

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

September 18, 2023

[REDACTED], LEGAL ENTITY
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 07/26/2023 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: *01/21/2024*
 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]

Certificate(s) of Occupancy

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *07/26/2023*

Inspection Dates and Department Representative

07/26/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *114* Residents Served: *69*

Secured Dementia Care Unit
 In Home: *Yes* Area: *1st Floor Memory Care* Capacity: *40* Residents Served: *17*

Hospice
 Current Residents: *4*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *69*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *22* Have Physical Disability: *0*

Inspections / Reviews

07/26/2023 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/11/2023*

08/10/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *09/07/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/16/2023*

Inspections / Reviews *(continued)*

08/11/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/07/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/11/2023

09/18/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/07/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

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 [redacted] between [redacted] pm, staff person B was pushing resident #2 in [redacted] r wheelchair to the dining room table. Resident #2 began yelling and slapping staff person B, and staff person B responded by slapping resident #2 numerous times on her forearms. Also, staff person B pulled resident #2's ponytail.

On [redacted] at approximately [redacted], staff person A was escorting resident #1 out of the bathroom in resident #1's private bedroom. Staff person A pushed resident #1 over the arm of her sofa, causing resident #1 to land on the sofa on her back with her legs in the air. Resident #1 stated to staff person A, "Why would you do this", then began to cry.

REPEAT VIOLATION: 11/29/2022, et. al.

Plan of Correction

Directed ([redacted] - 08/11/2023)

Both incidents of alleged abuse were investigated by Executive Director. Both employees who allegedly abused residents were immediately suspended from employment and later terminated after abuse was substantiated. All resident care staff were re-educated on abuse and resident rights on July 27, 2023. Documentation of education will be kept in accordance with 2600.65i for all staff education. Area agency on aging is scheduled to come on 8/17/23 for further Abuse and Resident Rights education to all staff. (DIRECTED: Documentation of the 8/17/23 education shall be kept in accordance with 2600.65i. [redacted] 8/11/23). Education on Abuse and Resident Rights will be held quarterly for the next 12 months, with the first quarter starting 8/18/23. (DIRECTED: Documentation of the educations shall be kept in accordance with 2600.65i. [redacted] 8/11/23) 10 residents every month for the next 6 months will be surveyed by the Executive Director to ensure they feel safe and secure in their home. This will start 9/1/23. Documentation of the interviews will be kept on file by the Executive Director.

DIRECTED: Within 30 calendar days of receipt of the plan of correction: The home will conduct a quality management plan review and evaluation. The Administrator will place an increased emphasis on these plans of correction and take action to improve the quality of its resident rights and Older Adult Protective Services Act (OAPSA) training for all newly hired staff within 40 scheduled working hours in accordance with §2600.65(b)(1) and §2600.65(b)(3) and annually in accordance with §2600.65(g)(3) and §2600.65(g)(4). Documentation of the quality management review shall be kept [redacted] 8/11/23

Directed Completion Date: 09/11/2023

Implemented ([redacted] - 09/18/2023)

231b - Medical Evaluation

2. Requirements

2600.

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 #2's most recent medical evaluation, dated [REDACTED], does not indicate the need for resident #2 to continue to be served in the secured dementia care unit (SDCU). Resident #2 was admitted to the SDCU on [REDACTED]

REPEAT VIOLATION: 11/29/2022, et. al.

Plan of Correction

Accept [REDACTED] - 08/11/2023)

The previous Healthcare Director did not review medical evaluations correctly and thoroughly to ensure they are completed in its entirety for the SDCU section. Resident #2's medical evaluation was updated by the physician to indicate the continued need to be served in the SDCU on [REDACTED]

Between 7/26/23 and 8/10/23, All the resident records have been audited by the current HCD. Any records found to be deficient under prior leadership have been corrected and notated that we are aware of the deficiency and the HCD will continue to perform monthly audits to verify accuracy and completion and ongoing compliance.

Beginning 9/1/23, The Executive Director will audit 10 files per month to ensure all medical evaluations are correct and reflect the correct level of care for the resident. Effective 8/1/23, An admission checklist will be completed for each admission by the ED to ensure DME's are completed in their entirety including documentation for the need for residents to be served in the SDCU, within 60 days prior to admission.

Licensee's Proposed Overall Completion Date: 09/01/2023

Implemented [REDACTED] - 09/18/2023)