



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **FOX CHAPEL OPERATIONS LLC**

LEGAL ENTITY

To operate **HARMONY AT HARTS RUN**

NAME OF FACILITY OR AGENCY

Located at **3450 HARTS RUN ROAD, GLENSHAW, PA 15116**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **114**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 40**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **November 15, 2021** until **November 15, 2022**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **453220**


ISSUING OFFICER


DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

HS 628 – 01/21



Emailing Date: November 16, 2021

[REDACTED]
Fox Chapel Operations. LLC
4423 Pheasant Ridge Road, Suite 301
Roanoke, VA 24014

RE: Harmony at Hart's Run
3450 Harts Run Road
Glenshaw, PA, 15116
Certificate #: 453220

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on October 21, 2021 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2600.11(b) relating to procedural requirements for licensure or approval of personal care homes a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

Your NEW license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in black ink that reads "Jamie F. Buchenauer". The signature is written in a cursive, flowing style.

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *Harmony at Hart's Run* License #: *45322* License Expiration Date:
Address: *3450 Harts Run Road , Glenshaw, PA 15116*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *412-447-5754* Email: [REDACTED]

Legal Entity

Name: *Fox Chapel Operations. LLC*
Address: *4423 Pheasant Ridge Road, Suite 301 , Roanoke, VA, 24014*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *08/23/2021* Issued By: *Township of Indiana*
Type: *I-2* Date: *08/23/2021* Issued By: *Township of Indiana*

Staffing Hours

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

Inspection

Type: *Partial* Notice: *Announced* BHA Docket #:
Reason: *New* Exit Conference Date: *10/21/2021*

Inspection Dates and Department Representative

10/21/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *114* Residents Served: *0*

Secured Dementia Care Unit

In Home: *Yes* Area: *1st fl Harmony Square* Capacity: *40* Residents Served: *0*

Hospice

Current Residents: *0*

Number of Residents Who:

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

Inspections / Reviews

10/21/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/11/2021*

11/9/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/11/2021*

11/12/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

89b - Hot Water Temperature**1. Requirements**

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 10/21/21, the water temperature of the kitchenette sink, in the Hampton Bistro to the right of the front entrance measured 131.2 degrees Fahrenheit at 10:17 a.m. on the first floor.

On 10/21/21, the water temperature of the kitchenette sink, in bedroom #224 measured 131.7 degrees Fahrenheit at 10:58 a.m. on the second floor.

On 10/21/21, the water temperature of the kitchenette sink, in bedroom #331 measured 132.4 degrees Fahrenheit at 11:38 a.m. on the third floor.

On 10/21/21, the water temperature of the kitchenette sink, in bedroom #332 measured 131.9 degrees Fahrenheit at 11:50 a.m. on the third floor.

On 10/21/21, the water temperature at the sink in the Millvale Activity Room in Harmony Square the Secured Care Dementia Unit (SCDU) measured 131.0 degrees Fahrenheit at 12:40 p.m. on the first floor.

Plan of Correction**Accept**

Mixing valves were installed on kitchenette sinks in areas accessible to residents so as not to exceed a hot water temperature of 120 degrees Fahrenheit (see attached letter from Ryco, Inc. detailing installation and locations). Hot water temperatures were obtained post-installation to ensure temperatures were less than 120 degrees Fahrenheit(see attached temperature log). Water temperatures will be checked three times per week by the Maintenance Director (or Designee) to ensure hot water temperatures do not exceed 120 degrees Fahrenheit in resident accessible areas.

Completion Date: 11/08/2021

Document Submission**Implemented**

Corrections were made as stated above and documentation to support this correction is attached.

233c - Key-Locking Devices**1. Requirements**

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

233c - Key-Locking Devices (continued)**Description of Violation**

On 10/21/21, the directions for operating the home's locking mechanisms were not posted in the following areas:

- The exterior side to reenter the dining room door from Girtty's Run Courtyard of personal care.*
- In Harmony Square (SCDU) the door in the Millvale Activity Room leading into the secured courtyard and the exterior side of the door from the secured courtyard back into Millvale Activity Room.*
- In Harmony Square (SCDU) the door in the dining room leading to the secured courtyard and the exterior side of the door from the secured courtyard back into the dining room.*
- The gate leading from the secured courtyard to the parking lot and entrance from Harts Run Road.*
- The emergency exit by bedroom #119 on the first floor.*
- The emergency exit in the hallway by room #102 on the first floor.*
- The emergency exit at the end of the hallway by bedroom #101 on the first floor.*

Plan of Correction**Accept**

Directions for operating the homes locking mechanisms were placed in all applicable areas of the home (see attached photos for documentation). The Maintenance Director or Executive Director (or Designee) will perform daily walkthroughs of all applicable areas of the home to ensure codes are posted in accordance with this regulation.

Completion Date: 11/04/2021

Document Submission**Implemented**

Corrections were made as stated above and documentation to support this correction is attached.