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

May 6, 2026

[redacted], EXECUTIVE DIRECTOR
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 03/23/2026, 03/24/2026 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: *125 APPLE BLOSSOM WAY, MOON TOWNSHIP, PA, 15108*

Phone: [redacted] **Email**: [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**: *121* **Waking Staff**: *91*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *03/24/2026*

Inspection Dates and Department Representative

03/23/2026 - On-Site: [redacted]

03/24/2026 - 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: *15*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *92*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *27* **Have Physical Disability**: *0*

Inspections / Reviews

03/23/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/09/2026*

04/09/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *04/30/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/13/2026*

Inspections / Reviews *(continued)*

04/09/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *04/30/2026*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *04/10/2026*

04/10/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *04/30/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *04/30/2026*

05/06/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *04/30/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

25b - Contract Signatures

1. Requirements

2600.
25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract dated [redacted] for resident #1 was not signed by the resident.

The resident-home contract dated [redacted], for resident #2 was not signed by the resident.

Plan of Correction ***Accept ([redacted] - 04/09/2026)***

No other residents were affected. Resident #1 and Resident #2 contracts were signed immediately, On 3/24/26 a complete audit was conducted to ensure all residents had signed the contract. CRD and Move-In Coordinator educated on 2600.25.b. Starting on 3/30/26 will continue to monitor all new admissions weekly for 4 weeks. Results will be reviewed on 4/27/26 by the quality committee to determined if further action is needed. The Quality Management review shall include a review of all items specified in 2600.25.b. Documentation of quality management shall be kept.

Licensee's Proposed Overall Completion Date: *04/29/2026*

Implemented ([redacted] - 05/06/2026)

41e - Signed Statement

2. Requirements

2600.
41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction ***Accept ([redacted] - 04/09/2026)***

No other residents were affected. Resident #1 signed acknowledgement of receipt of a copy of the resident rights and complaint procedures. On 3/24/26 a complete audit was conducted to ensure that all residents had signed the resident rights and compliant procedures. CRD and Move-In Coordinator educated on 2600.41.e. Starting on 3/30/26 will continue to monitor all new admissions for the next 4 weeks and Results will be reviewed on 4/27/26 by the quality committee to determined if further action is needed. The Quality Management review shall include a review of all items specified in 2600.41.e Documentation of quality management shall be kept.

Licensee's Proposed Overall Completion Date: *04/29/2026*

Implemented ([redacted] - 05/06/2026)

54a - Direct Care Staff

3. Requirements

2600.
54.a. Direct care staff persons shall have the following qualifications:
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, hired on [redacted] does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Direct care staff person B, hired on [redacted] does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry from the United States.

Plan of Correction ***Accept ([redacted] - 04/10/2026)***

No residents were adversely affected. On 3/24/26 the waiver process was initiated for Direct Care Staff A and Direct Care Staff B and both Direct Care Staff A and B were removed from the direct care schedule until all appropriate paperwork is received. On 3/24/26 an audit was completed on all Direct Care Staff with no other findings. Business Office Manager educated on 26000.54.a. Starting on 3/30/26 an audit is to be conducted on all new Direct Care Staff weekly times 4 weeks and results will be reviewed on 4/27/26 by the quality committee to determined if further action is needed. The Quality Management review shall include a review of all items specified in 2600.54.a. Documentation of quality management shall be kept.

Proposed Overall Completion Date: 04/29/2026

Licensee's Proposed Overall Completion Date: *04/29/2026*

Implemented ([redacted] - 05/06/2026)

63a First Aid/CPR Training

4. Requirements

2600.
63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 3/16/26, from 11:00 p.m. to 7:00 a.m., 96 residents were present in the home, however, there were no qualified CPR staff persons present and working in the home.

Plan of Correction ***Accept ([redacted] - 04/09/2026)***

No residents were adversely affected. CPR class was held on 3//26/26. The schedule will reflect CPR certified direct care staff with an (*) asterisk. Wellness Director and Unit Coordinator educated on 2600.63.a. Schedule will be reviewed weekly x 4 weeks then monthly X 2 months to ensure appropriate staffing. Results will be reviewed on 4/27/26 by the quality committee to determined if further action is needed. The Quality Management review shall include a review of all items specified in 2600.63.a. Documentation of quality management shall be kept.

Licensee's Proposed Overall Completion Date: *04/29/2026*

Implemented ([redacted] - 05/06/2026)

81b Resident Personal Equipment

5. Requirements

81b - Resident Personal Equipment *(continued)*

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

On 3/23/26 at approximately 11:55 a.m., in residents' room #217 belonging to resident [redacted] and resident [redacted] had two bed enablers on each side of their queen-sized bed. However, the bed enabler on the left side of the bed was not not properly secured to the bed frame. The bed enabler on the right side of the bed was loose and was not properly secured to the bed frame.

REPEAT VIOLATION 03/31/25

Plan of Correction ***Accept ([redacted] - 04/09/2026)***

No residents were adversely affected, The bed enablers for residents [redacted] and [redacted] was immediately secured to the bed. A complete review of bed enablers in the community were evaluated for securement. Staff educated on 2600.81.b. A weekly audit of all bed enablers X 2 weeks for proper securement, then a monthly random audit of 5 bed enablers x 3 months Results will be reviewed on 4/27/26 by the quality committee to determined if further action is needed. The Quality Management review shall include a review of all items specified in 2600.81.b. Documentation of quality management shall be kept.

Licensee's Proposed Overall Completion Date: *04/29/2026*

Implemented ([redacted] - 05/06/2026)

95 - Furniture and Equipment

6. Requirements

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 3/24/26 at approximately 10:29 a.m., the licensing representatives exited the 1st floor care base/nurses' station after conducting a medication audit; however, they were unable to securely lock the door due to a broken and inoperable lock.

REPEAT VIOLATION 02/19/26

Plan of Correction ***Accept ([redacted] - 04/09/2026)***

No residents were adversely affected. The door at the first floor care base was immediately secured with a keypad entry on 3/24/26 with surveyors still present in the community. A complete review of all other care base doors was done on 3/24/26 with no further issues identified. Staff educated on 2600.95. on 3/30/26 a weekly audit x 4 weeks will be conducted and Results will be reviewed on 4/27/26 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: *04/29/2026*

Implemented ([redacted] - 05/06/2026)

103g - Storing Food

7. Requirements

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

Description of Violation

On 3/24/26 at approximately 3:30 p.m., in the kitchen walk-in refrigerator there was an open and unsealed plastic bag of approximately one pound of sliced pepperoni sitting in a cardboard box on the second shelf.

On 3/24/26 at approximately 3:33 p.m., in the kitchen walk-in freezer there was an open and unsealed plastic bag of approximately three pounds of pork sausage links in a cardboard box sitting on the top shelf.

On 3/24/26 at approximately 3:36 p.m., in the kitchen's True brand half freezer unit there was an open and unsealed ground meat hamburger lying in a metal food bin.

Plan of Correction ***Accept ([redacted] - 04/09/2026)***

No residents were adversely affected. On 3/24/26 the pepperoni in the kitchen walk-in was closed and sealed immediately. The pork sausage in the walk - in freezer was closed and sealed immediately and the hamburger in the half freezer was closed and secured immediately. Dietary staff education provided on 26000.103.g on 4/8/26. Daily audits x 2 weeks, then weekly audit times 2 weeks to ensure food is properly sealed. Results will be reviewed on 4/27/26 by the quality committee to determined if further action is needed. The Quality Management review shall include a review of all items specified in 2600.103.g. Documentation of quality management shall be kept.

Licensee's Proposed Overall Completion Date: *04/29/2026*

Implemented ([redacted] - 05/06/2026)

132c - Fire Drill Records

8. Requirements

2600.
132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The home conducted a fire drill on 9/19/25 at 11:05 a.m., however, the fire drill record indicated "stair well" was used as an exit route but did not indicate which "stair well" in the home was used.

The home conducted a fire drill on 10/31/25 at 4:05 a.m., however, the fire drill record indicated "stair well" was used as an exit route but did not indicate which "stair well" in the home was used.

Plan of Correction ***Accept ([redacted] - 04/09/2026)***

No residents were adversely affected. Education completed for 2600.132.c. with the maintenance Director and

132c - Fire Drill Records (continued)

Assistant Maintenance Director. Audit will begin on 3/30/26 monthly x 4 months to ensure compliance and Results will be reviewed on 4/27/26 by the quality committee to determined if further action is needed. The Quality Management review shall include a review of all items specified in 2600.132.c. Documentation of quality management shall be kept.

Licensee's Proposed Overall Completion Date: *04/29/2026*

Implemented ([redacted] - 05/06/2026)

132f - Alternate Exit Routes

9. Requirements

2600.
132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

Stairwell A, B, C, were the only exit routes used during the homes fire drills held on the following dates:

2/2/26 at 9:10 p.m.
1/13/26 at 3:30 a.m.
12/30/25 at 8:45 a.m.
11/17/25 at 5:09 p.m.
8/29/25 at 4:45 p.m.
7/28/25 at 4:00 a.m.
6/23/25 at 1:45 p.m.

Plan of Correction ***Accept ([redacted] - 04/09/2026)***

No residents were adversely affected. Unable to retroactively correct which stairwells were used at the time of the drills on 2/2/26, 1/13/26, 12/30/25, 11/17/25, 8/29/25, 7/28/25, and 6/23/25. Education completed for 2600.132.c. with the maintenance Director and Assistant Maintenance Director. Audit will begin on 3/30/26 monthly x 4 months to ensure compliance and Results will be reviewed on 4/27/26 by the quality committee to determined if further action is needed. The Quality Management review shall include a review of all items specified in 2600.132.c. Documentation of quality management shall be kept.

Licensee's Proposed Overall Completion Date: *04/29/2026*

Implemented ([redacted] - 05/06/2026)

183d - Prescription Current

10. 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

Resident #5's Citalopram 20 mg-take one tablet by mouth at 4 p.m., was discontinued on 3/17/26; however, this medication was still in the medication cart.

Resident #5's Haloperidol 0.5 mg-take one tablet by mouth every 12 hours as needed was discontinued on 3/12/26; however, this medication was still in the medication cart.

183d - Prescription Current (continued)

Resident #5's Neo-Bacit-Poly-HC eye ointment- apply thin layer into left eye twice a day was discontinued on 9/30/25; however, this medication was still in the medication cart.

Plan of Correction ***Accept (- 04/09/2026)***

No residents were adversely affected. Resident #5's identified medications that were discontinued were immediately removed on 3/24/26. Initial audit completed on medication carts - no discontinued medications were identified. Medication technicians and Staff educated on 2600.183.d. on 3/24/26 and 4/8/26. Weekly medication cart audits X 4 weeks then monthly to ensure discontinued medications are removed timely. Report results will be reviewed on 4/27/26 by the quality committee to determined if further action is needed. The Quality Management review shall include a review of all items specified in 2600.183.d. Documentation of quality management shall be kept.

Licensee's Proposed Overall Completion Date: *04/29/2026*

Implemented (- 05/06/2026)

184a - Resident's Meds Labeled

11. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #2 is prescribed Nystatin Powder 100,000un/gm- apply topically to [redacted] twice daily as needed for rash; however, the medication label indicated to apply topically to [redacted] twice a day for 7 days.

Resident #5 is prescribed Lorazepam 0.5mg-give every 6 hours as needed for anxiety; however, the medication label indicated Lorazepam 0.5mg-give every 4 hours as needed.

Resident #6 is prescribed Loperamide 2mg cap-take 1 cap by mouth every 8 hours as needed, however, the medication label indicated take 1 capsule as needed after each loose stool- do not exceed 8 caps per 24 hours.

Resident #6 is prescribed Humalog Mix 75-25 quick pen – inject per sliding scale at lunch <250=hold, >250 = 4u; however, these instructions were not included on the medication label.

Plan of Correction ***Accept (- 04/09/2026)***

No other residents were adversely affected. Change of order sticker was immediately placed on resident #2 nystatin powder, Resident #5 lorazepam, Resident #6 loperamide, resident #6 humalog. Medication technicians and nurses educated on 2600.184.a. a complete medication audit was completed on 3/30/26. daily audit with new order changes will continue for 4 weeks then weekly for 2 weeks then monthly for 2 months and report results will be reviewed on 4/27/26 by the quality committee to determined if further action is needed. The Quality Management review shall include a review of all items specified in 2600.184.a. Documentation of quality management shall be kept.

Licensee's Proposed Overall Completion Date: *04/29/2026*

Implemented (- 05/06/2026)

184a - Resident's Meds Labeled *(continued)*

187a - Medication Record

12. 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 #5 is prescribed Seroquel 25mg - take 1 tab every 6 hours as needed and there was 1 pill missing from the blister pack; however, this administration was not documented on the medication administration record.

Resident #5 is prescribed Seroquel 50mg- take 1 tablet twice a day; however, this medication is not on the March 2026 medication administration record.

Resident #5 is prescribed Seroquel 25mg- take 1 tab every 6 hours as needed; however, this medication is not on the March 2026 medication administration record.

Resident #6 is prescribed Loperamide-take 1 cap by mouth every 8 hours as needed, however, the March 2026 medication administration record indicated take 2 capsules by mouth as needed.

Plan of Correction ***Accept ([redacted] - 04/09/2026)***

No resident was adversely affected. Resident # 5 Seroquel 50mg discontinued on 3/30/26. unable to retroactively adjust MAR to rectify. PRN seroquel was discontinued on 3/31/26. Resident#6 Loperamide order states 2 capsules, "medication direction change" sticker placed on the medication in cart. Nurses educated on 2600.187.a. a complete medication audit was completed on 3/30/26. daily audit with new order changes will continue for 4 weeks then weekly for 2 weeks then monthly for 2 months and report results will be reviewed on 4/27/26 by the quality committee to determined if further action is needed. The Quality Management review shall include a review of all items specified in 2600.187.a. Documentation of quality management shall be kept.

Licensee's Proposed Overall Completion Date: *04/29/2026*

Implemented ([redacted] - 05/06/2026)

190a - Completion Medication Course

13. Requirements

2600.
190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Resident #5 is prescribed a GLP-1 Trulicity 1.5mg/0.5 ML- inject 0.5ml sub-q once a week on Fridays. The home does not have a waiver from the Department permitting administration of this medication by a non-licensed medical professional. However, on 3/6/26 and 3/20/26 at 8:00 a.m., staff person C administered this medication to resident #5.

Plan of Correction ***Accept (- 04/09/2026)***

No residents were adversely affected. Medication techs and licensed nurses were educated on the GLP-1 medications being administered only by licensed nurses. Education completed on 3/31/2026. Weekly audit of GLP-1 medication administration by licensed nurse x 2 weeks, then monthly for 2 months and report results will be reviewed on 4/27/26 by the quality committee to determined if further action is needed. The Quality Management review shall include a review of all items specified in 2600.190a. Documentation of quality management shall be kept.

Licensee's Proposed Overall Completion Date: *04/29/2026*

Implemented (- 05/06/2026)

191 - Resident Right to Refuse

14. Requirements

2600.
191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1 admitted [redacted] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident #2 admitted [redacted] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident #3 admitted [redacted], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident #4 admitted [redacted] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident #7 admitted [redacted] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident #8 admitted [redacted], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction ***Accept (- 04/09/2026)***

No residents were adversely affected. Resident 1, 2, 3, 4, 7, 8 were given an addendum to the contract regarding

191 - Resident Right to Refuse (continued)

2600.191, addendum was reviewed and signed. A lookback to [redacted] completed to ensure current residents were aware of the requirement of 2600.191. The community contract was updated to include the requirement for 2600.191. Weekly audit of new move-ins to ensure the requirement of 2600.191 is met weekly x 2, then monthly x 2. Results will be reviewed on 4/27/26 by the quality committee to determined if further action is needed. The Quality Management review shall include a review of all items specified in 2600.191. Documentation of quality management shall be kept.

Licensee's Proposed Overall Completion Date: *04/29/2026*

Implemented ([redacted] - 05/06/2026)

224a - Preadmission Screen Form

15. 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 #3 was admitted to the home on [redacted] however, the resident's preadmission screening form did not include the date the prescreen was completed. This section of the form was blank.

Plan of Correction ***Accept ([redacted] - 04/09/2026)***

No residents were adversely affected. Unable to determine the date of resident#3's preadmission screen to correct. A complete audit of all current residents was completed on 3/30/26. Wellness Director was educated on 2600.224.a. new resident admissions will be audited weekly x 4 weeks then monthly x2 to ensure compliance and report results will be reviewed on 4/27/26 by the quality committee to determined if further action is needed. The Quality Management review shall include a review of all items specified in 2600.224.a. Documentation of quality management shall be kept.

Licensee's Proposed Overall Completion Date: *04/29/2026*

Implemented ([redacted] - 05/06/2026)