



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: anne.giehl@tapestryseior.com
tpawlina@tapestrycompanies.com

MAILING DATE: June 24, 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 April 29, 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, appearing to read "Jason Williams".

Jason Williams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

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

License Number: 45009

Administrator

Name: ANNE GIEHL Phone: 4125079999 Email: anne.giehltapestryseior.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: 0 Total Daily Staff: 112 Waking Staff: 84

Inspection

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

Inspection Dates and Department Representative

04/29/2020 - On-Site: Cindy Mulick

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 104 Residents Served: 68

Special Care Unit

In Home: Yes Area: Third Floor Capacity: 71 Residents Served: 34

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 68
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 44 Have Physical Disability: 0

202 Prohibitions

Requirements

2800.

202. The following procedures are prohibited:

- 6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

Description of Violation

On 4/23/2020, at approximately 9:00 a.m., Resident #1 was receiving assistance with showering from staff person A. The resident became agitated and scratched staff person A on the face and on the arm. Staff person A then called staff person B into the bathroom to assist with the shower. Staff person B placed the resident's hands inside of her hands and held them down for approximately two minutes to prevent the resident from freely moving them so they could finish the shower.

Plan of Correction (POC)

5/22/20 - *JW*

In-Service provided to clinical staff covering Regulation 2800.202.6.

Executive Director and Resident Services Director will ensure quarterly education covering aspects of care for residents with cognitive impairments is completed by all clinical staff to maintain competence and prevent future occurrences.

Legal Entity Representative

Anne Giehl
Signature

Anne Giehl, Exec. Director 5/29/20
Printed Name and Title Date

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The above plan of correction is approved as of 6/12/20 (Date) Plan of correction implementation status as of 6/12/20 (Date)

The above plan of correction was approved by *JW* (Initials) Implemented Not Implemented

224a5 Written initial assessment

Requirements

2800.

224.a.5. The written initial assessment must, at a minimum include the following:

- i. The individual's need for assistance with ADLs and IADLs.
- iv. The individual's medical history, medical conditions, and current medical status and how they impact or interact with the individual's service needs.

Description of Violation

Resident #1 resides in the secure care unit and has a diagnosis of vascular dementia. The resident's assessment, dated 9/17/19, indicates the resident has no problem with irritability, agitation and aggression. However, several staff interviews indicate the resident periodically becomes agitated and physically aggressive when staff are providing incontinence care, face washing and dressing.

Plan of Correction (POC)

Inservice provided to clinical staff covering regulation 2800.224.a.5 and reporting changes in resident services with the expectation to accordingly update ASP with changes.

Stop and Watch tool reviewed with clinical staff by Resident Services Director. Proper utilization of this tool ensures communication of changes to the appropriate clinicians and the Resident Services Director. Resident Services Director will provide ongoing oversight of the program to ensure proper utilization.

Agenda item added to monthly staffing meetings, performed by RSD to prevent future occurrence.

Resident #1's assessment was updated.

JW 6/12/20

Legal Entity Representative

Allee Gril
Signature

Anne GienO, Exec. Director 5/29/20
Printed Name and Title Date

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