

Department of Human Services  
Bureau of Human Service Licensing

October 28, 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 Service Licensing review on 09/28/2022, 09/29/2022 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

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: *05/12/2023*  
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: *I-1* Date: *07/29/2019* Issued By: *Township of Moon*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *126* Waking Staff: *95*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *09/29/2022*

**Inspection Dates and Department Representative**

09/28/2022 - On-Site: [REDACTED]  
09/29/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *210* Residents Served: *80*

**Special Care Unit**

In Home: *Yes* Area: *units 1,2,3,4* Capacity: *71* Residents Served: *36*

**Hospice**

Current Residents: *15*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *80*  
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *46* Have Physical Disability: *2*

**Inspections / Reviews**

**09/28/2022 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/28/2022*

10/25/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/27/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/28/2022

10/28/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/27/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

225a2 Assessment – significant change

1. Requirements

2800.

225.a.2. The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department’s assessment form. Additional written assessments shall be completed as follows: If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

The significant change assessment, dated [REDACTED] 22, for resident #1 indicates the resident has no identified needs for eating and drinking; however, progress notes, staff interviews and on-site observations on [REDACTED] 22 and [REDACTED] 22 indicate the resident requires verbal cueing/prompting for all meals and at times requires being fed at meals, also utilizes a sippy cup. The resident’s assessment was not updated to identify those care needs.

POC Submission

Accept (JK - 10/25/2022)

- 1.) Resident #1 CTB on [REDACTED]
- 2.) ED and RSD in serviced LPN Supervisors on Regulation 2800.225.a.2. by 10/28/2022.
- 3.) RSD and LPN Supervisors will review all current resident's ASP to ensure all resident care needs are identified. If any residents have a significant change a significant change ASP will be completed.
- 4.) Audits and updated corrections will be completed by RSD and LPN Supervisors by 12/1/2022.
- 5.) All new resident's ASPs will be completed and reviewed by RSD and LPN Supervisors to ensure that all resident care needs are identified.
- 6.) Please see the attached addendum that the residence will use in the event of any care changes.
- 7.) Monthly audits will be done to ensure that all resident care needs are met, and that ASPs are up to date.
- 8.) Records of the audits will be kept.

Licensee's Plan Completion Date: 10/28/2022

Implemented (JK - 10/28/2022)

227c Final support plan - revision

2. Requirements

2800.

227.c. The final support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident’s needs as indicated on the current assessment. The residence shall review each resident’s final support plan on a quarterly basis and modify as necessary to meet the resident’s needs.

Description of Violation

Resident #1’s support plan, dated [REDACTED] 22, was not updated to address the resident’s decline in health and cognitive functioning and the need for increased supervision. The support plan does not indicate the safety precautions put in place to ensure the residents safety, (lowered bed, fall mats). Interviews indicate the resident requires 2 to 3 person staff for all transfers, personal hygiene, all incontinence care, and a fall risk due to increase in agitation, aggression, combativeness, marked confusion, and hallucinations. On-site observations and interviews conducted on [REDACTED] 22 and [REDACTED] 22, indicate the resident constantly tries to get up from wheelchair or bed without staff assistance requiring verbal cueing/prompting to remain seated. On [REDACTED] 22, resident #1 was observed in wheelchair sleeping; however, appeared to be in an agitated state, rambling, yelling out. Progress notes indicate resident’s change in behavior and falls, to include:

- \* [REDACTED] - unwitnessed fall from bed onto floor.
- \* [REDACTED] - resident found with legs off bed.
- \* [REDACTED] noted increased confusion, combative, agitation, aggression, and hallucinations.

227c Final support plan - revision (continued)

- \* [redacted] - unwitnessed fall in bedroom found lying on floor on [redacted] with wound to head. Sent to hospital and returned [redacted]
- \* [redacted] Unwitnessed fall no reported injuries.
- \* [redacted] - unwitnessed fall out of wheelchair onto bedroom floor. EMT's called noted [redacted]
- \* [redacted] Transported to hospital and returned to home.
- \* [redacted] - resident found on bedroom floor hallucinating – [redacted] Three staff transferred to bed; however, refused all day and night to let aides provide incontinence care.
- \* [redacted] resident yelling out during night found on mats at bed. No injuries refused to get up. Staff reported being combative and swinging at staff.
- \* [redacted] resident verbally aggressive towards other residents, [redacted] Refused meds when administered [redacted] Was hallucinating and refused incontinence care multiple times of soiled brief.
- \* [redacted] staff reported resident combative, and aggressive. [redacted] and refusing staff assist from wheelchair.
- \* [redacted] reside t had a skin tear [redacted]
- \* [redacted] agitated, combative with care-swearing, swinging at staff.
- \* [redacted] altered metal status.

Resident #2's support plan, dated [redacted] 22, was not updated to address the resident's decline in health and cognitive functioning that resulted in extensive supervision needs to address increase in falls. The support plan did not include a plan to meet the identified needs to ensure the residents safety or a frequency. Interviews and progress notes indicate the resident was and continues to be a high fall risk and requires extensive supervision with multiple documented falls. The resident requires the assist of one for transfers with a standby assist while ambulating with wheelchair or walker. Progress notes indicate on [redacted] 22, after hospital discharge, per family request the resident was moved to memory care unit #3 on the third floor for more supervision. Ambulates with wheeled walker and supervision only. From [redacted] 22 on progress notes indicate "resident needs constant reminders to remain in wheelchair or use walker to ambulate." On [redacted] 22, "family informed of increase in level of care"; however, specifics not identified in support plan. After a fall on [redacted] required the assist of two staff persons with a Hoyer lift. The progress notes indicated the resident

- h or more falls from admission until discharged on [redacted] 22, to include:
- \* [redacted] - unwitnessed fall in room. No injuries.
  - \* [redacted] - unwitnessed fall from recliner. No injuries
  - \* [redacted] - unwitnessed fall in room [redacted] injury- transported to ER admitted [redacted]
  - \* [redacted] - unwitnessed fall in room laying [redacted] next to bed. Fell out of bed. No injuries.
  - \* [redacted] - unwitnessed fall approximately [redacted] in dining area [redacted] No injuries.
  - \* [redacted] unwitnessed fall in room No injuries.
  - \* [redacted] - unwitnessed fall in room. No injuries
  - \* [redacted] - unwitnessed fall in room. No injuries.
  - \* [redacted] unwitnessed fall in room. walking w/out walker. No injuries.
  - \* [redacted] - unwitnessed fall [redacted] Sent out to ER, OK.
  - \* [redacted] - unwitnessed fall resident slid down/out of recliner. No injuries.
  - \* [redacted] - witnessed fall in dining room, resident stood up lost balance, [redacted]
- T al [redacted]
- \* [redacted] - unwitnessed fall while at hospital resident fell again [redacted]
  - \* [redacted] noted multiple falls today. No injuries
  - \* [redacted] unwitnessed fall in room [redacted] No injuries.

227c Final support plan - revision (continued)

- \* [REDACTED] - unwitnessed falls (2) – one in morning found next to bed. Afternoon seen getting up from wheelchair in living room next to fireplace and fell. Noted impaired safety judgement.
- \* [REDACTED] - witnessed fall in dining room. Kept standing up from seat after multiple redirections. No injuries.
- \* [REDACTED] - witnessed fall in dining room. [REDACTED] Sent to ER- [REDACTED] utilizes a wheelchair. Assist x 1.
- \* [REDACTED] - witnessed fall from wheelchair to floor [REDACTED] Sent to ER and returned to home.
- \* [REDACTED] witnessed fall in common area. [REDACTED] Transported to ER. Returned to home. No injuries.
- \* [REDACTED] unwitnessed fall out of bed. No injuries.
- \* [REDACTED] witnessed fall slid off bed. No injuries.
- \* [REDACTED] unwitnessed fall in room. No injuries.
- \* [REDACTED] unwitnessed fall in dining room. sent to ER admitted [REDACTED]
- [REDACTED] Returned to home [REDACTED] 22, with Hoyer lift [REDACTED]
- Documentation resident kept trying to get out of bed.
- \* [REDACTED] - unwitnessed fall from bed.

POC Submission

Accept (JK - 10/25/2022)

- 1.) Resident #1 CTB on [REDACTED]
- 2.) Resident #2 moved out of residence on [REDACTED] 2022 to [REDACTED]
- 3.) ED and RSD to in service LPN Supervisors on Regulation 2800.227c. by 10/28/2022.
- 4.) All new resident ASPs will be reviewed within 30 days by RSD and or LPN Supervisors to ensure that any needed modifications have been made to reflect the resident's care needs.
- 5.) An initial audit of the current resident's final support plans will be completed by 12/1/2022 to ensure that the resident's needs are reflected.
- 6.) RSD and LPN Supervisors will review each resident's final support plan on a quarterly basis after quarterly level of care assessment and update as needed to reflect the needs of the resident.
- 7.) All records of the audits will be kept.

Licensee's Plan Completion Date: 10/28/2022

Implemented (JK - 10/28/2022)