. [redacted] 6/23/25). The quality management review on 6/30/25 shall include a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept.

Proposed Overall Completion Date: 06/30/2025

89b - Hot Water Temperature *(continued)*

Directed Completion Date: 06/30/2025

Implemented (LM - 07/01/2025)

224a - Preadmission Screen Form

3. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #2's preadmission screening form, dated 5/28/25, does not include a determination that the home can meet resident #2's needs. This section of the preadmission screening is blank.

Plan of Correction*Accept (LM - 06/23/2025)*

Resident #2's preadmission screening to indicate the home can meet the resident's needs was immediately corrected by the Wellness Director. The update shall include the date of the update and the administrator's initials. The updated preadmission screening shall be kept in resident #2's record. Audit of any new admissions as of 6/13/25 will be completed by 6/20/25 to ensure preadmission screening form includes the determination that the home can meet the resident's needs. Wellness Director educated 6/17/25 on ensuring the determination is made that the home can meet the residents' needs. Documentation of the staff education shall be kept in accordance with 2600.65i. Executive Director or designee to audit all admissions will be completed within 48 hours of admission for preadmission screening to include the determination that the home can meet resident's needs, Audits starting on 6/20/25 x 2 weeks, then monthly. The quality management review on 6/30/25 shall include a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented (LM - 07/01/2025)

227d - Support Plan Medical/Dental

4. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #3 uses a bedside enabler device; however, resident #3's most recent support plan, dated 5/1/25, does not include the following:

- *The specific need for the device*
- *The intended use and any risks associated with the use*
- *The resident's ability to use the device for the intended purpose*

227d - Support Plan Medical/Dental (continued)**Plan of Correction****Accept (LM - 06/23/2025)**

Residents #3 support plan were corrected by the wellness director on 6/18/25 to include the specific need, intended use, risk associated and resident #3 ability to use the enabler for it's intended purpose. Current residents utilizing a bedside enabler support plan were audited for accuracy on 6/18/25, no other residents affected. Wellness Director educated on 6/18/25 on the accuracy of the support plan by the Executive Director. Documentation of the staff education shall be kept in accordance with 2600.65i. The administrator/designee shall review the support plans for the residents 5 residents weekly for 4 weeks then monthly to ensure each resident has an accurate and complete support plan present. The audits shall begin on 6/20/25 and shall include a review of any residents support plans during each audit to ensure accuracy and completeness in accordance with 2600.227d. Audits will be reviewed at the quality management meeting 6/30/25. The quality management review shall include a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented (LM - 07/01/2025)