pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **TAPESTRY MOON LLC**
LEGAL ENTITY

To operate **TAPESTRY SENIOR LIVING MOON TOWNSHIP**
NAME OF FACILITY OR AGENCY

Located at **550 CHERRINGTON PARKWAY, CORAOPOLIS, PA 15108**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Assisted Living-Special Care**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **210**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Special Care Unit - 55 Pa.Code §§ 2800.231-239 - Capacity 71**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2800: Assisted Living Residences
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **August 26,** **2026** until **August 26,** **2027**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **450090**

ISSUING OFFICER

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 04/23

Pennsylvania
Department of Human Services

Emailing Date: August 26, 2026

[redacted]
Tapestry Moon LLC
[redacted]

RE: Tapestry Senior Living Moon Township
550 Cherrington Parkway
Coraopolis, Pennsylvania 15108
License #: 450090

[redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on May 4, 2026, May 5, 2026, May 13, 2026, and July 17, 2026, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

Facility Information

Name: *TAPESTRY SENIOR LIVING MOON TOWNSHIP* **License #**: *45009* **License Expiration**: *09/06/2026*

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 Twp*

Staffing Hours

Resident Support Staff: *66* **Total Daily Staff**: *236* **Waking Staff**: *177*

Inspection Information

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

Reason: *Renewal, Complaint, Provisional, Incident* **Exit Conference Date**: *05/13/2026*

Inspection Dates and Department Representative

05/04/2026 - On-Site: [redacted]
05/05/2026 - On-Site:
05/13/2026 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *210* **Residents Served**: *104*

Special Care Unit

In Residence: *Yes* **Area**: *1, 2, 3* **Capacity**: *71* **Residents Served**: *45*

Hospice

Current Residents: *11*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *104*

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

Have Mobility Need: *66* **Have Physical Disability**: *0*

Inspections / Reviews

05/04/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/15/2026*

Inspections / Reviews *(continued)*

06/18/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *06/23/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *06/24/2026*

08/14/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/23/2026*

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

51 Criminal background checks

1. Requirements

2800.
51.a. Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101 10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Direct care staff person A, hired [redacted] did not have documentation to verify that [redacted] was a resident of Pennsylvania two-years prior to employment and no Federal background check in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Plan of Correction ***Accept [redacted] - 06/18/2026)***

5/4/26- While inspectors were in the building, Executive Director located the full criminal background check that included fingerprints and search results from U.S. Dept of Justice. Staff person A had no criminal background.
5/14/26 A complete audit of staff files was conducted by business office director to ensure each empoyee had the proper clearance per 2800.51. A new hire checklist was put into place for all future new hires.
6/15/26 Executive Director/desinee shall ensure that each newly hired employee meet the requirements of 2800.51 so that compliance is maintained. A monthly audi of employee files will be conducted for employees hired after 6/1/26 for 4 months.

Licensee's Proposed Overall Completion Date: *06/17/2026*

Implemented [redacted] - 08/14/2026)

65e Rights/Abuse 40 Hours

2. Requirements

2800.
65.e. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
4. Reporting of reportable incidents and conditions.

Description of Violation

Direct care staff person A, hired [redacted] worked in excess of forty-hours as of [redacted] at 10:54 a.m., however, did not receive orientation on the reporting of reportable incidents and conditions.

Direct care staff person C, hired [redacted] worked in excess of forty-hours as of [redacted] at 10:54 a.m., however, did not receive orientation on the reporting of reportable incidents and conditions.

Plan of Correction ***Accept [redacted] - 06/18/2026)***

6/1/26 Staff person B was given training on reportable incidents. Staff person C had been terminated pryor to LIS so no additional training could be given.
5/21/26 Staff records were audited for Relias Training to ensure all staff had training on reportable incidents and reporting of reportable incidents and conditions..
6/1/26 Exeutive Director/Business Office Diretor shall ensure and audit all new hire staff files, after each new hire orientation, for Relias training on reportable incidents and conditions.. Ongoing.

Licensee's Proposed Overall Completion Date: *06/17/2026*

65e Rights/Abuse 40 Hours *(continued)*

Implemented [redacted] - 08/14/2026)

65j Annual training content

3. Requirements

2800.
65.j. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.708).

Description of Violation

Ancillary staff person D, hired [redacted], did not receive the required training for fire safety and Older Adult Protective Services Act (35 P. S. §§ 10225.101 – 10225.708) during the training year [redacted] to [redacted] completed by a fire safety expert or by a staff person trained by a fire safety expert.

Direct care staff person E, hired [redacted] did not receive the required training for fire safety and meeting the needs of the residents using the ADME and ASP training during the training year [redacted] to [redacted] completed by a fire safety expert or by a staff person trained by a fire safety expert.

Direct care staff person C, hired [redacted], did not receive the required annual training during the training year [redacted] to [redacted] for Older Adult Protective Services Act (35 P. S. §§ 10225.101 – 10225.708).

Plan of Correction ***Accept [redacted] - 06/18/2026)***

6/15/26 Staff person D and staff person E were given training in fire safety; Staff person E was given training in meeting the needs of the resident including ADME and ASP. Staff person C was terminated prior to LIS so not additional training could be given.
6/15/25 The Business Office Director has implemented a Relias All Staff Training template to be completed annually. All staff training by a Fire Safety Expert for 2026 is scheduled for September 26,2026. Executive Director will ensure both staff person D and staff person E will attend the training.
6/15 The Business Office Director shall audit 25 active employee files monthly, until all are completed, to verify annual training has been completed. A report will be given to Executive Director for monitoring.

Licensee's Proposed Overall Completion Date: *06/17/2026*

Implemented [redacted] - 08/14/2026)

69 Dementia training

4. Requirements

2800.
69. Additional Dementia Specific Training Administrative staff, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall receive at least 4 hours of dementia specific training within 30 days of hire and at least 2 hours of dementia specific training annually thereafter in addition to the training requirements of this chapter.

Description of Violation

Direct care staff person C, hired [redacted] had only 3 of the required 4 hours of dementia training completed within

69 Dementia training (continued)

30 days of [redacted] hire date.

REPEAT VIOLATION [redacted]

Plan of Correction ***Accept [redacted] - 06/18/2026)***

6/15/26 Staff person C was terminated prior to receipt of LIS so no additional training could be given.
6/15/26 To prevent training gaps for required dementia training, the Business Office Director updated the Relias Training template for all staff training and new hire orientation training to include a 4hour dementia training block.
6/15/26 The Business Office Director shall perform monthly audits of 100% of all new hire files for 6 months to confirm the 4hour dementia training block has been completed. The audit results will be given to the Executive Director and be included in the monthly QA report.

Licensee's Proposed Overall Completion Date: *06/17/2026*

Implemented [redacted] - 08/14/2026)

88a Floors, walls, ceilings, windows, doors

5. Requirements

2800.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On [redacted] at approximately 11:44 a.m. in resident's room [redacted] belonging to resident [redacted] the 4" rubber cove baseboard on the partition wall of the bathroom entry way was pulled off exposing the metal drywall corner bead and chunks of drywall plaster laying on the floor.

On [redacted] at approximately 12:06 p.m. in resident's room [redacted] belonging to resident [redacted] the 4" rubber cove baseboard on the partition wall of the bathroom entry way was pulled off exposing the metal drywall corner bead and chunks of drywall plaster laying on the floor.

On [redacted] at approximately 12:21 p.m. in resident's room [redacted] belonging to resident [redacted] the 4" rubber cove baseboard on the partition wall of the bathroom entry way was pulled off exposing the metal drywall corner bead and chunks of drywall plaster laying on the floor.

Plan of Correction ***Accept ([redacted] 06/18/2026)***

5/15/26 The Maintenance Director inspected the resident rooms identified as needing repairs to the corners and cove base. The areas were filed down so no sharp areas were exposed. A materials list was prepared and ordered to complete repair. A walk thru was conducted by the Maintenance Director to identify any other areas that may need repaired. if any other areas existed.
5/28/26 The areas that needed repaired in rooms [redacted], were completed by the Maintenance Director. New corner beads and cove base was installed.
6/15/26 To ensure continued compliance, the Maintenance Tech/designee shall do a monthly walk through to identify any areas that may have been damaged by resident wheelchairs. Maintenance personnel will give a report to Executive Director so the areas can be scheduled for immediate repair. Ongoing.

Licensee's Proposed Overall Completion Date: *06/17/2026*

88a Floors, walls, ceilings, windows, doors *(continued)*

Implemented [redacted] 08/14/2026)

101j7 Lighting/operable lamp

6. Requirements

2800.
101.j. Each resident shall have the following in the living unit:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

At approximately 11:44 a.m. in resident's room [redacted] belonging to resident [redacted] the light next to the bed on the bedside table did not light and was plugged in.

At approximately 11:44 a.m. in resident's room [redacted] belonging to resident [redacted] the light next to the bed on the bedside table did not light and was plugged in.

REPEAT VIOLATION [redacted]

Plan of Correction ***Accept [redacted] - 06/18/2026)***

5/15/26 New light bulbs were put into lamps at bedside of resident in rooms [redacted] and [redacted]
6/4/26 Executive Director created a new form to be used weekly by housekeeping staff. During routine room cleaning, bedside lamp will be tested to verify light bulb still lights.. Room information will be documented on form and given to Executive Director every Friday. For residents who do not wish to have a bedside lamp, a puck style lamp will mounted within arms length of the bed. Lights will be tested weekly the same as the bedside lamps.
6/15/26 Executive Director shall verify the weekly audits are being completed by reviewing the forms. Executive Director shall also do weekly spot checks ,per floor, during daily walk thru to check for working lamps at bedside. These documented audits and forms will be kept for 90 days at a time.

Licensee's Proposed Overall Completion Date: *06/17/2026*

Implemented [redacted] - 08/14/2026)

183e Storing Medications

7. Requirements

2800.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident [redacted] is prescribed [redacted] - instill 1 drop into both eyes every 8 hours as needed for dry eyes. The date of [redacted] indicated the open date of the bottle; however, the product is only good for 90 days after opening. This prescription expired on [redacted]

Resident [redacted], is prescribed [redacted], instill one drop in each eye at bedtime for dry eye care, however there was no indication or a sticker of when the bottle had been opened.

Plan of Correction ***Accept [redacted] - 06/18/2026)***

5/5/26 Resident Services Director removed expired eyedrops from the med carts. The pharmacy was contacted to

183e Storing Medications (continued)

obtain a refil for Resident [redacted] eyedrops and Resident [redacted] eye ointment.
5/7/26 Pharmacy completed an audit of all medications in the community.Quartly med cart audits will be conducted by the pharmacy. During the monthly med cycle fill, the open dates are rviewed with the pharmacy and communty staff.
5/8/26 Resident Services Director completed med cart audits to ensure continued compliance with 183e.
6/12/26 Resident Services Director conducted a training session with all medication techs on 183e.
6/15/25 Monthly med cart audits will be completed by community staff. Quarterly med cart audits will be completed by Resident Services Director/designee. Audit results to be kept and reviewed during monthly QA meeting .

Licensee's Proposed Overall Completion Date: *06/17/2026*

Implemented [redacted] - 08/14/2026)

184a Resident meds labeled

8. Requirements

2800.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident [redacted], is ordered [redacted] that was kept inside a plastic bag with a pharmacy label that stated the following inject per sliding scale with every meal (three times a day) <70 [redacted] units." However, the pharmacy label on the plastic bag did not include the sliding scale administration range of [redacted] as was indicated on the medication administration record (MAR) entry for this medication.

Resident [redacted], is prescribed [redacted] take 1 tablet by mouth every morning before breakfast. Take [redacted] and [redacted]. However, the medication administration record (MAR) indicates the resident is to take only on Saturday and Sunday.

Resident [redacted] is prescribed [redacted] apply to skin surrounding the affected area on left dorsal foot Dx: Wound care, however, the label does not indicate the frequency of medication administration.

Resident [redacted], is prescribed [redacted], give 1 tablet by mouth twice a day as needed for congestion, however the blister pack on the cart has a prescription label indicating take one tablet by mouth every 12 hours for congestion.

REPEAT VIOLATION [redacted]

Plan of Correction ***Accept [redacted] - 06/18/2026)***

5/5/26 Resident Services Director received order clarification on Resident # [redacted] & [redacted] from MD.
5/5/26 Resident Services Director contacted the pharmacy to correct the medication labels to match the MAR's for residents [redacted] & [redacted]. New medications and labels were received from the pharmacy. MAR was corrected.
5/7/26 Pharmacy completed an audit of all mediations in the community.
5/8/26 Resident Services Director completed med cart audits to ensure compliance with 184a.
Monthly cart audits will be completed by community staff and Qtrly cart audits will be completed by the pharmacy

184a Resident meds labeled (continued)

to ensure continued compliabnce with 184a
6/12/26 Resident Services Director completed training with med techs on the 5 rights of medication administration. matching med labels and MARS and 184a Audit results will be kept and reviewed at monthly QA mtg.

Licensee's Proposed Overall Completion Date: *06/17/2026*

Implemented [redacted] - 08/14/2026)

185a Storage procedures

9. 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

On [redacted] at approximately 11:44 a.m., resident [redacted]s, [redacted] was not calibrated and properly set to the current date/time and was displaying the date of [redacted] and time of 6:44 p.m.

On [redacted] at 4:22 p.m. resident [redacted] glucometer indicated a blood glucose reading of [redacted]. However, resident [redacted]s May 2026 medication administration record documented a blood glucose reading of [redacted] mg/dl on [redacted] at dinner.

On [redacted] at 8:15 p.m. resident [redacted], glucometer indicated a blood glucose reading of [redacted] mg/dl. However, resident [redacted] May 2026 medication administration record documented a blood glucose reading of [redacted] mg/dl on [redacted] at bedtime.

On [redacted] at 7:28 a.m. resident [redacted] glucometer indicated a blood glucose reading of [redacted] mg/dl. However, resident [redacted] May 2026 medication administration record documented a blood glucose reading of [redacted] mg/dl on [redacted] at breakfast.

Resident [redacted] is prescribed [redacted] insert one suppository rectally as needed for constipation if milk of mag is ineffective, no BM notify MD. However, the medication was not available in the residence or located in the medication cart.

Resident [redacted], is prescribed [redacted], give 5ml by mouth every 12 hours as needed. However, the medication was not available in the residence or located in the medication cart.

Resident [redacted] is prescribed [redacted], apply barrier cream to buttocks as needed for soilage. However, the medication was not available in the residence or located in the medication cart.

Resident [redacted], is prescribed [redacted], give 1 capsule by mouth after every loose stool, however the medication was not available in the residence or located in the medication cart.

REPEAT VIOLATION [redacted]

Plan of Correction ***Accept [redacted] 06/18/2026)***

5/5/26 Resident Services Director recalibrated glucometers for Resident [redacted] and recalibrated all glucometers in the med carts for compliance with 185a. An order was obtained from MD to discontinue Resident [redacted]

185a Storage procedures (continued)

suppository due to non use. Also obtained a refill from pharmacy for Resident [redacted]s Delsym and Calmoseptine ointment. and Resident [redacted] Loperamide.
5/7/26 All mediation techs received annual Diabetic Training from a Certified Diabetic Trainer in accordance with 185a.
6/12/26 Resident Services Director inserviced all Med Techs and Community Nurses on 185e ,documentation of blood glucose monitoring and timely input and accuracy.
Monthly cart audits will be completed by community staff and Qtrly cart audits will be completed by the pharmacy to ensure continued compliance with 185a.

Licensee's Proposed Overall Completion Date: *06/17/2026*

Implemented [redacted] - 08/14/2026)

187a Medication record

10. 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 [redacted] is prescribed [redacted] apply to skin surrounding the affected area on left dorsal foot Dx: Wound care, however, the medication administration record (MAR) does not indicate the frequency of medication administration and application.

Resident [redacted], is prescribed [redacted] replacement for Ibandronate dated [redacted]. The box had 2 of 4 tablets remaining with a label indicating to start one month after finishing [redacted]. Take 1 tablet PO weekly in the morning before first food/drink with a full glass of...water remain upright for 30 min & wait 30 min before eating/drinking, however, there is no entry for this on the medication administration record.

On [redacted] at approximately 10:55 a.m., a box of [redacted] instill 1 drop in both eyes nightly for resident [redacted], was in the medication cart, however, there is no entry for this on the medication administration record.

REPEAT VIOLATION[redacted]

187a Medication record *(continued)*

Plan of Correction ***Accept [redacted] - 06/18/2026)***

5/5/26 Resident Services Director obtained clarification from MD on orders for Resident [redacted] and [redacted] The pharmacy was also contacted to correct the medication label to match the MAR for Residents [redacted] an [redacted]. Corrected medications and labels were received on 5/6/26
5/7/26 Pharmacy completed an audit of all community medications. Pharmacy will complete Qrtly medication audits. Monthly audits will be completed by community staff. Medication labels and MARs are reviewed with pharmacy to ensure compliance with 187a.
5/8/26 Resident Services Director completed medication cart audits to ensure compliance with 187a
6/12/26 Resident Services Director completed training with med techs on the 5 rights of medication administration. matching med labels and MARS and 184a Audit results will be kept and reviewed at monthly QA mtg.
Monthly cart audits will be completed by community staff and Qtrly cart audits will be completed by the pharmacy to ensure continued compliance with 187a.

Licensee's Proposed Overall Completion Date: *06/17/2026*

Implemented [redacted] - 08/14/2026)

191 Resident right to refuse

11. Requirements

2800.
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 [redacted] 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 [redacted] 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 [redacted] 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 [redacted] 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 [redacted] 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 [redacted] 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 [redacted] 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 [redacted] admitted [redacted] has not been educated to the resident's right to refuse medication if the resident

191 Resident right to refuse (continued)

believes that there may be a medication error.

Plan of Correction ***Accept [redacted] - 06/18/2026)***

5/7/26 Executive Director clarified with corp office when the change in the residency agreement occurred that created the omission in the Resident Rights documentation. Resident files were audited and a corrected page that addressed the right to refuse medications was reviewed and signed with the residents and placed in the resident file.
5/7/26 The residency agreement was corrected to reflect the right to refuse medications and will be used for all new resident move-in's from 5/7/26 and forward.
6/15/26 The Executive Director shall verify that all residency agreements contain the corrected resident rights documentation and is being included when the agreement is signed. Business Office Director will conduct monthly audits on all new residency agreements for 4 mths. and then annually.

Licensee's Proposed Overall Completion Date: *06/17/2026*

Implemented [redacted] 08/14/2026)

Facility Information

Name: *TAPESTRY SENIOR LIVING MOON TOWNSHIP* **License #**: *45009* **License Expiration**: *09/06/2026*

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: *C-1* **Date**: *01/31/1985* **Issued By**: *PA Dept of Health*

Staffing Hours

Resident Support Staff: *66* **Total Daily Staff**: *237* **Waking Staff**: *178*

Inspection Information

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

Reason: *Complaint, Monitoring* **Exit Conference Date**: *07/17/2026*

Inspection Dates and Department Representative

07/17/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *210* **Residents Served**: *105*

Special Care Unit

In Residence: *Yes* **Area**: *1, 2, 3* **Capacity**: *71* **Residents Served**: *44*

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *105*

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

Have Mobility Need: *66* **Have Physical Disability**: *0*

Inspections / Reviews

07/17/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/14/2026*

08/07/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/13/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/10/2026*

Inspections / Reviews *(continued)*

08/07/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *08/13/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/17/2026*

08/14/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/13/2026*

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

65e Rights/Abuse 40 Hours

1. Requirements

2800.
65.e. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
2. Emergency medical plan.
4. Reporting of reportable incidents and conditions.
6. Core competency training that includes the following:
i. Person-centered care.
ii. Communication, problem solving and relationship skills.
iii. Nutritional support according to resident preference.

Description of Violation

Direct care staff person A, hired [redacted], worked in excess of forty-hours as of [redacted] at 11:00 a.m., however, did not receive an orientation that included the following:
(2) Emergency medical plan.
(4) Reporting of reportable incidents and conditions.
(5) Safe management techniques.
(6) Core competency training that includes the following:
i. Person-centered care.
ii. Communication, problem solving and relationship skills.
iii. Nutritional support according to resident preference.

Plan of Correction ***Accept [redacted] - 08/07/2026)***

1. On 8/10/2026 Direct care staff person A will be trained on the requirements of 2800 65e by Resident Services Director. Direct care staff person A is on a scheduled vacation until 8/10/2026.
2. On 7/23/2026 Resident Services Director revised training plan for all new hires on Relias Learning to include the requirements of 2800 65e and due date within 40 scheduled working hours for direct care staff, ancillary staff, substitute personnel and volunteers.
3. On 7/29/2026 Resident Services Director in-serviced Business Office Director and all department heads on what the training requirements of 2800 65e are outlined.
4. Business Office Director, or designee to complete audit of all existing staff's new hire training to ensure that staff have met the training requirements of 2800 65e by 8/14/2026.
5. Business Officer Director, or designee to ensure all existing staff's new hire training is completed by 9/1/2026 to ensure compliance with 2800 65e.
6. Effective 8/7/2026 Business Officer Director, or designee to complete New Hire Training Checklist upon hire for all new hires to ensure completion of requirements of 2800 65e.
7. Resident Services Director to audit New Hire Training Checklist's monthly to ensure completion of requirements of 2800 65e.
8. All audits will be reviewed at monthly QA meeting on the 2nd Thursday of each month to ensure compliance with 2800 65e.
9. All records to be kept.

Licensee's Proposed Overall Completion Date: *08/10/2026*

Implemented [redacted] - 08/14/2026)

65j Annual training content

2. Requirements

2800.
65.j. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.708).

Description of Violation

Direct care staff person B, hired [redacted] did not receive training on the following during the [redacted] training year:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.

4. The Older Adult Protective Services Act (35 P.S. 10225.101 – 10225.708).

Ancillary staff person C, hired [redacted], did not receive training on fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during the [redacted] training year.

Plan of Correction ***Accept [redacted] 08/07/2026)***

1. On 8/7/2026 Resident Services Director provided training to Ancillary Staff Person C on Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, to meet the requirements of 2800 65j.
2. On 08/10/2026 Resident Services Director to provide training to Direct Care Staff Person B on next scheduled shift on Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, to meet the requirements of 2800 65j.
3. Resident Services Director and Environmental Services Director are staff person's trained by a fire safety expert.
4. On 8/10/2026 Resident Services Director to provide training to Direct Care Staff Person B on next scheduled shift on The Older Adult Protective Services Act, to meet the requirements of 2800 65j.
5. On 7/23/2026 Resident Services Director revised training plan for all staff on Relias Learning for Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually on the requirements of 2800 65j.
6. On 7/29/2026 Resident Services Director in-serviced Business Office Director and all department heads on what the training requirements of 2800 65j are outlined.
7. Business Office Director, or designee to complete audit of all existing staff's annual training to ensure that staff have met the training requirements of 2800 65j by 8/14/2026.
8. Business Officer Director, or designee to ensure all existing staff's annual training is completed by 9/1/2026 to ensure compliance with 2800 65j.
9. Business Office Director, or designee to audit monthly that all staff's annual training is completed annually by hire date to ensure compliance with 2800 65j.
10. Resident Services Director, or designee to audit quarterly that all staff annual training is completed annual by hire date to ensure compliance with 2800 65j.
11. All audits will be reviewed at monthly QA meeting on the 2nd Thursday of each month to ensure compliance with 2800 65j.
12. All records to be kept.

Licensee's Proposed Overall Completion Date: *08/10/2026*

Implemented [redacted] 08/14/2026)

69 Dementia training

3. Requirements

2800.
69. Additional Dementia Specific Training Administrative staff, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall receive at least 4 hours of dementia specific training within 30 days of hire and at least 2 hours of dementia specific training annually thereafter in addition to the training requirements of this chapter.

Description of Violation

Direct care staff person A, hired [redacted] only has 3 of the 4 hours of the required dementia training within the first 30 days of hire.

Plan of Correction ***Accept [redacted] - 08/07/2026)***

1. On 8/10/2026 Direct care staff person A will be trained on the requirements of 2800 69 by Resident Services Director. Direct care staff person A is on a scheduled vacation until 8/10/2026.
2. On 7/23/2026 Resident Services Director revised training plan for all new hires and annually on Relias Learning to include the requirements of 2800 69 Additional Dementia-Specific Training.
3. On 7/29/2026 Resident Services Director in-serviced Business Office Director and all department heads on what the training requirements of 2800 69 are outlined.
4. Business Office Director, or designee to complete audit of all existing staff's new hire training to ensure that staff have met the training requirements of 2800 69 by 8/14/2026.
5. Business Officer Director, or designee to ensure all existing staff's annual training is completed by 9/1/2026 to ensure compliance with 2800 69.
6. Effective 8/6/2026 Business Officer Director, or designee to complete New Hire Training Checklist upon hire for all new hires to ensure completion of requirements of 2800 69.
7. Resident Services Director to audit New Hire Training Checklist's monthly to ensure completion of requirements of 2800 69.
8. Business Office Director, or designee to audit monthly that all staff's annual training is completed annually by hire date to ensure compliance with 2800 69.
9. Resident Services Director, or designee to audit quarterly that all staff annual training is completed annually by hire date to ensure compliance with 2800 69.
10. All audits will be reviewed at monthly QA meeting on the 2nd Thursday of each month to ensure compliance with 2800 69.
11. All records to be kept.

Licensee's Proposed Overall Completion Date: *08/10/2026*

Implemented ([redacted] - 08/14/2026)

85a Sanitary conditions

4. Requirements

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

Description of Violation

On [redacted] at approximately 12:09 p.m., the 2nd floor memory care elevator vestibule area had an uncovered gray 30-gallon plastic trash can on wheels with the lid on the floor and 2 used purple rubber medical gloves laying on the floor next to the garbage can and 1 used purple rubber medical glove lying on the top rim of the garbage can. Sitting next to the garbage can was a yellow mop bucket on wheels with a mop sitting in a half-filled bucket of dirty mop water.

On [redacted] at approximately 12:10 p.m., the 3rd floor memory care elevator vestibule area had an uncovered gray

85a Sanitary conditions (continued)

30-gallon plastic trash can on wheels with the lid on the floor and 2 used purple rubber medical gloves laying on the floor next to the garbage can. Sitting next to the garbage can was a yellow mop bucket on wheels with a mop sitting in a half-filled bucket of dirty mop water.

Plan of Correction ***Accept[redacted] - 08/07/2026)***

1. On 8/4/2026 upon receiving Licensing Inspection Summary, Resident Services Director inspected both areas and gloves were removed, lids were on trash cans and mop bucket was removed from both areas.
2. On 8/7/2026 Resident Services Director in-serviced all staff on requirements of 2800 85a.
3. Effective 8/7/2026 Environmental Services Director, or designee to complete daily walkthroughs of trash receptacle areas to ensure sanitary conditions in accordance with 2800 85a x 30 days and then all staff to follow normal policy and procedures for maintaining sanitary conditions as outlined in in-service of 2800 85a.
4. All records to be kept.

Licensee's Proposed Overall Completion Date: *08/07/2026*

Implemented[redacted] - 08/14/2026)

88a Floors, walls, ceilings, windows, doors

5. Requirements

2800.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On[redacted] at approximately 12:07 p.m., in resident's room[redacted] belonging to resident[redacted] the inside corner on the right-hand side of the front doorway is missing the corner piece of base molding. Plaster chunks are falling off of the wall and onto the carpeted floor.

On[redacted] at approximately 12:07 p.m., in resident's room[redacted] belonging to resident[redacted] the outside corner of the bathroom partition wall is missing the corner piece of moulding, and the cove base is peeling away from the wall.

Plan of Correction ***Accept[redacted] - 08/07/2026)***

1. On 8/7/2026, Environmental Services Director repaired areas in resident[redacted]s room.
2. On 8/7/2026, Resident Services Director in-serviced all staff on requirements of 2800 88a and who to report disrepair to.
3. Effective 8/7/2026 during housekeeper's weekly apartment cleaning, housekeepers are to note if resident's room is in any disrepair per the Regular Apartment Cleaning Checklist and report to the Environmental Services Director.
4. Environmental Services Director, or designee to do walkthrough of resident's room monthly to ensure resident's rooms are in compliance with 2800 88a in TELS – Preventative Maintenance System.
5. Resident Services Director to review monthly TELS reports from Environmental Services Director, or designee completes monthly room walkthroughs in accordance with 2800 88a.
6. All audits will be reviewed at monthly QA meeting on the 2nd Thursday of each month to ensure compliance with 2800 88a.
7. All records to be kept.

Licensee's Proposed Overall Completion Date: *08/07/2026*

Implemented[redacted] 08/14/2026)

191 Resident right to refuse

6. Requirements

2800.
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 [redacted] 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 [redacted] 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 [redacted] - 08/07/2026)***

1. On 8/7/2026 resident [redacted] and resident [redacted] were presented with an addendum to the residency agreement that states that the resident has the right to question or refuse a medication if the resident believes there may be a medication error.
2. By 8/7/2026 all resident's were presented with an addendum to the residency agreement that states that the resident has the right to question or refuse a medication if the resident believes there may be a medication error to ensure compliance with 2800 191.
3. By 8/14/2026 all addendums will be placed in each resident's contract and file.
4. On 8/7/2026 Resident Services Director in-serviced Business Office Director and Sales & Marketing Director and Sales Counselor and all department heads on 2800 191.
5. Effective 8/1/2026 [redacted] addendum has been adapted to the Residency Contract for all new admissions to ensure compliance with 2800 191.
6. All records to be kept.

Licensee's Proposed Overall Completion Date: *08/14/2026*

Implemented ([redacted] - 08/14/2026)