pennsylvania
DEPARTMENT OF HUMAN SERVICES

# CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **MOON OPERATIONS, LLC**
LEGAL ENTITY

To operate **HARMONY AT DIAMOND RIDGE**
NAME OF FACILITY OR AGENCY

Located at **3301 MARKET PLACE BOULEVARD, CORAOPOLIS, PA 15108**
(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 **107**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 36**

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 **February 10, 2025** until **February 10, 2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **456440**

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 – 04/23

pennsylvania
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Emailing Date: February 7, 2025

[redacted]
Moon Operations LLC
[redacted]

RE: Harmony at Diamond Ridge
3301 Market Place Boulevard
Coraopolis, Pennsylvania 15108
License #:456440

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on February 3rd, 2025, 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) or 55 Pa.Code § 2800.11(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.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

## Facility Information

**Name:** *Harmony at Diamond Ridge* **License #:** *45644* **License Expiration:**

**Address:** *3301 Market Place Boulevard, Coraopolis , PA 15108*

**County:** *ALLEGHENY* **Region:** *WESTERN*

## Administrator

**Name:** [redacted]

## Legal Entity

**Name:** *Moon Operations, LLC*

**Addres** [redacted]

**Phone:** [redacted]

## Certificate(s) of Occupancy

**Type:** *I-2* **Date:** *08/06/2024* **Issued By:** *Township of Moon*

## Staffing Hours

**Resident Support Staff:** *0* **Total Daily Staff:** *4* **Waking Staff:** *3*

## Inspection Information

**Type:** *Partial* **Notice:** *Announced* **BHA Docket #:**

**Reason:** *New* **Exit Conference Date:** *02/03/2025*

## Inspection Dates and Department Representative

*02/03/2025 - On-Site:* [redacted]

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity:** **Residents Served:** *3*

### Secured Dementia Care Unit

**In Home:** *Yes* **Area:** *Harmony Square* **Capacity:** *36* **Residents Served:** *0*

### Hospice

**Current Residents:** *0*

### Number of Residents Who:

**Receive Supplemental Security Income:** *0*

**Are 60 Years of Age or Older:** *3*

**Diagnosed with Mental Illness:** *0*

**Diagnosed with Intellectual Disability:** *0*

**Have Mobility Need:** *1*

**Have Physical Disability:** *0*

# Inspections / Reviews

### 02/03/2025 - Partial

**Lead Inspector** [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *02/14/2025*

### 02/05/2025 - POC Submission

**Submitted By:** [redacted] **Date Submitted:** *02/05/2025*

**Reviewer:** [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *02/12/2025*

## Inspections / Reviews *(continued)*

**02/05/2025 - POC Submission**

**Submitted By:** [redacted] **Date Submitted:** *02/05/2025*

**Reviewer:** [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *02/08/2025*

**02/06/2025 - Document Submission**

**Submitted By** [redacted] **Date Submitted:** *02/05/2025*

**Reviewer:** [redacted] **Follow-Up Type:** *Not Required*

## 133.1 - Exit Signs

**1. Requirements**

2600.
133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word ''EXIT'' in plain legible letters shall be placed at all exits.

**Description of Violation**

*At approximately 12:55 p.m., both of the sets of emergency exit doors leading from the Sewickley dining room to the courtyard and rear parking lot of the home had emergency exit signage affixed above the door, but both exits also had a small beige placard affixed to the wall to the left of the door that indicated "Not an Exit."*

*At approximately 1:25 p.m. the emergency exit door leading from the Duquesne living room to the Mooncrest Courtyard in the home's Harmony Square secured dementia care unit had emergency exit signage affixed above the door, but also had a small beige placard affixed to the wall to the left of the door that indicated "Not an Exit."*

*At approximately 1:25 p.m. the emergency exit door leading from the Warhol activity room to the Mooncrest Courtyard in the home's Harmony Square secured dementia care unit had emergency exit signage affixed above the door, but also had a small beige placard affixed to the wall to the left of the door that indicated "Not an Exit."*

**Plan of Correction** ***Accept [redacted] 02/05/2025)***

*• On 02/03/2025, the Maintenance Director removed the signage from the Sewickley Dining Room, Duquesne Living room and Warhol Activity room. New singnage has been ordered to ensure clear designation of all exits and will be installed upon arrival.*
*• Executive Director will in-service the Maintenance Director on 02/05/2025 regarding regulation 2600.133.1. Documentation of training will be kept in the 2025 staff training binder.*
*• Executive Director or designee will audit two emergency egresses once per week for six weeks beginning 02/07/2025 to confirm proper signage is present.*
*• Results of audits will be reviewed at the community's quality management meetings to determine if further monitoring is required.*

**Licensee's Proposed Overall Completion Date:** *02/07/2025*

***Implemented [redacted] 02/06/2025)***