pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **FOX CHAPEL OPERATIONS LLC**
LEGAL ENTITY

To operate **HARMONY AT HARTS RUN**
NAME OF FACILITY OR AGENCY

Located at **3450 HARTS RUN ROAD, GLENSHAW, PA 15116**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **136**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 40**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **January 31, 2025** until **September 19, 2025**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **453220**

ISSUING OFFICER

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 04/23

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing Date: January 30, 2025

[redacted]
Fox Chapel Operations, LLC
[redacted]

RE: Harmony at Harts Run
3450 Harts Run Road
Glenshaw, Pennsylvania 15116
License #: 453220

Dear [redacted]

As the result of your home's recent request to adjust the use of the physical space, the Department has granted an approval for a revised license issued under the authority of 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The approved capacity revision request is an increase from 114 to 136. The expiration date of the license remains unchanged.

Any future requests for changes in capacity should be forwarded to the Department for review and consideration in accordance with the applicable regulations. The revised license is enclosed.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Department of Human Services
Bureau of Human Service Licensing

LICENSING INSPECTION SUMMARY - PUBLIC

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]

Legal Entity

Name: *FOX CHAPEL OPERATIONS LLC*

Address: [redacted]

Certificate(s) of Occupancy

Type: *I-2* **Date**: *08/23/2021* **Issued By**: *Township of Indiana*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *129* **Waking Staff**: *97*

Inspection Information

Type: *Partial* **Notice**: *Announced* **BHA Docket #**:

Reason: *Complaint, Interim* **Exit Conference Date**: *12/11/2024*

Inspection Dates and Department Representative

12/11/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *114* **Residents Served**: *90*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *1st floor* **Capacity**: *40* **Residents Served**: *28*

Hospice

Current Residents: *22*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *89*

Diagnosed with Mental Illness: *6* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *39* **Have Physical Disability**: *1*

Inspections / Reviews

12/11/2024 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *12/22/2024*

Inspections / Reviews *(continued)*

01/06/2025 - POC Submission

Submitted By: [redacted] **Date Submitted:** *01/19/2025*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *01/10/2025*

01/13/2025 - POC Submission

Submitted By: [redacted] **Date Submitted:** *01/19/2025*

[redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *01/23/2025*

01/24/2025 - Document Submission

Submitted By: [redacted] **Date Submitted:** *01/19/2025*

Reviewer: [redacted] **Follow-Up Type:** *Exception*

103f - Refrigerator/Freezer Temps

1. Requirements

2600.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At 10:23 AM and 1:27 PM, the temperature in the walk-in refrigerator was 41 degrees Fahrenheit.

At 10:24 AM, the temperature in the walk-in freezer was 10 degrees Fahrenheit, and at 1:26 PM the temperature was 5 degrees Fahrenheit.

At 10:31 AM, there was no thermometer in the ice cream freezer. A thermometer was added to the freezer; however, at 1:29 PM, the temperature was 8 degrees Fahrenheit.

Plan of Correction ***Directed [redacted] - 01/13/2025)***

On 12/11/2024, The walk-in refrigerator, the walk-in freezer and the ice cream freezer were immediately turned down so they would reach the appropriate temperature. A thermometer was immediately placed in the ice cream freezer. On 12/11/24, all new thermometers were ordered. Thermometers arrived on 12/13/24 and were placed in the walk-in freezer and walk-in refrigerator by the Dining Services Director. An-service on regulation 2600.103.f, will be given to all Dietary Staff by [redacted], Dining Services Director, by 1/10/2025. Signatures will be obtained, and documentation will be kept. Beginning on 1/2/2025, the Dining Services Director will conduct a daily audit on all refrigerators, walk-in coolers, freezers, and ice cream freezer, for 2 months and then a weekly audit for 4 months. All documentation will be kept. Beginning in January 2025, all audits will be brought to the monthly Quality Assurance Program meetings, beginning on 1/17/25. This will continue for 6 months. The Quality Assurance Meeting is held the 3rd Friday of every month for 6 months. All documentation will be kept.

Proposed Overall Completion Date: [redacted]

[redacted] **Date:** *01/17/2025*

Implemented [redacted] - 01/24/2025)

103g - Storing Food

2. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At 10:35 AM, there was an open and unsealed box of Bran Flakes on the pantry shelf in the kitchen.

REPEAT VIOLATION: 3/4/2024; 12/19/2023

103g - Storing Food *(continued)*

Plan of Correction ***Directed (- 01/13/2025)***

On 12/11/2024, the unsealed box of bran flakes was immediately discarded by the Dining Services Director. An in-service will be given on regulation 2600.103.g to all dining services staff by , , by 1/10/2025. Signatures will be obtained, and documentation will be kept. Beginning on 1/2/2025, the Dining Services Director will conduct a weekly audit for all storage areas for 3 months and then a bi-weekly audit for 9 months. All documentation will be kept. Beginning in January 2025, all audits will be brought to the monthly Quality Assurance Program meetings beginning on 1/17/25. This will continue for 12 months. The Quality Assurance Meeting is held the 3rd Friday of every month. All documentation will be kept.

Proposed Overall Completion Date:

Directed Completion Date: *01/17/2025*

Implemented - 01/24/2025)

132d - Evacuation

3. Requirements

2600.
132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

According to the most recent documentation from a fire safety expert, dated 2/5/24, the maximum evacuation time to the home's fire-safe areas is 15 minutes. However, the evacuation time for the fire drill held on 9/30/24 at 4:22 AM was 20 minutes, 9 seconds.

Plan of Correction ***Directed - 01/13/2025)***

There was some new staff on duty the day of the fire drill that was 20 minutes. Although they had received fire training on Orientation , they did not perform accordnigly. The 11-7 shift has since ben re-educated, All staff will be in-serviced on fire safety evacuation times and regulation 2600.132.d by the Maintenance Director by 1/23/2025. Signatures will be obtained, and documentation will be kept. Beginning, January 2025, Fire drills will be conducted 2 x per month for 3 months. Signatures will be obtained, and documentation will be kept. Beginning January 2025, the Maintenance Director will monitor the time for all fire drills to ensure compliance with regulation 2600.132.d. Documentation will be kept. Beginning in January 2,2025, ED will conduct monthly fire drill audits The administrator monthly audits shall continue indefinitely to ensure compliance with 2600.132d. 13/25). to ensure compliance with 260.132d. All audits will be brought to the monthly Quality Assurance Program, beginning on 1/17/25. This will continue for 6 months. The Quality Assurance Meeting is held the 3rd Friday of every month. All documentation will be kept.

Proposed Overall Completion Date:

Directed Completion Date: *01/23/2025*

Implemented (- 01/24/2025)