

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

July 24, 2023

[REDACTED],  
FOX CHAPEL OPERATIONS LLC  
[REDACTED]  
[REDACTED]

RE: HARMONY AT HARTS RUN  
3450 HARTS RUN ROAD  
GLENSHAW, PA, 15116  
LICENSE/COC#: 45322

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/25/2023 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: *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: *1 2* Date: *08/23/2021* Issued By: *Township of Indiana*

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *87* Waking Staff: *65*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *06/02/2023*

**Inspection Dates and Department Representative**

*05/25/2023 On Site* [Redacted]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *114* Residents Served: *64*

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

**Hospice**  
 Current Residents: *4*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *63*  
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *23* Have Physical Disability: *2*

**Inspections / Reviews**

**05/25/2023 - Partial**  
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *06/23/2023*

**06/26/2023 - POC Submission**  
 Submitted By: [Redacted] Date Submitted: *07/03/2023*  
 Reviewer: [Redacted] Follow-Up Type: *Document Submission* Follow-Up Date: *07/03/2023*

Inspections / Reviews *(continued)*

07/24/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/03/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 185a - Implement Storage Procedures

## 1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

## Description of Violation

On [REDACTED]/23, staff person A, a medication technician, handed resident #1 all of the resident's morning dose medication blister cards to review after resident #1 asked staff person A to identify each medication that was being administered. After 5-10 minutes of reviewing the medications, resident #1 put all of the medication blister cards into the bag [REDACTED] had with [REDACTED] and took them downstairs to the dining room when [REDACTED] went to breakfast. After returning to [REDACTED] apartment after breakfast, staff person A requested another medication technician to retrieve the blister packs from resident #1. Resident #1 refused but did give them to the LPN on duty when the LPN requested them from the resident.

## Plan of Correction

Accept [REDACTED] - 06/26/2023)

On [REDACTED]/23, staff person A received disciplinary action due to not following proper medication procedures. On 6/15/23, all medication staff were re- educated by the Healthcare Director on policies and procedures for storing medications. The Healthcare Director will remind medication staff daily that all medications are to be locked in the medication cart at all times and will do daily audits of the carts to ensure all medications are secured.

Licensee's Proposed Overall Completion Date: 06/19/2023

Implemented [REDACTED] - 07/24/2023)

## 225a - Assessment 15 Days

## 2. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

## Description of Violation

Resident #1's initial assessment completed [REDACTED] indicates that the resident is independent with ambulation (code A). However, the resident uses a rollator walker for assistance with ambulation.

## Plan of Correction

Accept [REDACTED] - 06/26/2023)

A new assessment for Resident #1 was completed on [REDACTED] to show accurate mobility status documented in the Summary section. An audit will be done by [REDACTED] to ensure all RASPS reflect accurate information. Due to staff turnover, the new healthcare director will document mobility and transfer status accurately on RASP moving forward. The ED will check all initial assessments before resident signs to ensure that they are matching the true resident's needs.

Licensee's Proposed Overall Completion Date: 06/19/2023

Implemented [REDACTED] - 07/24/2023)