

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

November 4, 2024

[REDACTED]
FOX CHAPEL OPERATIONS LLC
[REDACTED]

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

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/09/2024 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: *09/19/2025*
 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: *0* Total Daily Staff: *122* Waking Staff: *92*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *10/09/2024*

Inspection Dates and Department Representative

10/09/2024 On Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *114* Residents Served: *87*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Memory Care* Capacity: *40* Residents Served: *24*

Hospice
 Current Residents: *15*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *87*
 Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *35* Have Physical Disability: *0*

Inspections / Reviews

10/09/2024 - Partial
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *10/21/2024*

10/22/2024 - POC Submission
 Submitted By: [Redacted] Date Submitted: *10/31/2024*
 Reviewer: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *10/22/2024*

Inspections / Reviews *(continued)*

10/24/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/31/2024

11/04/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident [redacted] initial medical evaluation, dated 8/20/24, did not record the resident’s pulse rate or the medical professional’s license number, those areas of the form were left blank.

Plan of Correction

Accept [redacted] - 10/24/2024)

On 10/11/24, HCD reached out to Physician and obtained [redacted] medical professional license number and wrote it on the initial medical evaluation, with [redacted] permission [redacted] initialed it. [redacted] also obtained resident [redacted] current pulse rate and wrote that on the initial medical evaluation and initialed it, again with the medical professional's permission. HCD was re educated on 2600.141.a on 10/11/24. Signatures were obtained, and documentation was kept. Beginning 10/15/24, HCD will audit all new initial medical evaluations for completion. [redacted] will do this for 3 months and then quarterly for 6 months. All documentation will be kept. Beginning on 10/28/24, HCD will conduct an audit of all current resident medical evaluations for accuracy, completeness and timeliness. Audit will be completed by 11/30/24. All documentation will be kept. This information will be reviewed at the monthly QAPI meeting.

Proposed Overall Completion Date: 11/30/2024

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [redacted] - 11/04/2024)

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 [redacted]’s assessment, dated [redacted] indicated “Moderate (Immobile)” for mobility with a description of mobility needs that indicated “Level of assistance-Evacuation: Moderate.” However, on 8/26/24, resident [redacted] was admitted to the home’s secured dementia care unit, and requires total physical or oral assistance from one or more staff persons to evacuate in an emergency.

225a - Assessment 15 Days (continued)

Plan of Correction

Accept [REDACTED] 10/22/2024)

On [REDACTED], HCD updated Resident [REDACTED] assessment to reflect immobile. On 10/11/24, HCD was re-educated on 2600.225.a. Signatures were obtained, and documentation was kept. On 10/14/24, HCD began an audit on all assessments for the secured dementia care unit to ensure compliance with the mobility description. Documentation will be kept. Beginning 10/15/24, HCD will audit all new admissions into the secured dementia care unit assessments for compliance with the mobility description. [REDACTED] will do this for 3 months and then quarterly for 6 months. All documentation will be kept. This will be reviewed at the monthly QAPI meeting.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented [REDACTED] - 11/04/2024)

227d - Support Plan Medical/Dental

3. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident [REDACTED] assessment, dated [REDACTED], was updated to indicate admission to Commonwealth Hospice on [REDACTED]. However, resident [REDACTED] support plan, dated [REDACTED] did not indicate the care and services to be provided by Commonwealth Hospice to include showering, toileting, personal hygiene and incontinence care.

Plan of Correction

Accept [REDACTED] 10/24/2024)

On 10/11/24, HCD updated Resident [REDACTED] assessment to reflect Commonwealth Hospice's plan of care and services provided. On 10/11/24, HCD was re-educated on 2600.227.d. Signatures were obtained, and documentation was kept. On 10/14/24, HCD began an audit on all assessments for residents on hospice to ensure compliance with their care and services provided by hospice. Documentation will be kept. Beginning 10/15/24, HCD will audit all new hospice admissions assessments for compliance with their care and services provided. [REDACTED] will do this for 3 months and then quarterly for 6 months. All documentation will be kept. Beginning 10/21/24, HCD will conduct an audit of all resident records to ensure each resident has a current, complete and timely support plan completed and in the resident record. This will be completed by 11/30/24. All documentation will be kept. This will be reviewed at the monthly QAPI meeting.

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [REDACTED] - 11/04/2024)