

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 10/07/2022, 10/17/2022 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: *Other* Date: *07/29/2019* Issued By: *Moon Township*

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *133* Waking Staff: *100*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *10/17/2022*

**Inspection Dates and Department Representative**

10/07/2022 - On-Site: [REDACTED]  
10/17/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *210* Residents Served: *85*

**Special Care Unit**

In Home: *Yes* Area: *Floors 1-4* Capacity: *71* Residents Served: *38*

**Hospice**

Current Residents: *14*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *85*  
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *48* Have Physical Disability: *2*

Inspections / Reviews

10/07/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/30/2022*

10/25/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: *10/28/2022*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/31/2022*

10/28/2022 - Document Submission

Submitted By: [REDACTED] Date Submitted: *10/28/2022*  
 Reviewer: [REDACTED] Follow-Up Type: *Not Required*

23a ADL assistance

1. Requirements

2800.

23.a. A residence shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #1's most recent assessment, dated [REDACTED] 22, indicates the resident requires prompting/cueing assistance with personal hygiene, the resident's most recent support plan indicates, "DCS to assist resident with overall hygiene", and the residence's shower schedule indicates that resident #1 is to be showered every Wednesday and Saturday; however, the resident received assistance with showers only on 10/5/22 and 10/12/22 in the past 2 weeks.

POC Submission

Accept (JK - 10/25/2022)

1.) All clinical staff (LPN's and aides) will be in serviced on Regulation 2800.23.a ADL assistance by 10/28/2022.

2.) All clinical staff that cares for resident #1 will review the most recent ASP and will sign off after reviewing by 10/28/2022.

3.) All clinical staff that cares for resident #1 will review and sign off acknowledgement of assigned shower days.

4.) All resident ASP's will be audited, and modifications will be made as needed to ensure that all care needs of the residents are met by RSD and/or LPN Supervisors by 12/1/2022.

5.) Records of audits will be kept.

6.) All changes on ASP's will be made ongoing in real time as needed.

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

Implemented (JK - 10/28/2022)

187d Follow prescriber's orders

2. Requirements

2800.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed lantus solostar [REDACTED] However, this medication was not administered to the resident on [REDACTED] because the medication was not available in the residence.

Resident #2 is prescribed multiple medications, including the following:

- amlodipine 5mg
- donepezil 10mg
- losartan 25mg
- melatonin 10mg
- mirtazapine 15mg
- tolterodine 4mg

However, these medications were not administered to the resident on [REDACTED] /22 because the medications were not available in the residence.

REPEAT VIOLATION: 7/18/2022

## 187d Follow prescriber's orders (continued)

**POC Submission****Accept (JK - 10/25/2022)**

- 1.) RSD to in service LPN's and Med Tech's on Regulation 2800.187.d by 10/28/2022.
- 2.) For Resident #1 [REDACTED] Pharmacy was contacted regarding delivery of Lantus Solastar 100u/ml. Polaris Pharmacy will send 3 insulin pens at a time as opposed to previous 1 pen to ensure medication is available per prescriber's orders.
- 3.) Daily during medication pass LPN's and Med Tech's will review all resident's supplies and medications to ensure all needed medications are available in the residence. Polaris Pharmacy will be notified of any medication that is not present in residence.
- 4.) Pharmacy will be notified of any missing or needed medication immediately by LPN or Med Tech and STAT delivery will be requested.
- 5.) Cycle fill from [REDACTED] Pharmacy is checked weekly upon delivery to ensure all needed medications are available in the residence. Pharmacy will be notified of any missing medication and delivery will be arranged.
- 6.) Cart audits done weekly by LPN's to ensure all needed medications are available in the residence.
- 7.) Records of audits will be kept.

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

**Implemented (JK - 10/28/2022)**

## 224a5 Written initial assessment

**3. 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.

**Description of Violation**

Resident #3's initial assessment, dated [REDACTED] 22, indicates the resident is independent with personal hygiene; however, staff and resident interviews indicate resident #1 requires physical assistance with showering.

**POC Submission****Accept (JK - 10/25/2022)**

- 1.) RSD to in service LPN's on Regulation 2800.224.a.5 by 10/28/2022.
- 2.) Resident #3's ASP has been updated on 10/20/2022 to reflect that the resident's requires some physical assistance with showers.
- 3.) All clinical staff that cares for resident #3 will review the most recent ASP and will sign off after reviewing by 10/28/2022.
- 4.) All clinical staff that cares for resident #3 will review and sign off acknowledgement the changes made on ASP to ensure all care needs are being met.
- 5.) Any change in individuals needs for assistance with ADL's and IADL's will be updated in real time on all resident ASP's.
- 6.) As part of all resident's quarterly level of care assessments, a complete review of resident's individual care needs will be done to ensure all needs are captured by RSD or LPN Supervisors.
- 7.) The use of Eldermark tracks and alerts RSD of quarterly level of care assessments that are coming due. All changes will be made accordingly to ASP to resident care needs.

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

**Implemented (JK - 10/28/2022)**

## 225a2 Assessment – significant change

**4. 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**

*Resident #1's most recent assessment due to significant change, dated [REDACTED]/22, indicates the resident requires prompting/cueing assistance with personal hygiene; however, staff and resident interviews indicate resident #1 requires some physical assistance with showering.*

*REPEAT VIOLATION: 9/28/2022 et al.*

**POC Submission****Accept (JK - 10/25/2022)**

- 1.) RSD to in service LPN's on Regulation 2800 225.a.2 by 10/28/2022.
- 2.) Resident #1 ASP updated on 10/20/2022 to reflect needs of physical assistance with showers.
- 3.) RSD and LPN Supervisors will review all current ASPs to ensure all resident's care needs are identified and are current and up to date.
4. Audits and updates will be completed by 12/1/2022 by RSD and LPN Supervisors.
- 5.) All new resident's ASPs will be completed and reviewed by RSD and LPN Supervisors to ensure all resident care needs are being captured.
- 6.) Please see attached addendum that the residence will be using in the event of any care need changes in real time.
- 7.) Monthly audits will be done to ensure all resident care needs are identified and current by RSD and LPN Supervisors.
- 8.) Records of audits will be kept.

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

**Implemented (JK - 10/28/2022)**