

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

June 24, 2025

[REDACTED]
MOON OPERATIONS, LLC
[REDACTED]
[REDACTED]

RE: HARMONY AT DIAMOND RIDGE
3301 MARKET PLACE BOULEVARD
CORAOPOLIS, PA, 15108
LICENSE/COC#: 45644

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/21/2025 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 DIAMOND RIDGE **License #:** 45644 **License Expiration:** 02/10/2026

Address: 3301 MARKET PLACE BOULEVARD, CORAOPOLIS, PA 15108

County: ALLEGHENY **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: MOON OPERATIONS, LLC

Address: [REDACTED]

Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: 1 1	Date: 08/06/2024	Issued By: Township of Moon
Type: 1 2	Date: 08/06/2024	Issued By: Township of Moon
Type: Other	Date: 08/06/2024	Issued By: Township of Moon

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 49 **Waking Staff:** 37

Inspection Information

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

Reason: Complaint, Incident **Exit Conference Date:** 05/21/2025

Inspection Dates and Department Representative

05/21/2025 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 107 **Residents Served:** 27

Secured Dementia Care Unit

In Home: Yes **Area:** **Capacity:** 36 **Residents Served:** 16

1st floor, Harmony Square

Hospice

Current Residents: 9

Number of Residents Who:

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 27
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 22	Have Physical Disability: 1

Inspections / Reviews

05/21/2025 - Partial

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 06/11/2025

06/10/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/17/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 06/16/2025

06/10/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/17/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission

Follow Up Date: 06/17/2025

06/24/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/17/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At 9:46 AM, the emergency exit door in stairwell #2 leading to the front parking lot would not open, because the door latch was stuck.

At 9:46 AM the emergency exit door from the secured dementia care unit (SDCU) leading to stairwell #2 would not open, because the card reader was not working properly.

Plan of Correction

Accept ([redacted] 06/10/2025)

- On 05/21/2025 the Maintenance Director fixed the latch on emergency stairwell exit door #2.
- On 05/21/2025 CGL Technologies Came in and fixed the card reader for SDCU door leading to stairwell #2
- On 05/21/2025 The Maintenance Director and Executive Director confirmed that both doors are operational. On 05/21/2025 the Executive Director tested all other egress doors and found no issues.
- On 06/02/2025 the Executive Director provided training to the Maintenance Director regarding Regulation 2600.121.a. Documentation of training will be kept in the 2025 training binder.
- Beginning 06/02/2025, the Maintenance Director or Designee will test 2 exit doors per week for 6 weeks to confirm all doors are in working order. Documentation will be kept. Audits will then continue monthly.
- Results of audits will be discussed at monthly QA meetings beginning 06/12/25 to determine if further audits are needed.

Proposed Overall Completion Date: 07/07/2025

Licensee's Proposed Overall Completion Date: 06/17/2025

Implemented [redacted] - 06/24/2025)

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] medical evaluation, dated [redacted], includes diagnoses of [redacted] and [redacted] however, these diagnoses are not indicated on resident [redacted] assessment, dated [redacted].

225a Assessment 15 Days (continued)

Plan of Correction

Accept [redacted] - 06/10/2025)

- On 05/21/2025 the Healthcare Director added the diagnoses of [redacted] and [redacted] on Resident [redacted] assessment.
- On 06/02/2025 the Executive Director provided the Healthcare Director with training regarding regulation 2600.225.a. Documentation of training will be kept in the 2025 training binder.
- Beginning 06/02/2025 the Healthcare Director or designee will audit 2 resident Medical Evaluations and 2 assessments per week for 6 weeks to confirm all diagnoses are indicated on both forms. Audits will then continue monthly. Documentation will be kept.
- Results of audits will be discussed at monthly QA meetings beginning 06/12/25 to determine if further audits are needed.

Proposed Overall Completion Date: 07/07/2025

Licensee's Proposed Overall Completion Date: 06/17/2025

Implemented [redacted] - 06/24/2025)

226a - Mobility Assessment

3. Requirements

2600.

226.a. The resident shall be assessed for mobility needs as part of the resident's assessment.

Description of Violation

Resident [redacted] assessment, dated [redacted], indicates resident [redacted] requires hands on assistance of 1 staff person to transfer in/out of bed/chair; however, resident [redacted] assessment indicates resident [redacted] is mobile.

Plan of Correction

Accept ([redacted] 06/10/2025)

- On 05/21/2025 the Healthcare Director updated Resident [redacted]'s assessment to indicate that the resident is immobile.
- On 06/02/2025, the Executive Director provided the Healthcare Director with training regarding 2600.226.a. Documentation of training will be kept in the 2025 training binder.
- Beginning 06/02/2025 the Healthcare Director or designee will audit 2 resident assessments per week for 6 weeks to verify mobility needs are accurate. Audits will then continue monthly. Documentation will be kept.
- Results of audits will be discussed at monthly QA meetings beginning 06/12/25 to determine if further audits are needed.

Proposed Overall Completion Date: 07/07/2025

Licensee's Proposed Overall Completion Date: 06/17/2025

Implemented [redacted] - 06/24/2025)