

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

August 2, 2023

[REDACTED], PRESIDENT  
TAPESTRY MOON LLC

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 07/10/2023, 07/14/2023, 07/18/2023 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: 11 Date: 07/21/2023 Issued By: Moon Twp.

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 142 Waking Staff: 107

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
Reason: Complaint, Incident Exit Conference Date: 07/25/2023

**Inspection Dates and Department Representative**

07/10/2023 On Site [Redacted]  
07/14/2023 On Site [Redacted]  
07/18/2023 On Site [Redacted]

**Resident Demographic Data as of Inspection Dates**

General Information			
License Capacity: 210	Residents Served: 93		
Special Care Unit			
In Home: Yes	Area: 1st floor	Capacity: 71	Residents Served: 37
Hospice			
Current Residents: 15			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 93		
Diagnosed with Mental Illness: 2	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 49	Have Physical Disability: 1		

**Inspections / Reviews**

07/10/2023 - Partial  
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 08/05/2023

Inspections / Reviews *(continued)*

07/31/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/01/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/04/2023

07/31/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/01/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/01/2023

08/02/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/01/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 42b Abuse/Neglect

## 1. Requirements

2800.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

## Description of Violation

On [REDACTED]/23 at approximately [REDACTED] PM, resident #1 entered resident #2's bedroom and pulled resident #2 from [REDACTED] bed and dragged resident #2 across [REDACTED] bedroom floor. Resident #2 was transported to the hospital and treated for multiple injuries, to include multiple skin tears to both forearms, a contusion on the left side of [REDACTED] face along the zygomatic arch and a contusion along the thoracic spine.

## Plan of Correction

Accept [REDACTED] - 07/31/2023)

- 1) At approximately [REDACTED] pm Tapestry MedTech employee notified resident services director of the above incident. Resident services director immediately notified executive director, physician, and both families involved.
- 2) Residents' services director instructed MedTech to stay with Resident #2 and for the aide to stay with resident #1. Resident services director then again placed a call to resident #2 son to inform of the incident and to go over plan of immediate care. The resident was under the supervision of Advance hospice with a diagnosis of Alzheimer's disease and a request for an RN visit to assess resident was made.
- 3) Residents' services director then placed a call to resident #1 family to inform them of the incident. The resident is under the supervision of Gentiva hospice with a diagnosis of dementia and a request for an RN visit to assess resident was made.
- 4) At approximately 10:45pm resident #2 was assessed by advanced hospice and son present. Son requested for resident to be sent out to the hospital.
- 5) At 11:10pm resident #2 was being transported via EMS to hospital.
- 6) The executive director was present in the community to meet with families of resident #1 & resident #2 along with the moon township police and EMS services in addition to the Gentiva and Advance Hospice RN's. The Executive director discussed with the family of resident #1 that a one-on-one intervention needed to be put in place immediately to assure safety to others on the SDU as well as discussed with both families the removal of resident #1 from unit would occur the following day. The Executive Director also informed the family of resident #1 that one-on-one supervision would be required until the medical director could assess the resident on 6/20/2023 for all safety concerns. Family and third-party provider provided one -on-one care during the duration of time until physician was able to complete medical evaluation on 6/20/2023.
- 7) All staff interviews were conducted by the executive director and moon township police department on 6/14/2023 at approximately between 10:00pm and 11:00pm.
- 8) The mandatory abuse report was sent to OAPS, AAA and to the department at approximately 11:30pm. Resident #1 has not had any previous history of this type of behavior in the past as this was an unforeseen occurrence.
- 9) The medical director ordered a psych consultation for both resident #1 & #2 for initial assessments and on-going follow-up treatment. Resident number #1 was placed on [REDACTED] tablet – give 1 tablet by mouth 2 times daily for 5 days for possible [REDACTED].
- 10) Resident #2 moved out of the community on [REDACTED]/2023. Resident #1 will be continued to be followed by psychology services and hospice services moving forward.
- 11) ASP has been updated 6/15/23 to reflect residents change in behavior and staff have been educated to be aware on changes to the ASP.
- 12) SDU #3 that resident #1 has been moved to does not require any additional rounding due to the physical layout of the unit is a small open square, where resident is always visible to the staff.

**42b Abuse/Neglect (continued)**

13) Our memory care coordinator will be doing some staff education and training on our memory care programing module called "golden threads" which identifies communication, behaviors and triggers, services plan in personal centered care, wandering, and therapeutic activities. In servicing of program will be completed by 8/1/2023.

Documentation of the staff education will be kept.

14) Records of police report, OAPS report, DHS reportable, staff training, ASP, employee statements, and any other pertinent information within the medical records of resident #1 & #2 will be kept for at least 3 years and/or as long as needed in any litigation would arise.

15) Community will continue to follow regulation 2800.42b A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment, or disciplined in any way. The community will continue to file and report all needed paperwork and process timely to ensure compliance.

16) Staff will continue to do regularly scheduled rounds at the beginning and end of shifts along with as needed periodic checks in between.

17) The care staff will continue to do full body inspections on resident scheduled shower days to ensure there are no signs or symptoms of neglect or abuse.

18) Monthly resident council meetings will continue to be held for residents to be able to voice any concerns or type of abuse.

19) The Ombudsman/Department of aging poster with needed contact information is hang in conspicuous places around the home for residents, staff and family members to access if needed.

20) The departments hotline number along with the management team information is posted in conspicuous places around the home for residents, staff and family members to access if needed.

Licensee's Proposed Overall Completion Date: 07/31/2023

Implemented [REDACTED] - 08/02/2023)