



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: July 24, 2023

[REDACTED]
Fox Chapel Operations LLC
[REDACTED]

RE: Harmony at Harts Run
3450 Harts Run Road
Glenshaw, Pennsylvania 15116
License/COC #: 453222

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on November 29, 2022, November 30, 2022, January 23, 2023, January 26, 2023, January 30, 2023, and April 13, 2013, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), mistreatment or abuse of residents being cared for in the facility, failure to submit an acceptable plan to correct noncompliance items, and failure to comply with the acceptable plan to correct noncompliance items, the Department hereby issues you a SECOND PROVISIONAL license to operate the above facility. A SECOND PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1); (5) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5) (relating to conditions for denial, nonrenewal or revocation). Your SECOND PROVISIONAL license is enclosed and is valid from July 24, 2023 to January 24, 2024.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.


Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
<u>Section:</u>					
42(b)	II	61	\$5	\$305	5 calendar days from mailing date of this letter
187(d)	II	61	\$5	\$305	5 calendar days from mailing date of this letter
231(b)	II	61	\$5	\$305	5 calendar days from mailing date of this letter
231(c)	II	61	\$5	\$305	5 calendar days from mailing date of this letter
234(a)	II	61	\$5	\$305	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:


 Pennsylvania Department of Human Services
 Bureau of Human Services Licensing
 Room 631, Health and Welfare Building
 625 Forster Street

Harrisburg, Pennsylvania 17120
PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.


Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala". The signature is written in a cursive style with a large initial 'J'.

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

A list of four redacted recipient names, each represented by a solid black horizontal bar of varying length.

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

Facility Information

Name: *HARMONY AT HARTS RUN* License #: *45322* License Expiration: *04/14/2023*
Address: *3450 HARTS RUN ROAD, GLENSHAW, PA 15116*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *FOX CHAPEL OPERATIONS LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *05/08/2021* 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: *72* Waking Staff: *54*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *11/30/2022*

Inspection Dates and Department Representative

11/29/2022 - On-Site: [REDACTED]
11/30/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *114* Residents Served: *54*

Secured Dementia Care Unit

In Home: *Yes* Area: *Memory Care* Capacity: *40* Residents Served: *14*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *53*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *18* Have Physical Disability: *1*

Inspections / Reviews

11/29/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/23/2022*

01/03/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *01/27/2023*
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/13/2023*

01/19/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *01/27/2023*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *01/29/2023*

06/07/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: *01/27/2023*
Reviewer: [REDACTED] Follow-Up Type: *Enforcement*

42b - Abuse

1. Requirements

2600.

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 11/13/22 at approximately 4:00 p.m., resident #1 bit resident #2 on the left arm "leaving bleeding bite mark on it." Resident #1 had a previous incident of biting another resident on 10/4/22. On approximately 11/11/22, the home identified the need for 24 hour supervision for the resident. However, the home did not provide the needed supervision.

Repeat violation 6/21/22 et al

Plan of Correction

Directed [redacted] - 01/19/2023)

Resident #1 was not properly supervised to prevent any further biting episodes.

Staff did not supervise resident closely enough due to lack of education of the importance of this.

Resident #1 was sent to the hospital for a psychiatric evaluation and was not permitted to return to the community due to continued aggressive behaviors.

All new residents will be evaluated for aggressive behaviors prior to admission by the Healthcare Director and if any current residents have aggressive behaviors, they will be addressed with their physician promptly to determine what is needed to manage the behaviors. No other aggressive behaviors noted upon evaluation of current residents.

Support plans will reflect accurate current needs of each resident.

Staff will be educated by the Health Care Director or designee within 24 hours of change of support plan needs.

Staff were re-educated by Area Agency on Aging on Abuse 11/15/22 and will be re-educated annually.

DIRECTED

Within one calendar day of receipt of the accepted plan of correction: The administrator shall privately interview three residents a week for three month and three residents a month thereafter to ensure residents are not neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Documentation of interviews shall be kept. 1/19/23 [redacted]

Directed Completion Date: 01/20/2023

Not Implemented [redacted] - 06/07/2023)

42s - Privacy

2. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 9/13/22, resident #1's family moved the resident's belongings into the unit she was to occupy. On 9/15/22 at approximately 9:00 a.m., the family informed the home that several items including a small table, bed linens, a pillow, towels, rags and an 8'X10' rug totalling \$448 were missing from the resident's apartment.

Plan of Correction

Directed [redacted] - 01/19/2023)

The community failed to protect a resident's belongings from being stolen.

Police were notified at the time we were informed items were missing.

After police investigation it has been unproven as to who removed the belongings and when.

42s - Privacy (continued)

The total amount of \$448 will be refunded to the resident within 30 days of room being vacated of belongings, which was 11/22/22.

Cameras have been purchased and will be installed on exterior main exits by March 13, 2023.

Staff were re educated on resident rights by Area Agency on Aging on 11/15/22 and will be repeated in 6 months (May 2023) and annually thereafter by the Executive Director.

DIRECTED

Within one calendar day of receipt of the accepted plan of correction: The administrator shall offer all residents the option of completing a resident inventory form at the time of admission. 1/19/23

Directed Completion Date: 01/20/2023

Not Implemented - 06/07/2023

187d - Follow Prescriber's Orders**3. Requirements**

2600.

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

Description of Violation

Resident #2 is ordered Acetaminophen 500mg caplet take 2 tablets (=1000mg) by mouth every 8 hours for pain. However, according to the times on the resident's December 2022 medication administration record (MAR), this medication is administered at 7:00 a.m., 1:00 p.m. and 7:00 p.m.

Repeat violation 6/21/22 et al

Plan of Correction

Accepted - 01/03/2023

The medication times listed in the MAR were not entered to match how they were ordered.

The nurse/medication aide who entered the times did not read the order correctly and inadvertently entered the wrong times for the medication.

The physician was notified of the error and changed the order directions to 7am, 1pm and 7pm.

All medication aides were re educated by the Health Care Director on 11/29 & 11/30/22 on the importance of reading orders thoroughly and transcribing them correctly onto the MAR.

The Healthcare Director will check all new orders daily and ensure they have been added to the MAR correctly for the next 3 months, then will randomly check orders weekly for accuracy.

Licensee's Proposed Overall Completion Date: 12/23/2022

Not Implemented - 06/07/2023

231b - Medical Evaluation**4. Requirements**

2600.

231b - Medical Evaluation (continued)

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit on [REDACTED] However, the resident's medical evaluation was completed 6/27/22 which exceeds 60 days prior to admission.

Repeat violation 6/21/22 et al

Plan of Correction

Accept [REDACTED] - 01/03/2023)

The resident's medical evaluation was not completed in the required time frame of admission.

The Healthcare director did not check to make sure dates were in compliance.

All new admission paperwork will be checked by the Healthcare Director and then checked by the Executive Director 3 days prior to move in to ensure compliance with dates is met. The HealthCare Director will audit all files of current residents and to be completed by 12/31/2022 to ensure compliance.

Licensee's Proposed Overall Completion Date: 12/23/2022

Not Implemented [REDACTED] 06/07/2023)

231c - Preadmission Screening

5. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Prior to discharge, resident #1 resided in the home's Secure Dementia Care Unit. Resident #1's preadmission screening completed 9/8/22 for resident #1 does not indicate the name or signature of the person completing the cognitive screening. The screening also does not indicate that the resident requires a secured dementia care unit. This section was blank.

Resident #3 was admitted to the Secure Dementia Care Unit on [REDACTED] However, the resident's preadmission screening, including the cognitive screening, was completed on 7/14/22.

Repeat violation 5/11/22 et al, 6/21/22 et al

Plan of Correction

Directed ([REDACTED] - 01/19/2023)

The residents prescreen was not completed correctly or signed within 72hrs prior to admission.

All new admission paperwork will be checked by the Healthcare Director and then signed by the Executive Director 3 days prior to move in to ensure compliance with dates is met. The HealthCare Director will audit pre-admission screenings to ensure compliance and to be completed on 12/31/2022. Newly hired Healthcare Director was educated on POC items on 1/12/23 and will follow up with all POC items noted. Audits will be ongoing-no end date.

231c - Preadmission Screening (continued)

DIRECTED

Within one calendar day of receipt of the accepted plan of correction: The administrator shall audit all current resident records to ensure compliance with Regulation 2600.231(c). 1/19/23 [REDACTED]

Directed Completion Date: 01/20/2023

Not Implemented [REDACTED] - 06/07/2023)

234a - Admission Support Plan

6. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #3 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the resident's initial support plan was completed on 8/16/22.

Resident #4 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the resident's initial support plan was completed on 10/4/22.

Repeat violation 5/11/22 et al, 6/21/22 et al

Plan of Correction

Directed [REDACTED] - 01/19/2023)

The residents support plan was not completed within the required time frame on 2 residents.

The Healthcare Director did not complete and did not report to anyone that they needed completed.

The newly hired Healthcare Director has been educated on this POC and requirements of it.

The Health Care Director and/or designee will check all new residents' files within 3 days of admission to ensure support plans are completed timely. Audits will be ongoing with no end date.

DIRECTED

Within one calendar day of receipt of the accepted plan of correction: The administrator shall audit all current resident records to ensure compliance with Regulation 2600.234(a). 1/19/23 [REDACTED]

Directed Completion Date: 01/20/2023

Not Implemented [REDACTED] - 06/07/2023)

234c - Support Plan Responsible Person

7. Requirements

2600.

234.c. The support plan must identify the individual responsible to address the resident's needs.

Description of Violation

The home uses a form created by the home as the resident's assessment and support plan.

The support plan completed on 11/7/22 for resident #4 did not include the individual responsible to address the resident's needs as follows:

Page 3 Orientation assessment indicates resident is frequently disoriented and requires frequent supervision and

234c - Support Plan Responsible Person (continued)

oversight.

Page 3 Vision assessment indicates resident can see with devices. However, the support plan does not indicate what assistance is needed to maintain/clean devices.

Page 4 Communication Enabling Devices & Methods indicates resident has speech problems and an enabling device for communication. However, resident does not have an enabling device for communication.

Page 4 Wandering assessment indicates resident "... Has history of leaving immediate area, getting lost or being combative about returning." However, the support plan does not include plan/tactics that work to redirect resident.

Page 4 Judgement assessment indicates "Resident resists care. Cannot make appropriate decisions for self or makes unsafe decisions and needs supervision. Judgment is poor." However, the resident's support plan does not indicate who will provide supervision or the frequency of supervision needed.

Page 5 Anxiety assessment indicates that resident has "current history of frequent anxiety." However, the support plan does not indicate who is responsible to address this need.

Page 9 Bathing Level of Assistance indicates "Extensive: Resident requires hands on assistance with participation by the resident to complete task. However, the support plan does not indicate what assistance resident needs and who is responsible to provide the service.

Page 11 Additional Nursing Services/Outside Services the resident's assessment indicates additional nursing services to include physical therapy and occupational therapy. However, the support plan does not include the name of the provider of these services.

Plan of Correction

Directed [REDACTED] 01/19/2023)

The support plan did not indicate the individual responsible for addressing the resident's needs.

A corrected support plan was completed on 1/12/23. [REDACTED] involved in completing support plan and signatures obtained.

The Healthcare Director or designee will audit 3 new admission support plans every month for the next 6 months, and then randomly, to ensure they are completed correctly.

The newly hired Healthcare Director was educated on items on this POC on 1/12/23. Audits will be ongoing.

DIRECTED

Within one calendar day of receipt of the accepted plan of correction: The administrator shall audit all current resident records to ensure compliance with Regulation 2600.234(c). 1/19/23 [REDACTED]

Directed Completion Date: 01/20/2023

Not Implemented [REDACTED] - 06/07/2023)

234e - Involvement/Participation

8. Requirements

2600.

234.e. The resident or the resident's designated person shall be involved in the development and the revisions of the support plan.

Description of Violation

The support plan developed 11/7/22 for resident #2 did not include documentation that the resident or the designated person was involved in the development of the support plan.

234e - Involvement/Participation (*continued*)**Plan of Correction****Directed** ■ - 01/19/2023)

The support plan was developed without documentation that the resident or designated person was involved in the development of the plan.

The Healthcare Director and/or designee will audit 3 new admission support plans every month for the next 6 months, and then randomly, to ensure they are completed correctly.

The newly hired Healthcare Director was educated on 1/12/23 on the items in this POC. The Healthcare Director and or designee will meet with designated person of all new admissions in developing the support plan. This plan will be ongoing with no end date.

DIRECTED

Within one calendar day of receipt of the accepted plan of correction: The administrator shall audit all current resident records to ensure compliance with Regulation 2600.234(e). 1/19/23 ■

Directed Completion Date: 01/20/2023

Not Implemented ■ - 06/07/2023)