



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, flowing style.

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

A list of redacted recipient names, represented by four solid black horizontal bars of varying lengths, stacked vertically.

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: *08/23/2021* Issued By: *Township of Indiana*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *91* Waking Staff: *68*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *04/13/2023*

Inspection Dates and Department Representative

04/13/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *114* Residents Served: *61*

Secured Dementia Care Unit

In Home: *Yes* Area: *Memory Care* Capacity: *40* Residents Served: *17*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *59*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *30* Have Physical Disability: *1*

Inspections / Reviews

04/13/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/22/2023*

Inspections / Reviews (*continued*)

05/16/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 05/25/2023
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/23/2023

05/19/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 05/25/2023
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 05/26/2023

06/08/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 05/25/2023
Reviewer: [REDACTED] Follow-Up Type: Enforcement

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A, LPN, began working for the home on [REDACTED] and had worked in excess of 40 hours by 1/25/23. However, the home does not have acknowledgement that staff person A received training in Resident rights, Emergency medical plan, Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, and Reportable incidents and conditions.

Plan of Correction

Accept ([REDACTED] 05/16/2023)

New staff person A was hired [REDACTED] and the correct orientation was provided to the staff person however the documentation did not get completed to show this.

This staff person no longer works for this company.

An audit of all employee files was completed on 5/1/23 to ensure all had completed/signed orientation forms.

All new hires will receive the required orientation and paperwork will be completed by the ED/HCD/BOM or designee within the first 40 hours of employment and will be documented on the orientation form.

The ED/BOM will be responsible to ensure all training is completed and documented for all new hires. ED will review orientation form before it gets filed in employee file.

Licensee's Proposed Overall Completion Date: 05/15/2023

Implemented ([REDACTED] - 06/08/2023)

187d - Follow Prescriber's Orders

2. Requirements

2600.

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

Description of Violation

On 2/13/23, staff person A, LPN, was reportedly unable to access the home's electronic medication administration record (MAR) to administer residents' P.M. medications. Another staff person provided paper MARs to staff person A. However, staff person A opted not to administer the evening medications to 11 residents in the memory care unit to include:

* Residents #1's Olanzapine

* Resident #2's carvedilol 3.125mg, Eliquis 2.5mg, Entresto 24mg-26mg, escitalopram 10mg, latanoprost 0.0005% eye drops, memantine Hcl 5mg, and mirtazapine 30mg.

Resident #2 is ordered the following medications that were not administered on 4/10/23 at 7:00 p.m. due to not being available in the home according to the resident's April 2023 MAR:

* Carvedilol 3.125mg oral tablet – take 1 tablet by mouth 2 times a day

* Eliquis 2.5mg tablet – 1 tablet oral two times daily

* Escitalopram 10mg tablet – 1.5 tablet oral one time daily

187d - Follow Prescriber's Orders (continued)

- * Memantine 5mg tablet 1 tablet oral two times daily
- * Mirtazapine 30mg tablet 1 tablet oral at hour of sleep

Repeat violation 6/21/22 et al.

Plan of Correction

Accepted [REDACTED] 05/19/2023)

Staff person A did not administer medications as prescribed.

This staff person no longer works for the company.

Resident's physicians and families were notified of medications not being given. No ill effects occurred due to missed dose of medication.

The administrator educated all staff persons qualified to administer medications on the requirements of 2600.187 on 3/13/23 and 3/14/23.

MAR audits will be done weekly on 10 random residents' MAR's by the HCD and will be documented on a MAR audit form and kept in the HCD's office for the next 3 months, then quarterly.

Licensee's Proposed Overall Completion Date: 05/18/2023

Not Implemented [REDACTED] 06/08/2023)