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

March 30, 2026

[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 02/26/2026, 02/27/2026 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: *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**: *07/21/2019* **Issued By**: *Moon Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *149* **Waking Staff**: *112*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *02/27/2026*

Inspection Dates and Department Representative

02/26/2026 - On-Site: [redacted]

02/27/2026 - Off-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *210* **Residents Served**: *106*

Special Care Unit

In Residence: *Yes* **Area**: *Memory Care Floors 1,2,3* **Capacity**: *71* **Residents Served**: *43*

Hospice

Current Residents: *16*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *106*

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

Have Mobility Need: *43* **Have Physical Disability**: *0*

Inspections / Reviews

02/26/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/13/2026*

Inspections / Reviews *(continued)*

03/16/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *03/25/2026*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *03/19/2026*

03/19/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *03/25/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *03/27/2026*

03/30/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *03/25/2026*

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

15a Resident abuse report

1. Requirements

2800.

15.a. The residence shall immediately report suspected abuse of a resident served in the residence in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701 10225.707) and 6 Pa. Code § § 15.21 15.27 (relating to reporting suspected abuse, neglect, abandonment or exploitation) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] during the 6:00 a.m. to 2:00 p.m. shift, direct care staff person A notified direct care staff person B of bruising of an unknown origin on the left upper arm of resident [redacted] and allegations that a "large black woman with glasses did it." The allegations were reported to direct care staff person C, the residence's assistant director of resident services. However, the incident of suspected abuse was not immediately reported to the Department of Aging in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 – 10225.707) and 6 Pa. Code Sections 15.21 – 15.27 (relating to reporting suspected abuse) and was not reported to the Department of Aging verbally or in writing.

On [redacted] during the 6:00 a.m. to 2:00 p.m. shift, direct care staff person D indicated direct care staff person E pushed resident [redacted] two times, the first push with one arm and the second push with both arms, down onto a couch in resident living unit #204 in the residence's special care unit. This incident of alleged abuse was reported to direct care staff person F, the residence's Executive Director. However, the incident of alleged abuse was not immediately reported to the Department of Aging in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 – 10225.707) and 6 Pa. Code Sections 15.21 – 15.27 (relating to reporting suspected abuse) and was not reported to the Department of Aging verbally or in writing.

Plan of Correction ***Directed [redacted] - 03/19/2026)***

2/27/26 The Executive Director addressed with the staff the protocol for reporting all allegations of abuse per the Older Adults Protective Services Act.
3/2/26 The Executive Director contacted the AAA and requested a training for the staff on Mandatory Abuse Reporting Process and Procedures.
3/10/26 The staff were educated on Act 13 and Abuse Reporting.
3/11/26 The Executive Director/Designee shall be responsible for reporting all allegations of abuse to AAA and Dept. of Human Services within the required time frame. Semi-Annual training will be provided to all staff.
3/17/26 Effective 3/17/26, The Executive Director/designee shall be responsible for scheduling the training in July and again in Dec. 2026. The resident Services Director/designee will be responsible for monitoring staff attendance in July and Dec,2026. Goal is 90% attendance. A list of staff not attending the mandatory training will be given to the Executive Director. Staff not attending the training will be scheduled for a make-up session and must attend to remain on the schedule. Executive Director will monitor and handle discipline for non-attendance.

Proposed Overall Completion Date: 03/18/2026

DIRECTED
Within one day of receipt of the plan of correction: The administrator shall Audit any allegations of abuse to ensure reporting is in compliance with Regulation 2800.15a. 3/19/26 [redacted]

Directed Completion Date: *03/20/2026*

Implemented [redacted] - 03/26/2026)

15b Resident abuse-superv plan

2. Requirements

2800.
15.b. If there is an allegation of abuse of a resident involving a residence's staff person, the residence shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [redacted] during the 6:00 a.m. to 2:00 p.m. shift, direct care staff person D indicated direct care staff person E pushed resident [redacted] two times, the first push with one arm and the second push with both arms, down onto a couch in resident living unit [redacted] in the residence's special care unit. This incident of alleged abuse was reported to direct care staff person F, the residence's Executive Director. However, direct care staff person E was not immediately suspended and worked until the end of [redacted] shift on [redacted] at approximately 2:30 p.m.

Plan of Correction ***Accept [redacted] - 03/19/2026)***

2/26/26 Staff person F was not notified of the allegation as reported.
3/10/26 Staff were educated on Mandatory Abuse Reporting Policies and Reporting.
3/19/26 The Executive Director/Designee will be responsible to provide education and training to staff twice annually on Act 13. Documentation of training will be retained within the staff training binder.
3/17/26 Effective 3/19/26 The Executive Director shall be responsible for recording and auditing all Act 13 reports. Charting will be kept that includes date/time reported to APS, and DHS, staff person involved in allegation and immediate action taken by Executive Director to include plan of supervision submitted or immediate suspension. Auditing of charting will be done monthly for 6 months. Compliance goal 100%

Licensee's Proposed Overall Completion Date: *03/17/2026*

Implemented [redacted] - 03/26/2026)

16c Incident reporting

3. Requirements

2800.
16.c. The residence shall report the incident or condition to the Department's assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] during the 6:00 a.m. to 2:00 p.m. shift, direct care staff person A notified direct care staff person of bruising of an unknown origin on the left upper arm of resident [redacted] and allegations that a "large black woman with glasses did it." The allegations were reported to direct care staff person C, the residence's assistant director of resident services. However, the incident of alleged abuse was not reported to the Department's personal care home regional office or the Department's personal care home complaint hotline within 24 hours in a manner designated by the Department and was not reported until 2/13/26 at approximately 2:00 p.m.

On [redacted] during the 6:00 a.m. to 2:00 p.m. shift, direct care staff person D indicated direct care staff person E pushed resident [redacted] two times, the first push with one arm and the second push with both arms, down onto a couch in resident living unit [redacted] in the residence's special care unit. This incident of alleged abuse was reported to direct care staff person F, the residence's Executive Director. However, the incident of alleged abuse was not reported to the Department's personal care home regional office or the Department's personal care home complaint hotline within 24 hours in a manner designated by the Department and as of the morning of [redacted] had not been reported to the Department.

16c Incident reporting *(continued)*

Plan of Correction ***Accept[redacted] - 03/19/2026)***

2/19/26 Staff person B was placed on unpaid Admin. Leave Staff member C had chosen to resign 2/3/26 without notice. Staff person E was a no call/no show on 2/13/26 and terminated. 3/6/26 Staff person B terminated.
3/10/26 Staff were educated on Mandatory Abuse Reporting Policies and Reporting.
3/19/26 The Executive Director/Designee will be responsible to provide education and training to staff twice annually on Act 13. Documentation of training will be retained within the staff training binder
3/17/26 Beginning 3/17/26, The Executive Director will audit, prior to submission, each reportable incident for compliance with 2800.16c. Executive Director will date and initial each report after auditing. This new policy will remain in effect for 4 months and then audit monthly for 4 months.

Licensee's Proposed Overall Completion Date: *03/17/2026*

Implemented[redacted] - 03/26/2026)

42s Privacy - self/possessions

4. Requirements

2800.
42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home's policy for the use of camera phones and recording devices by employees of the Assisted Living Residence indicated, "Due to the potential for issues such as invasion of privacy, sexual harassment and loss of productivity, as well as inappropriate disclosure of proprietary and confidential information, no Associate may use the camera function on any phone while performing work for the Company or in any work area ort location on company property not accessible to the general public, unless all parties in the photo/video have consented and the device was provided to you by the Company and is used solely for legitimate business purposes." However, on[redacted] direct care staff person B shared multiple photographs from their mobile device to the social media platform known as Facebook including photographs of a resident's lower set of dentures and catheter bag on the floor of an unknown resident's room.

Plan of Correction ***Accept[redacted] - 03/19/2026)***

2/19/26 Staff person B was placed on unpaid Admin Leave and terminated 3/6/26.
2/25/26 Executive Director educated all staff on the company policy that addresses usisng personal cell phones in the work place.
3/11/2026 Executive Director / Designee will repeat the education monthly on the policy outlining cell phone use in the workplace and the resident right to privacy for the next 90 days. To be completed 6/11/26
3/17/26 Starting 3/18/26 The Executive Director/designee will include the education bi monthly as part of new hire orientation. This will be an on going policy and will be monitored monthly by Executive Director.

Licensee's Proposed Overall Completion Date: *03/19/2026*

Implemented[redacted] - 03/26/2026)

141a Medical evaluation

5. Requirements

2800.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

Description of Violation

Resident [redacted] was admitted on [redacted] however, the resident's initial medical evaluation was dated [redacted]

Plan of Correction ***Accept [redacted] - 03/16/2026)***

2/28/26 Executive Director educated admissions staff on the gudelines for DME's per 2800.141a.
3//4/26 Executive Director communicated to admissions and clinical staff that all DME's must be approved by Executive Director and/or Resident Services Director (DON) prior to admitting all new residents.
3/6/26 Resident Services Director / Designee will audit all current DME's for compliance Audits will begin 3/6/26, Audits will be completed by 3/30/26. Audits will be performed monthly for 3 months on all new admissions.

Licensee's Proposed Overall Completion Date: *03/30/2026*

Implemented [redacted] 03/26/2026)

141b1 Annual medical evaluation

6. Requirements

2800.
141.b. A resident shall have a medical evaluation:
1. At least annually.

Description of Violation

Resident [redacted]s annual medical evaluation, dated [redacted] did not indicate the resident's needs can be met safely at the Assisted Living Residence.

Plan of Correction ***Accept [redacted] - 03/16/2026)***

3/5/26 Medical Director initialed the appropriate boxes that were missed when the DME dated 11/18/2025 was completed.
3/3/26 Executive Director coached Clinical Director on the importance of ensuring the Medical director completes all sections of the DME.
3/6/26 Resident Services Director / Designee will audit all current DME's for compliance Audits will begin 3/6/26, Audits will be completed by 3/30/26. Audits will be performed monthly for 3 months on all new admissions.

Licensee's Proposed Overall Completion Date: *03/30/2026*

Implemented [redacted] - 03/26/2026)

224a2 30 days prior to admission

7. Requirements

2800.
224.a.2. An individual shall have a written initial assessment that is documented on the Department's assessment form within 30 days prior to admission unless one of the conditions contained in paragraph (3) apply.

Description of Violation

There was no initial assessment for resident [redacted] admitted to the residence's special care unit (SCU) on [redacted]

224a2 30 days prior to admission *(continued)*

Plan of Correction ***Accept [redacted] - 03/19/2026)***

3/1/26 Preadmission initial assessment was located in the resident's chart in the plastic sleeve with the DME.
3/3/26 Clinical Manager audited files of residents admitted since [redacted]
3/18/26 The Resident Services Director/designee will perform an initial assessment on all new residents prior to ten days of admission. A monthly assessment log that includes assessment and move in date will be maintained by the Resident Services Director/designee.
A bi-weekly audit of this log will be conducted by the Resident Services Director/designee for 4 mths, then monthly, to maintain ongoing compliance with 224a.2. Any deficiencies' found will be corrected immediately.

Licensee's Proposed Overall Completion Date: *03/19/2026*

Implemented [redacted] - 03/26/2026)

224a5 Written initial assessment

8. Requirements

2800.
224.a.5. The written initial assessment must, at a minimum include the following:
viii. The individual's ability to evacuate from the residence.

Description of Violation

Resident [redacted]s initial assessment, dated [redacted], indicated the resident was assessed as moderate mobility, however, the resident was admitted to the residence's special care unit (SCU) on [redacted] and requires total physical assistance to evacuate in an emergency from one or more staff persons.

Plan of Correction ***Accept [redacted] - 03/16/2026)***

3/5/26 Medical Director corrected and initialed the assessment for Resident [redacted] to indicated they were totally immobile.
3/5/26 Clinical Manager audited files of residents admitted since [redacted]
3/6/26 Resident Services Director/Designee will audit all resident charts for completion and assemble charts so all documents can be easily located. This will be completed by 3/30/2026 Audits will be done monthly for 3 months.

Licensee's Proposed Overall Completion Date: *03/30/2026*

Implemented [redacted] - 03/26/2026)

224c1 Initial SP-30 days prior/adm

9. Requirements

2800.
224.c.1. An individual requiring services shall have a written preliminary support plan developed within 30 days prior to admission to the residence unless one of the conditions contained in paragraph (2) applies.

Description of Violation

There was no preliminary support plan for resident [redacted] admitted to the residence's special care unit (SCU) on [redacted]

Plan of Correction ***Accept [redacted] - 03/16/2026)***

3/5/26 RN completed assessment for resident [redacted]
3/5/26 Clinical Manager audited files of residents admitted since [redacted]
3/6/26 Resident Services Director/Designee will audit all resident charts for completion and assemble charts so all documents can be easily located. This will be completed by 3/30/2026 Audits will be done monthly for 3 months.

224c1 Initial SP-30 days prior/adm *(continued)*

Licensee's Proposed Overall Completion Date: *03/30/2026*

Implemented [redacted] - 03/26/2026)

225a2 Assessment – significant change

10. Requirements

2800.
225.a.2. 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: If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [redacted]s significant change assessment, dated [redacted] indicated the resident was assessed as minimal mobility, however, the resident was admitted to the residence's special care unit (SCU) on [redacted] and requires total physical assistance to evacuate in an emergency from one or more staff persons.

Plan of Correction ***Accept [redacted] - 03/16/2026)***

3/5/26 Medical Director corrected and initialed the assessment for Resident [redacted] to indicated they were totally immobile.
3/5/26 Clinical Manager audited files of residents admitted since [redacted]
3/6/26 Resident Services Director/Designee will audit all resident charts for completion and assemble charts so all documents can be easily located. This will be completed by 3/30/2026 Audits will be done monthly for 3 months.

Licensee's Proposed Overall Completion Date: *03/30/2026*

Implemented [redacted] 03/26/2026)

227a Final support plan – 30 days

11. Requirements

2800.
227.a. Each resident requiring services shall have a written final support plan developed and implemented within 30 days after admission to the residence. The final support plan shall be documented on the Department's support plan form.

Description of Violation

There was no final support plan for resident [redacted] admitted to the residence's special care unit (SCU) on [redacted].

Plan of Correction ***Directed [redacted] - 03/19/2026)***

3/5/26 RN completed a final assessment for resident [redacted]
3/5/26 Clinical Manager audited files of residents admitted since [redacted]
3/18/26 The Resident Services Director/designee will complete a final support support plan on all new residents within fifteen days of admission. A monthly assessment log that includes initial assessment ,move in date and final support plan date will be maintained by the Resident Services Director/designee.
A bi-weekly audit of this log will be conducted by the Resident Services Director/designee for 4 mths, then monthly, to maintain ongoing compliance with 227a. Any deficiencies' found will be corrected immediately.

Proposed Overall Completion Date: 03/19/2026

227a Final support plan – 30 days (continued)

DIRECTED

Within one day of receipt of the plan of correction: The administrator shall complete a final support plan for resident [redacted] 3/19/26 [redacted]

Directed Completion Date: *03/19/2026*

Implemented [redacted] - 03/26/2026)

231c1 Preadmit screening

12. 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.

Description of Violation

The preadmission screening form for resident [redacted] admitted to the residence's special care unit (SCU) on [redacted] was completed on [redacted].

The preadmission screening form for resident [redacted] admitted to the residence's special care unit (SCU) on [redacted], did not clearly determine that the resident required the services of a special care unit, and could be served in the unit operated by this residence. The form also indicated that the resident did not need the services of a special care unit and may be served in a less restrictive setting, and that the resident did require the services of a special care unit, but cannot be served in the residence due to the resident's level of need.

REPEAT VIOLATION [redacted] et. al.

Plan of Correction ***Accept ([redacted] 03/19/2026)***

3/5/26 Executive Director addressed with the Clinical Director the importance of following the guidelines of 231C1.
3/5/26 Medical Director corrected and initialed the pre-admission screening tool for Resident [redacted]
3/5/26 Executive Director coached Clinical Director on the importance of ensuring the Medical director completes all sections correctly in the preadmission screen tool
3/6/26 Resident Services Director/Designee will audit all resident charts for completion and assemble charts so all documents can be easily located. This will be completed by 3/30/2026 Audits will be done monthly for 3 months.
3/18/26 Effective 3/19/26 the Resident Services Director/designee will audit all new admission forms including the Cognitive Preadmission Screening Form prior to the resident moving into the SCU. This audit will verify forms were completed completely and correctly within 72 hrs of admission . Any deficiencies found will be corrected immediately. Executive Director will verify the audit was completed before giving the approval for admission. This will be an ongoing audit to maintain compliance with 231c.1

Licensee's Proposed Overall Completion Date: *03/19/2026*

Implemented [redacted] - 03/26/2026)