

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

January 5, 2026

[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 11/24/2025 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 HARTS RUN License #: 45322 License Expiration: 09/19/2026
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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 142 Waking Staff: 107

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 11/24/2025

Inspection Dates and Department Representative

11/24/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 136 Residents Served: 103

Secured Dementia Care Unit

In Home: Yes Area: 1st Floor Capacity: 40 Residents Served: 32

Hospice

Current Residents: 21

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 103
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 39 Have Physical Disability: 1

Inspections / Reviews

11/24/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/04/2025

11/25/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 12/29/2025
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/02/2025

Inspections / Reviews (*continued*)

12/01/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/29/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/29/2025

12/03/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/29/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/29/2025

01/05/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/29/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

184a - Resident's Meds Labeled

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

Description of Violation

Resident [redacted] is currently prescribed [redacted] -Take 1 tablet by mouth daily at bedtime and may take 1 additional tablet by mouth at bedtime as needed; however, the as needed portion of the physician order is not indicated on the pharmacy label for resident [redacted]

Plan of Correction

Directed [redacted] - 12/01/2025)

No residents were affected by deficient practice. Pharmacy label was corrected immediately by HCD, placed directional change sticker on card.

HCD or designee will re educate medication technicians and nurses of regulation 184.a by 12/01/25.

Documentation of education shall be kept in accordance with 2600.65.i

HCD or designee will complete initial cart audits by 12/15/25

Monthly cart audits beginning 11/25/25, on 5 residents per cart, to will be conducted by HCD or designee to ensure compliance for 3 months

Audits to be completed by MedTechs and nurses for any medication changes or new medications received during their shift starting 11/25/25, to ensure medication labels are correct. Audits to last for 90 days and conclude on 02/25/25. See attachment for audit sheets.

HCD or designee will review audit sheets weekly to ensure compliance of regulation. HCD or designee will complete random audits following the completion of audits on 02/25/25.

Results of audits will be reviewed and recorded in monthly QA, next meeting 12/29/25 (DIRECTED: Documentation of the quality management review shall be kept. [redacted] 12/1/25).

Proposed Overall Completion Date: 12/01/2025

Directed Completion Date: 12/29/2025

Implemented [redacted] - 01/05/2026)

233c - Key-Locking Devices

2. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

At 10:38am, the directions for operating the home's locking mechanism were not conspicuously posted near the gate leading from the secured dementia care unit (SDCU) courtyard to the parking lot.

Plan of Correction

Directed [redacted] - 12/01/2025)

No residents affected by deficient practice. Placement of direction for operating the locking mechanism was done immediately by memory care director.

233c Key Locking Devices (continued)

Education to be provided by Ed or designee by 12/1/25, to memory care director on regulation 2600.233.c to ensure compliance

Audits to be completed starting 11/25/25 by memory care director or designee 2X per month for 3 months ending 02/25/25, to ensure placement of directions for operating the homes locking mechanism are conspicuously posted near all exit doors in memory care unit.

12/01/25

Results of audits will be reviewed and recorded in monthly QA, next meeting 12/29/25 (DIRECTED: Documentation of the quality management review shall be kept. [REDACTED] 12/1/25).

Proposed Overall Completion Date: 12/01/2025

Directed Completion Date: 12/29/2025

Implemented [REDACTED] - 01/05/2026