

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

December 13, 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 11/07/2022, 11/08/2022, 11/10/2022 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

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: 11 Date: 07/21/2019 Issued By: TWP of Moon

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 133 Waking Staff: 100

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Complaint Exit Conference Date: 11/10/2022

Inspection Dates and Department Representative

11/07/2022 On Site [Redacted]
11/08/2022 On Site [Redacted]
11/10/2022 On Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 210 Residents Served: 87
Special Care Unit
In Home: Yes Area: 1st, 2nd, 3rd and 4th Capacity: 71 Residents Served: 37
Hospice
Current Residents: 13
Number of Residents Who:
Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 87
Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 46 Have Physical Disability: 2

Inspections / Reviews

11/07/2022 - Full
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 12/08/2022

Inspections / Reviews *(continued)*

12/07/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/12/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 12/17/2022

12/13/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/12/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

82c Locked poisons

1. Requirements

2800.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the residence are able to safely use or avoid poisonous materials.

Description of Violation

On 11/7/22, at approximately 11:25 a.m., the upper cabinet in the kitchenette in the living unit [REDACTED] was not secured and accessible [REDACTED].

The cabinet contained following poisons were unlocked, unsecured and accessible to include:

- * A 14 fluid oz. bottle of [REDACTED] dish liquid,
- * [REDACTED] with an 8 fluid oz. bottle of wood polish and 8 fluid oz. bottle of fabric care kit. The label on both indicated: "If swallowed contact physician or contact Poison Control Center (PCC)."

On 11/7/22, at approximately 1:25 p.m., the upper cabinet in the kitchenette in the living unit [REDACTED] unlocked, unsecured, and accessible [REDACTED] to include:

- * A 56 FL oz. [REDACTED] hand soap with a label: "If swallowed seek medical attention or call PCC."
- * A 6.7 FL oz. full bottle [REDACTED] - with a label, "Keep out of eyes, flush eyes and contact physician, harmful if ingested, in case of accidental ingestion, give fluids liberally and consult with local PCC."

Repeat Violation: 12/21/21

Plan of Correction

Accept [REDACTED] - 12/07/2022)

- 1- On 11/7/22 the upper kitchenette cabinet in resident #2, room [REDACTED] was immediately repaired by the Environmental Services Director to ensure that all poisonous materials were locked and inaccessible to the resident.
- 2-The ED, RSD and ESD will in-service all staff on Reg 2800.82c to ensure safety and compliance for the residents. In-service will be completed by 12/10/22.
- 3-The ESD completed an audit of all locks on the SDU on 11/8/22 to ensure that all locks were in good repair and operable.
- 4- The ESD will continue to monitor monthly and repair/replace locks when needed as part of the PM program.
- 5- Staff will continue to notify and fill out maintenance works orders if a lock should become inoperable for immediate repair.
- 6- All records will be kept

Licensee's Proposed Overall Completion Date: 12/10/2022

Implemented [REDACTED] - 12/13/2022)

85d Trash cans – kitchen/bath

2. Requirements

2800.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 11/7/22, at approximately 11:10 a.m., there was a small, uncovered waste can in [REDACTED] private bathroom of the living unit [REDACTED] in memory care. The waste can was full and contained a soiled brief with other paper products.

85d Trash cans – kitchen/bath (continued)

Plan of Correction

Accept (JK 12/07/2022)

- 1- On 11/7/22 the trash can was emptied in [REDACTED] bathroom immediately.
- 2- Trash in all resident rooms is emptied daily and or as needed throughout the day as part of the housekeeping duties.
- 3- Trash cans are emptied in real time as much as possible when needed.

Licensee's Proposed Overall Completion Date: 12/06/2022

Implemented ([REDACTED] 12/13/2022)

101j7 Lighting/operable lamp

3. Requirements

2800.

101.j. Each resident shall have the following in the living unit:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 11/7/22, at 11:10 a.m., there was no source of light that could be turned on/off at the bedside of resident #1's living unit [REDACTED].

On 11/7/22, at approximately 1:25 p.m., there was no source of light that could be turned on/off at the bedside of resident #5's in the living unit [REDACTED].

Plan of Correction

Accept [REDACTED] - 12/07/2022)

- 1-On 11/7/22 the bedside lamps for both residents #1, and #5 were moved back within reach of their bedside and operable.
- 2- The ED, RSD and ESD will complete an in-service with all staff by 12/30/22 on reg2800.101j7.
- 3-A walk through inspection was completed by ESD on 11/8/22 to ensure that residents had a bedside lamp/lighting source within reach, and all were operable.
- 4-Daily all staff as part of their routine when entering resident's rooms will ensure that each resident has an operable bedside lamp/lighting within reach.
- 5- When staff finds an inoperable lamp/lighting source, maintenance will be notified for immediate repair/replacement.
- 6- All records will be kept.

Licensee's Proposed Overall Completion Date: 12/30/2022

Implemented [REDACTED] - 12/13/2022)

131f Fire e tinguisher inspection

4. Requirements

2800.

131.f. Fire e tinguishers shall be inspected and approved annually by a fire safety e pert. The date of the inspection shall be on the extinguisher.

Description of Violation

On 11/7/22, multiple fire extinguishers throughout the home did not have a current inspection tag. The inspection

131f Fire extinguisher inspection (continued)

tags were dated, August 2021, as follows:

- * Fire extinguisher by mechanical room on main floor.
- * Fire extinguisher by the kitchen at end of hall.
- * Fire extinguisher in hall by Coffee House on main floor.
- * Fire extinguisher in hall by the bedroom #145 and Atrium.
- * Fire extinguisher at Memory Care entrance on second floor.
- * Fire extinguisher in Memory Care kitchenette on second floor.
- * Fire extinguisher in hallway by head nurses' office and elevator on second floor.
- * Fire extinguisher by elevator and room #327 on third floor.
- * Fire extinguisher in stairwell B on third floor.
- * Fire extinguisher in back hall by memory care exit and elevator corridor on third floor.
- * Fire extinguisher in hall by bedroom #445 on fourth floor
- * Fire extinguisher in stairwell C on fourth floor.
- * Ansul System in kitchen with a tag, dated March 2021

Plan of Correction

Accept [REDACTED] - 12/07/2022)

- 1- The residence had annual Fire extinguisher inspection / safety system inspection on 9/1/22.
 - 2- The inspection was performed by Preferred Fire Protection Co. A letter was provided to verify the date and result of the inspection.
 - 3-The inspection included 24-5#ABC extinguishers, 1-6LWM extinguishers, tagged delivered and replaced.
 - 4- All extinguishers needing replaced or updated tags have been replaced and all extinguishers are in compliance with reg2800.131f.
 - 5-The residence has a contract with Preferred Fire Protection Co. to inspect and approve all extinguishers annually, the date of the inspection will be on a tag placed on the extinguishers.
 - 6- The ESD in-serviced the maintenance staff on reg 2800.131f to ensure compliance moving forward.
- All records will be kept

Licensee's Proposed Overall Completion Date: 12/06/2022

Implemented [REDACTED] - 12/13/2022)

184b - Labeling OTC/CAM

5. Requirements

2800.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 11/7/22, at approximately 11:25 a.m., the upper cabinet in the kitchenette in the living unit [REDACTED] was not secured and accessible to resident [REDACTED].

The cabinet contained unlocked, unsecured and accessible medications to include:

- * An 16oz. jar [REDACTED].
- * Two unlabeled 16.9 fluid oz. containers of [REDACTED].
- * In the private bathroom of bedroom [REDACTED] was an unlabeled 16oz. jar of [REDACTED].

On 11/7/22 at approximately 11:40 a.m., there was an unlabeled unlocked tube of [REDACTED] on resident #3's right bedside table in the living unit [REDACTED], [REDACTED]

184b - Labeling OTC/CAM (continued)

Plan of Correction

Accept [redacted] 12/07/2022)

- 1- On 11/7/22 all medications that were unlabeled and unsecure for residents #2 ,#3 and #4 were immediately abeled with appropriate residents' name, room # and date of opening and placed in a locked cabinet.
- 2-The RSD will in-service the LPNs and Med tech on Reg 2800.184b Labeling OTC/CAM
- 3- On 11/8/22 all SDU residents OTC medications have been audited to ensure compliance with Reg 2800.184b and placed in locked cabinets.
- 4- Any OTC that is appropriate will be placed in the med carts moving forward.
- 5-All records will be kept

Licensee's Proposed Overall Completion Date: 12/06/2022

Implemented [redacted] - 12/13/2022)

187a Medication record

6. Requirements

2800.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 6. Dose.

Description of Violation

Resident #7 is prescribed [redacted] refer to sliding scale before meals three times daily [redacted]
 [redacted]. Call Endocrinologist for blood glucose issues.

On 11/10/22, resident #7's November 2022 Medication Administration Record (MAR) does not have an area to record the units [redacted] administered based on the sliding scale, if needed. The home has no record of units [redacted] administered.

Plan of Correction

Accept [redacted] 12/07/2022)

- 1-RSD immediately made necessary corrections to the EMAR/Eldermark to indicate the prompting and recording of [redacted] given per the sliding scale.
- 2-On 11/8/22 RSD in-serviced the LPNs/Med Tech on the new documentation procedure located on the EMAR.
- 3-Moving forward any resident requiring a [redacted] administration will have their [redacted] amount given documented on the EMAR/Eldermark.
- 4-On 11/8/22 the RSD n-serviced the LPNs/Med Tech on Reg2800.187a to ensure compliance.
- 5- All records will be kept.

Licensee's Proposed Overall Completion Date: 12/06/2022

Implemented [redacted] - 12/13/2022)