

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

April 5, 2024

[REDACTED]
TAPESTRY MOON LLC
[REDACTED]
[REDACTED]

RE: TAPESTRY SENIOR LIVING MOON
TOWNSHIP
550 CHERRINGTON PARKWAY
CORAOPOLIS, PA, 15108
LICENSE/COC#: 45009

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/02/2024 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: 05/12/2025
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: 07/21/2023 Issued By: Moon Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 146 Waking Staff: 110

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 04/02/2024

Inspection Dates and Department Representative

04/02/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 210 Residents Served: 96

Special Care Unit

In Home: Yes Area: Memory Care Capacity: 71 Residents Served: 40

Hospice

Current Residents: 15

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 96
Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 50 Have Physical Disability: 3

Inspections / Reviews

04/02/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/13/2024

04/05/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 04/05/2024
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/17/2024

Inspections / Reviews *(continued)*

04/05/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/05/2024

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

On the morning of [REDACTED] at approximately [REDACTED] resident [REDACTED] was assisted with transferring from the resident's recliner to the resident's wheelchair in resident living unit [REDACTED] by direct care staff person A. However, resident [REDACTED] support plan, dated [REDACTED] indicated "Resident requires total physical assistance with transfers" and "DCS to assist resident with transfers. Resident requires 2 person assistance with transfers with walker and wheelchair. Resident sleeps in recliner." Interviews indicated that resident [REDACTED] was regularly transferred to and from [REDACTED] recliner to [REDACTED] wheelchair without the assistance of two direct care staff persons.

Plan of Correction

Accept [REDACTED] - 04/05/2024)

1.) On [REDACTED] DCS person A was in serviced LPN Supervisor that Resident [REDACTED] support plan states, "Resident requires total physical assistance with transfers and DCS to assist with transfers. Resident requires 2 person assistance with transfers with walker and wheelchair. Resident sleeps in recliner". Records will be kept.

2.) On [REDACTED] and [REDACTED] LPN Supervisor in serviced all DCS on AL Regulation 2800.23a a residence shall provide each resident with assistance with ADL's as indicated in the resident's assessment and support plan. Records will be kept.

3.) As part of all staff monthly meeting on April 17, 2024 all staff will be in-serviced on AL Regulation 2800. 23a to ensure safety while assisting all residents on a daily basis with care needs. In-service will be given by RSD and LPN Supervisor and records will be kept.

4.) DCS in-serviced on regularly reviewing each resident's support plan initially, annually and with any significant change that is on their assigned units to be able to meet each residents individualized care plan. In-service given by RSD and LPN Supervisor on [REDACTED] and [REDACTED] and records will be kept.

5.) On [REDACTED] RSD and LPN Supervisor reviewed Resident [REDACTED] ASP to ensure it reflects resident's care needs. Resident evaluated by PT and OT [REDACTED] and resident is a 2 person assist with transfers and records will be kept.

6.) RSD reviews and audits care plans every 90 days as part of companies' best practice in addition to DHS requirement of initially, annually and with significant changes for resident's assessment and support plan. Records will be kept.

Licensee's Proposed Overall Completion Date: 04/17/2024

Implemented [REDACTED] 04/05/2024)