

Department of Human Services
Bureau of Human Service Licensing

September 13, 2021

[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 licensing inspections on 05/12/2021, 05/19/2021, 05/20/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
Larry Mazza

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: APPLE BLOSSOM SENIOR LIVING License #: 45072 License Expiration Date: 11/19/2021
Address: 125 APPLE BLOSSOM WAY, MOON TOWNSHIP, PA 15108
County: ALLEGHENY Region: WESTERN

Administrator

Name: [REDACTED] Phone: 4125396446 Email: [REDACTED]

Legal Entity

Name: BROADHEAD SENIOR LIVING LLC
Address: 125 APPLE BLOSSOM WAY, MOON TOWNSHIP, PA, 15108
Phone: 4123758400 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: 68 Waking Staff: 51

Inspection

Type: Partial Notice: Unannounced BHA Docket #: [REDACTED]
Reason: Complaint Exit Conference Date: 08/11/2021

Inspection Dates and Department Representative

05/12/2021 - On-Site: [REDACTED]
05/19/2021 - On-Site: [REDACTED]
05/20/2021 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 150 Residents Served: 65

Secured Dementia Care Unit

In Home: No Area: Capacity: Resident Served: [REDACTED]

Hospice

Current Residents: 65

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 65

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

Have Mobility Need: 3 Have Physical Disability: 1

Inspections / Reviews

05/12/2021 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: POC Submission

Follow-Up Date: 08/26/2021

9/13/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 10/01/2021

25c2 - Fee Schedule

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

The home has 7 levels of care, ranging from \$440/month to \$2,585/month. Resident #1's resident-home contract, dated [REDACTED] indicates the resident is a level 2, which is \$715/month; however, the resident-home contract does not include a description of the services available with each level of care, or a process to identify how the resident was assessed as a level 2.

REPEAT VIOLATION: 2/27/2020

Plan of Correction

Directed

DIRECTED: By 9/23/21: A designated staff person shall update the home's resident-home contract to include the home's fee schedule, description of services that are available to residents, the specific services available under each of the home's levels of care, the cost of each of the levels of care, and a process to identify how each resident is assessed for levels of care. Documentation shall be kept. Each resident and their designated person, including resident #1, shall receive written notification of the updates to the resident-home contract, which includes the home's fee schedule, the description of services that are available to residents, the specific services available under each of the home's level of care, the cost of each of the levels of care and the process to identify how each resident was assessed for levels of care. Documentation shall be kept in each resident record. The updates to the resident-home contract shall also be included in the resident-home contract for newly-admitted residents. All staff persons involved in the admission process shall be educated by 9/23/21 to ensure all newly-admitted residents receive the updated resident-home contract, as well as an accurate fee schedule. Documentation of the education shall be kept. LM 9/13/21

Completion Date: 09/10/2021

25c11 - List of Rates

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

11. A list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.

Description of Violation

Resident #1's resident-home contract, dated [REDACTED], indicates "The Community's current list of services included in the Basic Services is located in the Community Fee Schedule"; however, the community fee schedule is not attached to the resident-home contract.

25c11 - List of Rates (*continued*)**Plan of Correction****Directed**

DIRECTED: By 9/23/21: A designated staff person shall update the home's resident-home contract to include the home's fee schedule, description of services that are available to residents, the specific services available under each of the home's levels of care, the cost of each of the levels of care, and a process to identify how each resident is assessed for levels of care. Documentation shall be kept. Each resident and their designated person, including resident #1, shall receive written notification of the updates to the resident-home contract, which includes the home's fee schedule, the description of services that are available to residents, the specific services available under each of the home's level of care, the cost of each of the levels of care and the process to identify how each resident was assessed for levels of care. Documentation shall be kept in each resident record. The updates to the resident-home contract shall also be included in the resident-home contract for newly-admitted residents. All staff persons involved in the admission process shall be educated by 9/23/21 to ensure all newly-admitted residents receive the updated resident-home contract, as well as an accurate fee schedule. Documentation of the education shall be kept. LM 9/13/21

Completion Date: 09/10/2021

42v - Resident-Home Contract

1. Requirements

2600.

42.v. A resident has the right to receive services contracted for in the resident-home contract.

Description of Violation

Resident #1 requires physical assistance with transferring, personal hygiene, bladder management and toileting. On 4/23/21 and 4/26/21, resident #1 requested to postpone [REDACTED] shower until the following day; however, no assistance with the resident's shower was provided to the resident. Resident #1 also refused a shower on the evening of 5/3/21, and requested assistance with bathing during the daylight shift; however, no assistance with the resident's shower was provided to the resident. As a result, resident #1 did not have a shower from 4/21/21 through 5/5/21. Resident #1's resident-home contract, dated 6/23/20, indicates assistance with ADL's and IADL's is to be provided by the home.

42v - Resident-Home Contract (continued)

Plan of Correction	Directed
<p><i>DIRECTED: By 9/23/21: A designated staff person shall generate a shower list of all residents who require assistance with bathing. The list shall include the days of the week and the shift the residents are to receive assistance with bathing, as well as the assistance needed. Each resident who requires assistance with bathing shall be consulted to determine if they have a preference on the days of the week and shift they prefer to be showered. Documentation shall be kept for any resident who refuses a shower. If a resident refuses a shower, efforts should be made to reschedule the resident's shower for the next day. Documentation of the shower list shall be kept and updated as resident care needs change, or after new residents are admitted who require assistance with bathing. All direct care staff persons shall be educated on the new shower list. Documentation of the shower list shall be kept. Documentation of the education shall be kept. LM 9/13/21</i></p>	

DIRECTED: By 9/23/21: A designated staff person shall review the assessments and support plans of all residents who require assistance with bathing to ensure resident care needs are accurately documented. A designated staff person shall develop and implement a system to ensure resident assessments and support plans are updated as resident care needs change. Documentation of the system shall be kept. All staff persons involved in the development and updating resident assessments and support plans shall be educated on the new system. Documentation of the education shall be kept. LM 9/13/21

DIRECTED: By 10/1/21: A designated staff person shall review the assessments and support plans of at least 8 residents monthly to ensure accuracy and completeness. Documentation of the audits shall be kept. LM 9/13/21

Completion Date 09/10/2021

57b 1 Hour/Day

1. Requirements

2600.

57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

Description of Violation

The home is required to provide a minimum of 1 hour of personal care services for each mobile resident and 2 hours of personal care services for each resident with a mobility need.

On 4/18/21, there were 64 residents in the home, including 8 residents with mobility needs, requiring a total minimum of 72 hours of direct care staffing. On this date, only 51.25 hours of direct care staffing was provided.

On 5/7/21, there were 63 residents in the home, including 9 residents with mobility needs, requiring a total minimum of 72 hours of direct care staffing. On this date, only 54 hours of direct care staffing was provided.

57b - 1 Hour/Day (continued)

Plan of Correction**Directed**

DIRECTED: By 9/15/21: A designated staff person shall review the home's direct care staffing schedule daily to ensure adequate staffing is provided to meet the needs of the residents in accordance with 2600.57a, 2600.57b, 2600.57c, 2600.57d and 2600.60a. If it is determined staffing levels will fall below minimum requirements, a designated staff person shall immediately attempt to schedule substitute personnel or contact a staffing agency in accordance with 2600.61. Documentation of the daily reviews shall be kept, which includes the date, number of residents in the home on each day, the number of resident's with mobility needs, any additional assistance needed in accordance with 2600.60a and the number of direct care staffing hours provided. LM 9/13/21

Completion Date: 09/10/2021

57c - 2 Hours/Day

1. Requirements

2600.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

The home is required to provide a minimum of 1 hour of personal care services for each mobile resident and 2 hours of personal care services for each resident with a mobility need.

On 4/10/21, there were 64 residents in the home, including 8 residents with mobility needs, requiring a total minimum of 72 hours of direct care staffing. On this date, only 66 hours of direct care staffing was provided.

On 4/18/21, there were 64 residents in the home, including 8 residents with mobility needs, requiring a total minimum of 72 hours of direct care staffing. On this date, only 51.25 hours of direct care staffing was provided.

On 5/7/21, there were 63 residents in the home, including 9 residents with mobility needs, requiring a total minimum of 72 hours of direct care staffing. On this date, only 54 hours of direct care staffing was provided.

Plan of Correction**Directed**

DIRECTED: By 9/15/21: A designated staff person shall review the home's direct care staffing schedule daily to ensure adequate staffing is provided to meet the needs of the residents in accordance with 2600.57a, 2600.57b, 2600.57c, 2600.57d and 2600.60a. If it is determined staffing levels will fall below minimum requirements, a designated staff person shall immediately attempt to schedule substitute personnel or contact a staffing agency in accordance with 2600.61. Documentation of the daily reviews shall be kept, which includes the date, number of residents in the home on each day, the number of resident's with mobility needs, any additional assistance needed in accordance with 2600.60a and the number of direct care staffing hours provided. LM 9/13/21

Completion Date: 09/10/2021

57d - Waking Hours

1. Requirements

2600.

57d - Waking Hours (continued)

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

The home is required to provide a minimum of 1 hour of personal care services for each mobile resident and 2 hours of personal care services for each resident with a mobility need.

On 4/10/21, there were 64 residents in the home, including 8 residents with mobility needs, requiring a total minimum of 54 direct care staffing during waking hours. However, on 4/10/21, only 53 hours of direct care staffing were provided during waking hours.

On 4/18/21, there were 64 residents in the home, including 8 residents with mobility needs, requiring a minimum of 54 direct care staffing during waking hours. However, on 4/18/21, only 47 hours of direct care staffing were provided during waking hours.

On 5/7/21, there were 63 residents in the home including 9 residents with mobility needs, requiring a minimum of 54 hours of personal care staffing during waking hours. However, on 5/7/21, only 33.25 hours of personal care were provided.

Plan of Correction**Directed**

DIRECTED: By 9/15/21: A designated staff person shall review the home's direct care staffing schedule daily to ensure adequate staffing is provided to meet the needs of the residents in accordance with 2600.57a, 2600.57b, 2600.57c, 2600.57d and 2600.60a. If it is determined staffing levels will fall below minimum requirements, a designated staff person shall immediately attempt to schedule substitute personnel or contact a staffing agency in accordance with 2600.61. Documentation of the daily reviews shall be kept, which includes the date, number of residents in the home on each day, the number of resident's with mobility needs, any additional assistance needed in accordance with 2600.60a and the number of direct care staffing hours provided. LM 9/13/21

Completion Date: 09/10/2021

121a - Unobstructed Egress**1. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 5/20/21, the front door of the home was locked with a keypad, requiring a code to unlock it to exit the building. The home is not licensed as a secured dementia care unit.

Plan of Correction**Directed**

DIRECTED: Immediately: The key pad at the front door of the home shall be disabled. LM 9/13/21

DIRECTED: By 9/15/21, then monthly thereafter: A designated staff person shall inspect all stairways, hallways, doorways, passageways and egress routes from room and from the home to ensure they are unlocked and unobstructed. LM 9/13/21

Completion Date: 09/10/2021

225a - Assessment 15 Days

1. Requirements

2600.

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 Repeat Violation

Resident #1 requires physical assistance with transferring, personal hygiene, bladder management and toileting; however, the resident's most recent assessment, dated 6/24/20, indicates the resident is independent with these personal care needs.

REPEAT VIOLATION: 2/27/2020

Plan of Correction**Directed**

DIRECTED: By 9/17/21: Resident #1's assessment and support plan shall be reviewed and updated to ensure it accurately reflects resident #1's care needs. The updated assessment and support plan shall be kept in the resident's record and made available to all direct care staff persons. LM 9/13/21

DIRECTED: By 9/23/21: A designated staff person shall review the assessments and support plans of all residents to ensure they accurately reflect the residents' care needs. A designated staff person shall develop and implement a system to ensure resident assessments and support plans are updated as resident care needs change.

Documentation of the system shall be kept. All staff persons involved in the development and updating resident assessments and support plans shall be educated on the new system by 10/1/21. Documentation of the education shall be kept. LM 9/13/21

DIRECTED: By 10/1/21: A designated staff person shall review the assessments and support plans of at least 8 residents monthly to ensure accuracy and completeness. Documentation of the audits shall be kept. LM 9/13/21

Completion Date: 09/10/2021