



SENT VIA EMAIL: [anne.giehl@tapestryseior.com](mailto:anne.giehl@tapestryseior.com)  
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MAILING DATE: April 21, 2020

Ms. Teresa Pawlina  
President  
Tapestry Companies, LLC  
2001 Killebrew Drive, Suite 100  
Minneapolis, Minnesota 55425

RE: Tapestry Senior Living Moon Township  
550 Cherrington Parkway  
Coraopolis, Pennsylvania 15108  
License #: 450091

Dear Ms. Pawlina:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 10, 2020, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Jon B. Kimberland".

Jon Kimberland  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

Received BHSL  
4/15/2020

## Facility Information

Name: *TAPESTRY SENIOR LIVING MOON TOWNSHIP* License Number: *45009*  
Address: *550 CHERRINGTON PARKWAY, CORAOPOLIS, PA 15108*  
County: *ALLEGHENY* Region: *WESTERN*

## Administrator

Name: *Anne Giehl* Phone: *4125079999* Email: *anne.giehl@tapestryseior.com*

## Legal Entity

Name: *TAPESTRY MOON LLC*  
Address: *2001 KILLEBREW DRIVE, SUITE 100, BLOOMINGTON, MN, 55425*

## Certificate(s) of Occupancy

Type: *I-1* Date: Issued By:

## Staffing Hours

Resident Support Staff: Total Daily Staff: *117* Waking Staff: *88*

## Inspection

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

## Inspection Dates and Department Representative

*03/10/2020 - On-Site: Karen Georgoulis*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *104* Residents Served: *72*

### Special Care Unit

In Home: *Yes* Area: *Floors 1-4* Capacity: *71* Residents Served: *33*

### Hospice

Current Residents: *5*

### Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *71*  
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *45* Have Physical Disability: *0*

16c Incident reporting

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 1/19/2020, at approximately 11:30 a.m., resident #1 had an unwitnessed fall, in his/her bedroom. The resident hit his/her head on the bracket of the track on the sliding closet door and received a laceration above his/her right eye. The emergency medical service was called, and the resident was transported to the hospital at approximately 11:58 a.m. The resident was admitted to the hospital with a head injury. The home did not report the incident to the Department until 3/3/2020.

Plan of Correction (POC)

Resident #1 did have an unwitnessed fall in the bedroom resulting in a small laceration above the eye that first aid was applied, the patient's blood pressure was very high 200/100 which was reason for the call to emergency medical services and family. Resident was verbal and oriented at time of transport to hospital therefore, a head injury beyond a minor cut was not indicated. Head injury was not communicated with facility by family or hospital staff, nor known by the facility until it was reported on 3/3/2020 by Executive Director.

The Resident Services Director/designee will review the nursing notes daily and communicate any incidents that require reporting per 2800.16a to the Executive Director. Executive Director/designee will file incident report to the department within 24 hours to maintain compliance with 2800.16c.

To ensure compliance, the Executive Director will audit nursing notes weekly to confirm everything was reported appropriately.



Anne Genel, Executive Director

4/15/2020

Legal Entity Representative

Signature

Printed Name and Title

Date

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The above plan of correction is approved as of 4/15/2020 Plan of correction implementation status as of 4/15/2020  
(Date) (Date)

The above plan of correction was approved by

  
(Initials)

Implemented  
 Not Implemented