

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

August 20, 2024

[REDACTED], PRESIDENT
TAPESTRY MOON LLC

RE: TAPESTRY SENIOR LIVING MOON
TOWNSHIP
550 CHERRINGTON PARKWAY
CORAOPOLIS, PA, 15108
LICENSE/COC#: 45009

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/17/2024, 06/18/2024, 06/27/2024 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: TAPESTRY SENIOR LIVING MOON TOWNSHIP License #: 45009 License Expiration: 05/12/2025
Address: 550 CHERRINGTON PARKWAY, CORAOPOLIS, PA 15108
County: ALLEGHENY Region: WESTERN

Administrator

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

Legal Entity

Name: TAPESTRY MOON LLC
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 07/21/2019 Issued By: Moon Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 146 Waking Staff: 110

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Complaint Exit Conference Date: 06/27/2024

Inspection Dates and Department Representative

06/17/2024 - On-Site: [REDACTED]
06/18/2024 - On-Site: [REDACTED]
06/27/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 210 Residents Served: 96
Special Care Unit
In Home: Yes Area: 1st floor Memory Care Capacity: 74 Residents Served: 37
Hospice
Current Residents: 16
Number of Residents Who:
Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 96
Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 3
Have Mobility Need: 50 Have Physical Disability: 3

Inspections / Reviews

06/17/2024 - Full
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/23/2024

Inspections / Reviews *(continued)*

08/16/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/20/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/23/2024

08/20/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/20/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

18 Other laws, regs, ordins.

1. Requirements

2800.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

34 Pa. Code Chapter 3, known as the Boilers and Unfired Pressure Vessels regulations, indicates if a home has a boiler it must have a valid "Certificate of Boiler or Pressure Vessels Operation" issued by the Pa Department of Labor and Industry. Upon expiration of the certificate, boilers must be inspected and if they pass inspection, they will be issued a new certificate. The six boiler certificates expired 6/1/2023 and were not reinspected until 6/24/2024.

Plan of Correction

Accept (█) - 08/16/2024)

1. On 6/17/2024 the Business Office Director and Environmental Services Director placed call to representative at Department of Labor & Industry and scheduled boiler inspection for 06/24/2024. Certificate issued on 06/27/2024 and expires 06/24/2026.
2. On 6/17/2024 Executive Director and Resident Services Director in-serviced Environmental Services Director on scheduling biannual boiler inspections proactively.
3. The Environmental Services Director audited all of the boilers and all certificates state the date of 06/24/2026 and are all attached and displayed on the boilers.
4. Boiler inspection for 2026 has already been scheduled by Environmental Services Director for 6/9/2026.
5. Environmental Services Director implemented a tracker for scheduling boiler inspections biannually and will be reviewed monthly.
6. All records will be kept.

Licensee's Proposed Overall Completion Date: 08/15/2024

Implemented (█) - 08/20/2024)

85a Sanitary conditions

2. Requirements

2800.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 6/17/2024 at 11:43 am, the microwave in the memory care kitchenette had food crumbs and food splatter on the inside of the door and dried spills and an approximately 1 inch crust of food on the floor of the microwave.

On 6/17/2024 at 1:15 pm, there were no paper towels or other means to dry hands in the common powder room next to the nurses station across from living unit #215.

Plan of Correction

Accept (█) - 08/16/2024)

1. On 6/17/2024 the microwave in the memory care kitchenette area was cleaned and sanitized by Food Services Director.
2. On 06/17/2024 the paper towels in the common powder room next to #215 were replaced.
3. On 06/17/2024 Executive Director and Resident Services Director in-serviced Food Services Director, kitchen staff and nursing staff on sanitary conditions of microwaves after each meal service.

85a Sanitary conditions (continued)

- 4. On 6/17 2024 Executive Director and Resident Services Director in-serviced Environmental Services Director and department on refilling paper towel dispensers when they diminish.
- 5. The Food Services Director, kitchen staff and nursing staff will monitor all microwaves in memory care kitchenettes after each meal service to ensure sanitary conditions.
- 6. On 06/17/2024 memo placed in common area bathrooms for staff, visitors and residents, as a courtesy to report to the Front Desk if anything supplies are needed in common areas bathrooms if they run out during use.
- 7. All records will be kept.

Licensee's Proposed Overall Completion Date: 08/15/2024

Implemented () - 08/20/2024)

95 Furniture & Equipment

3. Requirements

2800.

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

Description of Violation

On 6/17/2024 at approximately 10:25 am the following issues were observed in the first floor common women's restroom near the Senior Connections hall:

- * The toilet in the first stall had what appeared to be mold around the caulking at the base and the floor was wet indicating that the toilet may be leaking.
- * The hinge on the right side of the toilet seat on the toilet in the second stall was broken and the seat was not secure.

Plan of Correction

Accept () - 08/16/2024)

- 1. On 06/17/2024 Environmental Services Director removed all caulking around toilet seat in first floor common area stall and applied new caulking. Environmental Services Director also inspected caulking in common area bathrooms to ensure they were in good repair.
- 2. On 06/17/2024 Environmental Services Director replaced toilet seat in first floor common area bathroom and ensured all toilet seats in common areas bathroom were in good repair.
- 3. On 06/17/2024 Environmental Services Director placed call to () Plumbing to schedule maintenance on first floor common area toilet that appeared to be leaked. Plumbing company present at residence on 06/18/2024 to repair leaking toilet. Issue resolved on 06/18/2024.
- 4. On 06/17/2024 Executive Director and Resident Services Director in-serviced Environmental Services Director and department on ensuring good repair of toilets and in-serviced department on notifying maintenance if any equipment in bathroom needs repaired during their daily cleaning.
- 5. The Environmental Services Department will add monthly audit for toilets and toilet seats to our TELs system, which is our Electronic Preventative Maintenance Program.
- 6. On 06/17/2024 memo placed in common area bathrooms for staff, visitors and residents, as a courtesy to report to the Front Desk if anything is in disrepair in common areas bathrooms.
- 7. All records to be kept.

Licensee's Proposed Overall Completion Date: 08/15/2024

Implemented () - 08/20/2024)

102i Soap dispenser

4. Requirements

2800.

102.i. Bar soap or a dispenser with soap shall be provided within reach of each bathroom sink. Bar soap, however, is not permitted when a living unit is shared unless there is a separate bar clearly labeled for each resident sharing the living unit.

Description of Violation

On 6/17/2024 at 11:32 am, there was no soap within reach of the bathroom sink in living unit #303.

Plan of Correction

Accept (█) - 08/16/2024

1. On 06/17/2024 Resident Services Director placed a 2nd non-toxic dial soap dispenser in resident's private bathroom area. Resident had access to non-toxic dial soap dispenser in private kitchenette area.
2. On 06/17/2024 Resident Services Director in-serviced nursing staff and maintenance staff on importance of resident's having access to soap to wash their hands if desired.
3. On 6/17/2024 Environmental Services Director performed one time audit of all Memory Care rooms to ensure resident had access to non-toxic dial soap dispensers in bathroom and kitchenette areas in their rooms.
4. Maintenance department to ensure that that all Memory Care rooms have access to non-toxic dial soap dispensers in bathroom and kitchenette areas in their rooms during normal weekly cleanings.
5. All records to be kept.
6. In the past, the residence has been cited on having soap accessible to Memory Care Residents. Please clarify if Memory Care Residents can or cannot have access to poisonous materials, as now we have been cited on both scenarios.

Licensee's Proposed Overall Completion Date: 08/15/2024

Implemented (█) - 08/20/2024

185a Storage procedures

5. Requirements

2800.

185.a. The residence shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #2 has an order to check blood glucose levels 3 times a day before meals. The home has been checking the resident's blood glucose levels in real time and administering the resident's insulin. The resident has a Dexcom G6 continuous glucose monitor, however, it has not been set up to store readings. The home's staff, the resident's healthcare providers and agents of the Department do not have access to the historical data.

Plan of Correction

Accept (█) - 08/16/2024

1. On 06/18/2024 resident #2 had available glucometer with readings on it and MAR with historical data to review blood glucoses.
2. 06/18/2024 resident #2 did not have a Dexcom G6 continuous glucose monitor. Resident has a new available glucometer that was delivered from pharmacy on 06/17/2024 as old glucometer from home and recent admission in March 2024 had malfunctioned and was non usable.
3. On 06/27/2024 DHS Department Representative reviewed all blood glucose readings with Resident Services Director from 06/17/1024 to 06/27/2024 and all blood glucose readings were documented and correct in MAR.
4. On 06/27/2024 Resident Services Director in-serviced all Medication Trained Staff on documentation of blood glucose monitoring to ensure that the documentation is input timely and accurately.

185a Storage procedures (continued)

5. Resident Services Director to continue to complete audit monthly of residents who require blood sugar monitoring to ensure blood glucose monitoring devices and MARs.
6. All records to be kept.
7. We need clarification as to what the process is for old glucometers as there is no regulation that speaks to this issue, of where to store old, broken glucometers when a new one has been obtained.

Licensee's Proposed Overall Completion Date: 08/15/2024

Implemented (█) - 08/20/2024)

187a Medication record**6. Requirements**

2800.

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 #4 is prescribed Roxanol 20 mg/ml - give 5 mg (0.25 ml) sublingual every 2 hours for pain/shortness of breath. However, the resident's June 2024 MAR indicates Morphine 20 mg/ml (0.25 ml) syringe - give 0.5 mg (0.25 ml) sublingually every 2 hours as needed for pain/shortness of breath.

Resident #1 is prescribed Xanax 0.5 mg oral tablet - take 1 by mouth every 8 hours as needed for anxiety. However, the resident's June 2024 medication administration record (MAR) indicates Alprazolam 0.5 mg tablet - take 1 by mouth every 8 hours as needed for 14 days.

Repeat violation 4/4/2023

Plan of Correction

Accept (█) - 08/16/2024)

1. On 06/18/2024 Resident Services Director contacted facilities pharmacy to correct the medication label to match the MAR for resident #4's medication. Medication was sent on 06/18/2024 from facilities pharmacy.
2. This specific medication for resident #4 has never been administered to the resident as it is an as needed comfort medication.

187a Medication record (continued)

3. On 06/18/2024 Resident Services Director contacted facilities pharmacy to correct the medication label to match the MAR for resident #2's medication. Medication was sent on 06/18/2024 from facilities pharmacy.
4. On 06/18/2024 Resident Services Director in-serviced all Medication Trained Staff on the 5 rights of medication administration to ensure the Medication Label matches the MAR for the medication that is being administered.
5. Resident Services Director to continue to complete monthly MAR and medication cart audit.
6. The facility pharmacy did a complete MAR and medication cart audit with no other discrepancies. The facility pharmacy will continue to complete quarterly medication cart audits. Every 28 days during cycle fill with the facility pharmacy, the MAR and labels are reviewed with pharmacy staff and facility staff to ensure compliance.
7. All records to be kept.

Licensee's Proposed Overall Completion Date: 08/15/2024

Implemented () - 08/20/2024)

187d Follow prescriber's orders

7. Requirements

2800.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed Humalog 100u/ml - inject subcutaneously before meals per sliding scale: 60-150=0U; 151-200=3U; 201-250=6U; 251-300=9U; 301-350=12U; 351-400=15U; 401-999=18U. According to the resident's June 2024 MAR, on 6/11/2024 the resident's blood glucose reading was 274, requiring 9 units of Humalog to be administered; however, only 5 units were administered.

Repeat violation 4/4/2023

Plan of Correction

Accept () - 08/16/2024)

1. On 08/13/2024 Resident Services Director and Executive Director received plan of correction and noted this violation. This violation was not discussed during the inspection or exit conference on 6/27/2024.
2. On 08/13/2024 Resident Services Director in-serviced all Medication Trained Staff on documentation of blood glucose monitoring to ensure that the documentation is input timely and accurately.
3. As of 8/13/2024 The Medication Trained Staff who did not follow the prescriber's orders is on a scheduled vacation and will not return to community until 8/22/2024. The Medication Trained Staff will be retrained in the DHS Medication Administration class by LPN Supervisor on 8/22/2024 and will not administer medication until Medication Administration Class is completed. Medication Trained staff is also scheduled to redo Diabetic Training on 8/27/2024 and will not administer diabetic medications until Diabetic Training is completed.
4. All Medication Trained Staff will continue to be re-certified annually for the certified Diabetic Education.
5. Resident Services Director to continue to complete monthly MAR and medication cart audit.
6. RSD and LPN Supervisor will continue to review EMAR dashboard daily to ensure compliance of the medication administration for all residents
7. All records to be kept.

Licensee's Proposed Overall Completion Date: 08/27/2024

Implemented () - 08/20/2024)