

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

June 5, 2023

[REDACTED], PRESIDENT
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 04/04/2023, 04/06/2023, 04/07/2023 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:** 05/12/2024
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:** 07/21/2019 **Issued By:** Township of Moon

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 137 **Waking Staff:** 103

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 04/07/2023

Inspection Dates and Department Representative

04/04/2023 - On-Site [REDACTED]
04/06/2023 - On-Site [REDACTED]
04/07/2023 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 210 **Residents Served:** 99

Special Care Unit
In Home: Yes **Area:** Memory Care 1st, 2nd & 3rd floors **Capacity:** 71 **Residents Served:** 38

Hospice
Current Residents: 18

Number of Residents Who:
Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 99
Diagnosed with Mental Illness: 2 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 38 **Have Physical Disability:** 2

Inspections / Reviews

04/04/2023 - Partial
Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 05/20/2023

Inspections / Reviews *(continued)*

05/19/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/26/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 05/26/2023

05/22/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/26/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/29/2023

06/05/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/26/2023

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 4/7/23 at approximately 1:00 p.m., the lock was not secured on the upper cupboard to the far left of the nurse's station near Room 101 in the first-floor special care unit (SCU). The cupboard contained a plastic bin with a 16 oz bottle of 100 percent acetone polish remover with warning: In case of accidental ingestion give fluids liberally and consult with poison control center. Not all residents have been assessed as able to safely use and avoid poisonous materials including residents #1 and #3.

Repeat violation 11/7/22 et al

Plan of Correction

Accept (█ - 05/22/2023)

- 1.) On 4/7/2023 the acetone nail polish remover was removed from nurses' station cupboard near room #101 on the first floor SCU.*
- 2.) The ED will in-service staff by 5/23/2023 on regulation 2800.82.C records will be kept for compliance.*
- 3.) Environmental director / ED will audit by 5/23/2023 that all existing locks to ensure they are all operable.*
- 4.) All locks on the SCU unit will continue to be checked to ensure they are operable as part of the monthly PM program in TELS*
- 5.) The Dementia Unit Coordinator will monitor weekly to ensure all resident accessible areas are in compliance with reg 2800.82c locked poisons.*

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented (█ - 06/05/2023)

88a Floors, walls, ceilings, windows, doors

2. Requirements

2800.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 4/7/23 at approximately 12:45 p.m., there was a long, red and black extension cord coiled up on the floor in front of the cupboard to the right of the desk in the nurse's station near room #232 that posed a tripping hazard.

Plan of Correction

Accept (█ - 05/22/2023)

- 1.) On 4/7/2023 the long red extension cord was immediately removed from nurses' station near room #232 to ensure there was no tripping hazard.*
- 2.) ED will in service the staff by 5/23/2023 on regulation 2800.88.A to ensure compliance and records will be kept.*
- 3.) The ED and environmental services director have walked the community to ensure there are no other tripping hazards throughout the residence. records of the inspection shall be kept.*
- 4.) The ESD will monitor monthly as part of the TELS PM program to ensure compliance with Reg2800.88a*

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented (█ - 06/05/2023)

89a Hot/cold water pressure

3. Requirements

2800.

89.a. The residence must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

On 4/7/23 at approximately 12:20 p.m., the water to the kitchenette sink and bathroom sink in room #315 were turned off under the sinks preventing resident #1 from accessing water in his living unit.

Plan of Correction

Accept (█) - 05/19/2023)

- 1.) *On 4/7/2023 the water to the kitchenet sink and bathroom sink was turned back on so that resident #1 could access water in his living unit.*
- 2.) *ED will in service staff by 5/23/2023 on regulation 2800.89.A to ensure that the residence remains compliant with the resident having hot and cold water under pressure in each bathroom and kitchen area to accommodate resident #1's needs and records shall be kept.*
- 3.) *Environemtal services director will check once a week for a month starting on 5/17/2023 to ensure the water in resident #1's room has not been shut off by staff, family, or residents, records will be kept.*

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented (█) - 06/05/2023)

103f Fridge/Freezer Temps

4. Requirements

2800.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 4/7/23 at approximately 12:50 p.m., there was no thermometer in the small refrigerator in the nurse's station near room #239.

Plan of Correction

Accept (█) - 05/22/2023)

- 1.) *On 4/10/2023 the refrigerator near room number 239 was removed. the refrigerator was not in use, also all other small refrigerators that are not in use at the nursing stations throughout the residence have been removed.*
- 2.) *The staff will be in serviced by 5/23/2023 on regulation 2800.103.F to ensure compliance and records shall be kept.*
- 3.) *All other refrigerators that are in use were audited on 5/18/2023 by the executive director to ensure that each contained a thermometer and records will be kept.*
- 4.) *The FSD or designee will monitor all refrigerators that are in use weekly to ensure compliance with Reg2800.103f.*

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented (█) - 06/05/2023)

103i Outdated food

5. Requirements

2800.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 4/4/23 at 12:00 p.m., there were two undated chocolate Wendy's Frosty treats in the freezer section of the refrigerator/freezer in the third-floor Special Care Unit (SCU) dining area.

103i Outdated food (continued)

Plan of Correction

Accept (█ - 05/22/2023)

- 1.) On 4/4/2023 the two undated chocolate Wendy's frosty treats were removed from the refrigerator / freezer on the third floor SCU dining area.
- 2.) The staff will be in serviced by the ED on regulation 2800.103.I undated food by 5/23/2023 and records will be kept.
- 3.) All refrigerators were audited on 5/17/2023 by food services director to ensure there is no undated food and everything is labeled appropriately. Records shall be kept for compliance.
- 4.) The FSD or designee will monitor all refrigerators weekly to ensure compliance with Reg 2800.103i.

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented (█ - 06/05/2023)

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.
- 8. Frequency of administration.

Description of Violation

Resident #3 is ordered █ take two capsules by mouth as needed for █ and take one capsule by mouth after each additional loose stool. However, the entry on the resident's April 2023 medication administration record (MAR) indicates █ Give 2 capsules by mouth as needed for diarrhea.

Plan of Correction

Accept (█ - 05/22/2023)

- 1.) RSD will in service nurses and MedTech/s by 5/23/2023 on regulation 2800.187.A medication record. records of in service will be kept.
- 2.) Resident #3 no longer resides at Tapestry Moon as of █
- 3.) RSD took initial verbal order for █ take two capsules by mouth as needed for diarrhea and take one capsule by mouth after each additional loose stool. However, the pharmacy incorrectly entered Give 2 capsules by mouth as needed for diarrhea.
- 4.) RSD will in service nurses by 5/23/2023 to review prescribers order, Prescribers order entered into EMAR by the pharmacy, and medication label to ensure compliance and records will be kept.
- 5.) Community has changed pharmacy services to help ensure these issues do not reoccur in the future.
- 6.) RSD will monitor the EMAR monthly to ensure compliance with Reg2800.187a

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented (█ 06/05/2023)

187d Follow prescriber's orders

7. Requirements

2800.

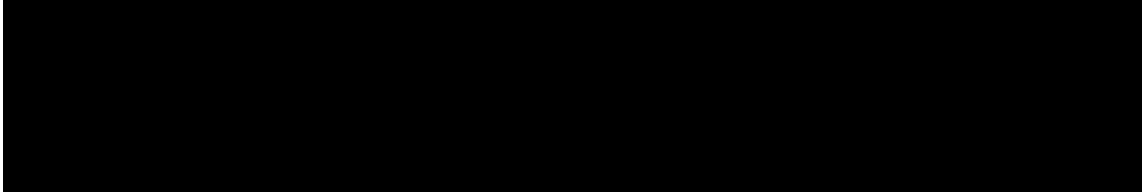
187.d. The home shall follow the directions of the prescriber.

Description of Violation

According to resident #2's March 2023 medication administration record, the following medications were

187d Follow prescriber's orders (continued)

administered outside of the parameters of one hour before and one hour after the scheduled administration time as follows:



Plan of Correction

Accept ([redacted] - 05/19/2023)

- 1.) RSD will in service nurses and MedTech's by 5/23/2023 on regulation 2800.187.d to follow prescribers' orders to ensure compliance. Records of in service shall be kept.
- 2.) RSD will also in service nurses and MedTech's by 5/23/2023 on the 5 rights of medication administration. records of in service will be kept for compliance.
- 3.) RSD and LPN Supervisor's will continue to review EMAR dashboard daily to ensure compliance of the medication administration for all residents.

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented ([redacted] 06/05/2023)