



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing Date: May 27, 2022

[REDACTED]
Tapestry Moon, LLC
[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 Services Licensing, (Department), licensing inspections on December 21, 2021, December 22, 2021, April 14, 2022, and April 15, 2022, we have found the above facility to be in compliance with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Jamie F. Buchenauer".

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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: *4124275708* Email: [REDACTED]

Legal Entity

Name: *TAPESTRY MOON LLC*
Address: [REDACTED]
Phone: [REDACTED] 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: *115* Waking Staff: *86*

Inspection Information

Type: *Interim - POC* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Provisional, Interim* Exit Conference Date: *04/15/2022*

Inspection Dates and Department Representative

04/14/2022 - On-Site: [REDACTED]
04/15/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *104* Residents Served: *75*

Special Care Unit

In Home: *Yes* Area: *Units on 1,2,3,4* Capacity: *71* Residents Served: *31*

Hospice

Current Residents: *15*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *75*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *40* Have Physical Disability: *1*

Inspections / Reviews

04/14/2022 - Interim - POC

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/01/2022*

04/26/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/02/2022*

04/27/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/29/2022*

05/02/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: Follow-Up Date:

17 Record confidentiality

1. Requirements

2800.

17. Confidentiality of Records - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 4/14/22 at 10:10 a.m., a 24-hour report binder was unlocked and unattended in a cabinet at the 1st floor nurses station. The binder included information for numerous residents, to include the following:

- *Resident #1 was administered Imodium-2mg on 12/29/21*
- *Resident #2 was administered Tylenol-500 mg on 12/29/21*
- *A communication note, dated 12/11/21, indicating resident #3 was very confused during the shift*

REPEAT VIOLATION: 5/28/2021; 11/9/2020, et. al.

Plan of Correction

Directed

- 1- *On 4/14/22 the 24 hour report binder was removed from the first floor nurses station cabinet.*
- 2- *The 24 hour paper binders are no longer in use on AL in the community. The use of those were discontinued and should have been removed from all nurses stations.*
- 3- *All staff will continue be be trained on HIPAA compliance upon hire and annually. In addition on going in service training will be done as need .*
- 4- *All departments including Dietary, Housekeeping, Laundry, Maintenance, Life Enrichment, Administration and Nursing will be in serviced on HIPAA compliance during our all staff meeting. Record of in services will be documented and kept. The in service will be completed on 4/28/22.*
- 5- *A walk through audit of the community will be done on 4/28/22 with ED, DON and the management team in each of their areas to ensure HIPAA compliance. Audits of walk through will be recorded and kept.*
- 6- *Area that will be walked through include Nurses stations, Kitchen, Dining Room, Laundry, Activity Room and all common areas.*
- 7- *After initial audit walk through, Monthly audit walk throughs will be done with the management in all the listed areas for the next 3 months to ensure on going compliance .*
- 8- *All staff will be in serviced on regulation 2800.17 and will be directed to immediately remove and report any HIPAA compliance infractions to the management. Audits of the home HIPAA compliance shall be done by a member of the leadership team for a week starting 4/27/22, then weekly for one month and then monthly thereafter. (DIRECTED: Starting on 4/28/22: The walk-throughs by a member of the leadership team shall be completed daily for one week, then weekly for one month then monthly thereafter. Documentation of the audits shall be kept. LM 4/27/22).*

17 Record confidentiality (continued)

Completion Date: 05/03/2022

Document Submission

Implemented

Please see attached