

Department of Human Services  
Bureau of Human Service Licensing

January 19, 2022

[REDACTED]  
TAPESTRY MOON LLC  
[REDACTED]  
[REDACTED]

RE: TAPESTRY SENIOR LIVING MOON  
TOWNSHIP  
550 CHERRINGTON PARKWAY  
CORAOPOLIS, PA, 15108  
LICENSE/COC#: 45009

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/29/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Larry Mazza

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: TAPESTRY SENIOR LIVING MOON TOWNSHIP License #: 45009 License Expiration: 02/11/2022  
Address: 550 CHERRINGTON PARKWAY, CORAOPOLIS, PA 15108  
County: ALLEGHENY Region: WESTERN

**Administrator**

Name: [REDACTED] Phone: 4125079999 Email: [REDACTED]

**Legal Entity**

Name: TAPESTRY MOON LLC  
Address: [REDACTED]  
Phone: 4125079999 Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: I-1 Date: 07/29/2019 Issued By: Township of Moon

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 118 Waking Staff: 89

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
Reason: Incident Exit Conference Date: 12/29/2021

**Inspection Dates and Department Representative**

12/29/2021 - On-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 104 Residents Served: 74

**Special Care Unit**

In Home: Yes Area: Special Care Unit Capacity: 71 Residents Served: 30

**Hospice**

Current Residents: 13

**Number of Residents Who:**

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 74  
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 44 Have Physical Disability: 1

**Inspections / Reviews**

**12/29/2021 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/14/2022

**Inspection Dates and Department Representative (*continued*)**

01/10/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *01/14/2022*

01/19/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

15b Resident abuse-superv plan

1. 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 12/25/21, resident #1 reported of an allegation of physical abuse against staff member A; however, staff member A was not suspended or placed on a plan of supervision. Staff member A continued to work in the home unsupervised, including on 12/26/21 and 12/28/21.*

*On 12/26/21, resident #1 reported of an allegation of physical abuse against staff member B; however, staff member B was not suspended or placed on a plan of supervision. Staff member B continued to work in the home unsupervised, including on 12/27/21 and 12/28/21.*

Plan of Correction

**Accept**

*1- Effective immediately if there is an allegation of abuse of a resident involving the residence's staff person, the residence will immediately suspend that staff person involved in the alleged incident. That staff person or persons will not be reinstated until the results of the investigation conducted by both the residence and the department are completed and found to be unsubstantiated and cleared to return by the department. All allegation will be immediately reported to Adult Protective services , DHS, The residents designated person and the local authorities if it applies.*

*2-The management team at the residence has been in serviced on regulation 2800.15 (b). on 2-7-2022. The management team will immediately suspend any staff member involved in a allegation of abuse of a resident.*

*3- Please see attached*

Document Submission

**Implemented**

*please see attached*

15c Supervision plan submission

1. Requirements

2800.

15.c. The residence shall immediately submit to the Department’s assisted living residence office a plan of supervision or notice of suspension of the affected staff person.

Description of Violation

*On 12/25/21, resident #1 reported an allegation of physical abuse against staff member A; however, the residence did not submit a notice of suspension or plan of supervision for staff member A to the Department.*

*On 12/26/21, resident #1 reported an allegation of physical abuse against staff member B; however, however, the residence did not submit a notice of suspension or plan of supervision for staff member B to the Department.*

15c Supervision plan submission (continued)

**Plan of Correction**

**Accept**

1- Effective immediately the residence shall immediately submit a notice of suspension for any staff person involved in an allegation of abuse of a resident to the department.

2-The management team at the residence has been in serviced on regulation 2800.15(c) on 1-7-2022. The residence will immediately submit a notice of suspension concerning the staff person involved in an allegation of abuse of a resident .

3- Please see attached

**Document Submission**

**Implemented**

please see attached