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

May 12, 2025

[redacted] .
TAPESTRY MOON LLC
[redacted]

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

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/24/2025, 03/25/2025 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: *TAPESTRY SENIOR LIVING MOON TOWNSHIP* **License #**: *45009* **License Expiration**: *05/12/2026*

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**: *07/21/2023* **Issued By**: *Moon Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *132* **Waking Staff**: *99*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *04/09/2025*

Inspection Dates and Department Representative

03/24/2025 - On-Site: [redacted]

03/25/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *210* **Residents Served**: *83*

Special Care Unit

In Home: *Yes* **Area**: *Memory Care* **Capacity**: *71* **Residents Served**: *34*

Hospice

Current Residents: *11*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *83*

Diagnosed with Mental Illness: *2* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *49* **Have Physical Disability**: *2*

Inspections / Reviews

03/24/2025 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/08/2025*

Inspections / Reviews *(continued)*

05/12/2025 POC Submission

Submitted By: [redacted]
Date Submitted: *05/12/2025*
Reviewer: [redacted]
Follow Up Type: *Bypass Document Submission*

05/12/2025 Bypass Document Submission

Submitted By: [redacted]
Date Submitted: *05/12/2025*
Reviewer: [redacted]
Follow Up Type: *Not Required*

82a Poisons original containers

1. Requirements

2800.
82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On [redacted] at approximately 9:06 a.m., there were no product labels on a spray bottle with a handwritten label indicating bleach and a spray bottle with a handwritten label indicating Windex on a cleaning cart in the lobby of the residence.

Plan of Correction ***Accept [redacted] - 05/12/2025)***

EVS Director removed the improperly labeled spray bottles from the cleaning cart immediately and replaced them with correctly labeled manufacturer label. No residents accessed this spray bottle while the housekeeping cart was in the lobby. The Environmental Services Director conducted a facility-wide inspection of all cleaning carts and storage areas to identify any other instances of improperly labeled containers on 3/24/25. EVS Director ensured all cleaning supplies are stored in their original, labeled containers to prevent exposure to residents. EVS Director re-educated housekeeping staff on the requirement to have all cleaning products or other poisonous materials stored in their original labeled container and to check their cleaning products on their carts daily for proper labeling on 4/20/25. Executive Director educated staff at General Staff meetings on and on the requirement to have poisonous materials stored in their regular containers. Any staff that were not present at the meetings will review and sign as verification that they understand this requirement by 5/16/25. A new protocol was implemented requiring staff to conduct daily checks of cleaning carts to ensure compliance with labeling requirements. EVS Director is conducting a bi-weekly audit schedule to inspect housekeeping carts for compliance with labeling requirements. This audit will continue through May 31, 2025. Any cleaning products without proper labeling will be immediately disposed of and staff re-educated. Results of these audits will be shared with Executive Director at the end of the month(May) and determination made as to whether substantial compliance has been maintained or the auditing needs extended.

Licensee's Proposed Overall Completion Date: *06/13/2025*

Implemented [redacted] - 05/12/2025)

85a Sanitary conditions

2. Requirements

2800.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] at 3:03 p.m., there appeared to be feces smeared on the toilet seat riser and brown and yellow stains covering the inside and outside of the toilet in living unit [redacted] bathroom.

On [redacted] at 4:12 p.m., there were numerous brown stains on the toilet seat and rim of the toilet and yellow stains of what appeared to be urine around the bottom of the toilet in living unit [redacted] bathroom.

85a Sanitary conditions (continued)

On [redacted] at 3:05 p.m., there appeared to be feces on the right side of the toilet seat located in the 1st unisex single stall bathroom to the right of the lobby.

Plan of Correction ***Accept ([redacted] - 05/12/2025)***

The affected bathrooms in living units [redacted] and [redacted], as well as the unisex bathroom near the lobby, were immediately cleaned and sanitized by the housekeeping staff. The Environmental Services director will audit random resident bathrooms and public bathrooms bi weekly to check for unsanitary conditions through June 20, 2025. Any unsanitary conditions will be immediately addressed. Unsanitary conditions identified under the responsibility of the resident assistants will be reported to the Resident Services Director to address with staff and have that unsanitary condition cleaned. The audit will be conducted through May 31st. The Environmental Services Director re educated the housekeepers on bathroom sanitation procedures and implemented the use of weekly apartment cleaning checklists and twice a day checks on public bathrooms, Resident Assistants, who are also responsible for maintaining sanitary conditions, were educated by Executive Director at staff meetings on 4/30/25 and 5/2/25 regarding their responsibility to monitor sanitary conditions in resident bathrooms every shift and address any unsanitary conditions. Staff that were not present for these meetings will reviewing the meeting minutes covering this regulation and signing as verification of understanding. This will be completed by May 16th. The Environmental Services Director is responsible for overseeing the implementation of corrective actions and ensuring compliance with updated sanitation protocols required of the housekeeping staff. Results of these audits will be reviewed with the Executive Director and Resident Services Director monthly to determine if substantial compliance has been maintained or whether ongoing monitoring is needed.

Licensee's Proposed Overall Completion Date: *06/13/2025*

Implemented [redacted] - 05/12/2025)

225a1 Assessment – annually

3. Requirements

2800.
225.a.1. The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department's assessment form. Additional written assessments shall be completed as follows: Annually.

Description of Violation

The assessment, dated [redacted], indicates resident [redacted] has no problem with agitation and aggression; however, documentation in the resident's record and staff interviews indicate the resident is easily agitated and can be aggressive towards staff.

The assessment, dated [redacted] for resident [redacted] has not been updated to include the resident had several falls on [redacted], and [redacted], and that the resident's family brought fall mats and a helmet to protect the resident's head from falls when [redacted] is sleeping in bed. The assessment also indicates the resident requires total physical assistance with transferring, toileting, bladder management, bowel management, ambulating, personal hygiene and

225a1 Assessment – annually (continued)

uses a wheelchair for mobility, however, according to the resident and staff interviews, resident [redacted] does not require assistance in these areas. Additionally, the diagnosis of [redacted] that is indicated in the resident's record is not included on the assessment.

Plan of Correction ***Accept [redacted] - 05/12/2025)***

Resident [redacted] and [redacted] have been discharged from facility, so no corrections were warranted with their assessments. The Resident Services Director is completing a review of all resident assessments to identify any discrepancies or outdated information. This review will be completed by 6/13/25. Resident Services Director or designee will update any assessments for residents found to have similar issues, ensuring all information is current and accurate. Changes in resident needs will now be discussed at daily stand-up meetings and assessments and care plans updated as a change in needs is identified.

Licensee's Proposed Overall Completion Date: *06/13/2025*

Implemented [redacted] - 05/12/2025)

231c1 Preadmit screening

4. Requirements

2800.
231.c.1. Special care unit for residents with Alzheimer's disease or dementia.

i. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's cognitive preadmission screening form shall be completed for each resident within 72 hours prior to admission to a special care unit.

ii. A geriatric assessment team is a group of multidisciplinary specialists in the care of adults who are older that conducts a multidimensional evaluation of a resident and assists in developing a support plan by working with the resident's physician, designated person and the resident's family to coordinate the resident's care.

Description of Violation

Resident [redacted] was admitted to the special care unit on [redacted], however, a preadmission screening was not completed.

Plan of Correction ***Accept [redacted] - 05/12/2025)***

Resident [redacted] has been discharged from the facility so no further corrective action could be taken for this resident. The Resident Services Director conducted a review of all current residents on the memory care unit to assess that a cognitive preadmission screening form was completed and in the medical record. This audit was completed on March 27, 2025. Any resident found without a completed preadmission screening was promptly assessed and a cognitive preadmission screen completed. Resident Services Director will be responsible for educating any designees that assist with prescreening on the cognitive screening component required on the prescreen for residents needed the memory care unit. Resident Services Director and designee will use the move-in checklist to include ensuring the completion of cognitive preadmission screenings before a resident moves into our memory care unit. Monthly audits of new admissions to the special care unit will be conducted by the Resident Services Director or Memory Care Coordinator

231c1 Preadmit screening (continued)

or designee for three months to ensure compliance with preadmission screening requirements and will maintain a log of all preadmission screenings to track compliance and identify any patterns of non-compliance. These results will be reviewed with the Executive Director and reviewed at the monthly quality assurance meetings to determine if substantial compliance has been maintained or further auditing is needed. All preadmission screenings and related documentation will be maintained in the resident's medical record.

Licensee's Proposed Overall Completion Date: *06/13/2025*

Implemented [redacted] - 05/12/2025)