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

August 27, 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 07/17/2026 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**: *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*

08/27/2026 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] 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)