

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

April 1, 2026

[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 02/19/2026 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: 12/14/2026  
 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: 08/07/2019 Issued By: Moon Township

**Staffing Hours**

Resident Support Staff: Total Daily Staff: 125 Waking Staff: 94

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint, Incident Exit Conference Date: 02/19/2026

**Inspection Dates and Department Representative**

02/19/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 150 Residents Served: 94  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 21  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 2  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 31 Have Physical Disability: 1

**Inspections / Reviews**

02/19/2026 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/14/2026

03/11/2026 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 03/31/2026  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/01/2026

Inspections / Reviews *(continued)*

04/01/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/31/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 44f - Written Decision

## 1. Requirements

2600.

44.f. Within 7 days after the submission of a written complaint, the home shall give the complainant and, if applicable, the designated person, a written decision explaining the home's investigation findings and the action the home plans to take to resolve the complaint. If the resident is not the complainant, the affected resident shall receive a copy of the decision unless contraindicated by the support plan. If the home's investigation validates the complaint allegations, a resident who could potentially be harmed or the designated person shall receive a copy of the decision, with the name of the affected resident removed, unless contraindicated by the support plan.

## Description of Violation

On [REDACTED] at approximately 12:14 p.m., the [REDACTED] of Resident [REDACTED] sent a formal complaint by email to Staff person A, the home's Administrator, about [REDACTED] who was discovered in [REDACTED] room [REDACTED] by [REDACTED] sitting in [REDACTED] wheelchair inside [REDACTED] bedroom nude, covered in urine, and wearing only one compression sock. However, Staff person A did not provide the [REDACTED] with a written decision within seven days explaining the home's investigation findings and the action the home planned to take to resolve the complaint.

## Plan of Correction

Accepted [REDACTED] - 03/11/2026

No resident was adversely affected. The Executive Director responded to the [REDACTED] of Resident [REDACTED] via email on 2/8/2026 at 3:19pm regarding the initiation of the investigation. A virtual meeting was set-up via Teams for 2/12/2026 at 3:30pm to review the investigation findings and follow-up action. The virtual Teams meeting was held as scheduled and included the two [REDACTED] of Resident [REDACTED] Executive Director, Wellness Director, Rehab Director, Regional Clinical Director, and Ombudsman. Investigation findings and follow-up action reviewed. Follow up actions were as follows: 1:1 education completed with assigned caregiver, current caregiver education completed and included shift change reporting, pendant response expectations, and communication. Weekly calls scheduled and ongoing with the two daughter's of Resident [REDACTED] Email sent by the Wellness Director to the [REDACTED] of Resident [REDACTED] on 2/12/2026 at 4:36pm post the virtual call, the email included the pendant response times per the investigative review. Executive Director educated on 2/19/26 on 2600.44.f. Will be reviewed on 3/30/26 by the quality committee to determine if further action is needed. The Quality Management review shall include a review of all items specified in 2600.44.f. Documentation of quality management shall be kept.

Licensee's Proposed Overall Completion Date: 03/31/2026

Implemented [REDACTED] - 04/01/2026

## 60a - Staff/Support Plan

## 2. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

## Description of Violation

On [REDACTED] at 07:05 a.m., Resident [REDACTED] in room [REDACTED] pressed [REDACTED] call bell for assistance while sitting in [REDACTED] wheelchair, nude and soaked in urine with one compression sock on. However, the resident did not receive staff assistance until 08:08 a.m.

## Plan of Correction

Accepted [REDACTED] 03/11/2026

No other residents were adversely affected. Upon notification on 2/8/26, the assigned staff member was immediately suspended pending the investigation outcome. 1:1 education completed with the assigned caregiver 2/12/2026.

**60a Staff/Support Plan (continued)**

On 2/12/26 current caregivers were educated by Wellness Director regarding the pendant call system response expectations, shift change reporting, and communication Weekly pendant call light audit began on 2/9/26 x 2 weeks to be completed by Executive Director or designee. Will be reviewed on 3/30/26 by the quality committee to determined if further action/ audits are needed. The Quality Management review shall include a review of all items specified in 2600.60.a. Documentation of quality management shall be kept.

Licensee's Proposed Overall Completion Date: 03/31/2026

Implemented [REDACTED] - 04/01/2026)

**88a - Surfaces****3. 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 [REDACTED] at approximately 11:50 a.m., in room [REDACTED] of Resident [REDACTED]'s bathroom had what appeared to be dried feces splattered on the top of the plastic toilet seat lid extender.

**Plan of Correction**

Accepted [REDACTED] - 03/11/2026)

No other residents were adverse affected. Upon notification on 2/19/26, executive director notified housekeeping to clean toilet. Surveyor and Executive Director inspected the toilet on 2/19/26 at approximately 4pm and the toilet was clean. Per caregiver statement, assistance with toileting was provided in the morning and the toilet was clean. Per resident interview, [REDACTED] independently took himself to the bathroom on 2/19/26 and had a loose BM. Education provided to Resident#1 to use the pendant call system to notify staff when toilet cleaning is needed. Audit started on 2/20/26 to inspect toilet randomly throughout the day x 7 days then weekly x 2 weeks. Will be reviewed on 3/30/26 by the quality committee to determined if further action is needed. The Quality Management review shall include a review of all items specified in 2600.88.a. Documentation of quality management shall be kept.

Licensee's Proposed Overall Completion Date: 03/31/2026

Implemented [REDACTED] - 04/01/2026)

**95 - Furniture and Equipment****4. Requirements**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

**Description of Violation**

On [REDACTED] at approximately 11:55 a.m., in room [REDACTED] of Resident [REDACTED] the Whirlpool stainless steel refrigerator did not have a refrigerator handle attached. The handle was sitting on top of the refrigerator with a broken plastic clip unable to be reattached.

**Plan of Correction**

Accepted [REDACTED] 03/11/2026)

No residents were adversely affected. Resident [REDACTED] is ordered an electrolyte drink every day at lunch time. The primary caregiver obtains the electrolyte drink from the resident's refrigerator daily. Primary caregiver interviewed

## 95 - Furniture and Equipment (continued)

and statement received that handle was in place on 2/18/2026. Upon notification from the surveyor on 2/19/26, prior to lunch, that the handle was not in place, a notification was placed in TELS for maintenance to replace. TELS is a maintenance work order/repair system. The handle was replaced on 2/19/26 at 12:38pm. Will be reviewed on 3/30/26 by the quality committee to determined if further action is needed. The Quality Management review shall include a review of all items specified in 2600.95. Documentation of quality management shall be kept.

Licensee's Proposed Overall Completion Date: 03/31/2026

Implemented ( ) - 04/01/2026

## 225c - Additional Assessment

## 5. Requirements

2600.

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

2. If the condition of the resident significantly changes prior to the annual assessment.

## Description of Violation

Resident's significant change assessment, dated indicated that the resident is independent with bowel management, however, the homes internal care plan dated indicated that the resident "wears pullups" for incontinence assistance and family member interviews indicated that the resident has explosive bowel episodes, is prescribed suppositories every other day, in addition to twice daily, and is diagnosed with irritable bowel syndrome.

Resident's significant change assessment, dated indicated that the resident requires minimal assistance to evacuate, however, the support plan indicates the "resident can self-propel in wheelchair, staff will cue, staff will cue resident to evacuate in an emergency" however, the homes internal care plan dated indicated that the resident requires assistance to evacuate, that the resident's orientation fluctuates or is disoriented to person place and time and that requires escorts to and from the dining room three times daily.

Resident's significant change assessment, dated indicated that the resident is independent with transferring in and out of bed or chair, however, the homes internal care plan dated indicated the resident is a high fall risk with a recent history of falling.

## Plan of Correction

Accept ( ) - 03/11/2026

No residents were adversely affected. Resident has a diagnosis of and has fluctuations in physical capabilities. Resident service plan was updated to include: Staff is to promote independence with toileting. Resident to notify staff when having periods of weakness and in need of staff assistance. Staff to offer assistance with toileting needs upon arising, before lunch and dinner and before bedtime.

Resident service plan was updated to reflect that resident will provide assistance with evacuation due to fluctuations in cognition related to .

Resident evaluation and service plan was updated to include: Staff to encourage resident to utilize assistance with transferring in and out of bed or chair due to fluctuations in mobility related to Parkinson's disease. Will be reviewed on 3/30/26 by the quality committee to determined if further action is needed. The Quality Management review shall include a review of all items specified in 2600.225.c. Documentation of quality management shall be kept.

Licensee's Proposed Overall Completion Date: 03/31/2026

Implemented ( ) - 04/01/2026

**227h - Support Plan Refuse Sign****6. Requirements**

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

**Description of Violation**

Resident [REDACTED]'s support plan, dated [REDACTED], was not signed or dated by the resident and did not indicate that the resident or designated person was unable or unwilling to sign the support plan.

**Plan of Correction**

**Accepted [REDACTED] - 03/11/2026)**

No residents were adversely affected. Wellness Director completed an audit of all resident support plans on 3/9/26. no other opportunities found. Wellness Director will audit all new admissions residents x 2 weeks for signature or refusal of signature. Will be reviewed on 3/30/26 by the quality committee to determined if further action is needed. The Quality Management review shall include a review of all items specified in 2600.227.h. Documentation of quality management shall be kept.

Licensee's Proposed Overall Completion Date: 03/31/2026

**Implemented [REDACTED] - 04/01/2026)**