

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

May 26, 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 02/26/2026, 02/27/2026, 03/03/2026 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**

Type: *I-2* Date: *08/23/2021* Issued By: *Township of Indiana*  
 Type: *I-1* Date: *08/23/2021* Issued By: *Township of Indiana*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *172* Waking Staff: *129*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *03/03/2026*

**Inspection Dates and Department Representative**

02/26/2026 - On-Site: [REDACTED]  
 02/27/2026 - On-Site: [REDACTED]  
 03/03/2026 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *136* Residents Served: *118*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *1/2 of First Floor* Capacity: *40* Residents Served: *38*

**Hospice**  
 Current Residents: *10*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *118*  
 Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *54* Have Physical Disability: *0*

**Inspections / Reviews**

02/26/2026 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/05/2026*

Inspections / Reviews *(continued)*

04/10/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/05/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 04/17/2026

04/14/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/05/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/05/2026

05/26/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/05/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Direct care staff person A, date of hire [REDACTED] did not have a criminal history check completed, in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) .

REPEAT VIOLATION: [REDACTED] et al.

Plan of Correction

Accept [REDACTED] - 04/14/2026)

Staff person A has a criminal history check dated 10/31/25 through Certiphi – the communities background check service provider.

Business office manager/designee will audit all employment files to ensure completion of criminal history checks by April 2nd, 2026. Employees who do not meet the requirement will not be hired, pending results from their Certiphi background check screening. Executive Director/designee will audit personnel files monthly, for 6 months, to ensure compliance.

A criminal background check for staff person A was completed 10/27/2025 that is documented via the e-patch system as required by OAPSA and is attached.

The business office manager or designee will audit all employment files to ensure completion of criminal history checks documented via the e-patch system as required by OAPSA. Staff persons identified as not having OAPSA compliant criminal background checks will have new ones documented via the e-patch system.

Executive Director or designee will audit personnel files monthly, for 6 months, to ensure compliance beginning May 1, 2026.

Licensee's Proposed Overall Completion Date: 05/01/2026

Implemented [REDACTED] - 05/20/2026)

141a - Medical Evaluation

3. 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.

Description of Violation

Resident [REDACTED] initial medical evaluation, dated [REDACTED] did not indicate whether or not the resident's needs can be met safely at the Personal Care Home.

Plan of Correction

Accept [REDACTED] - 04/14/2026)

Resident [REDACTED] physician will complete an updated medical evaluation on [REDACTED] next visit to the community, by Thursday April 2nd, 2026.

Healthcare Director/designee will review all resident medical evaluations by Thursday, April 2nd to ensure all resident’s medical evaluations have been completed and indicate proper placement. Executive Director/designee will in-service nursing staff of requirements to ensure compliance. Executive Director/designee will audit resident charts monthly for 6 months, to ensure compliance.

141a Medical Evaluation (continued)

Executive Director or designee will in service all nursing staff of requirements to ensure compliance by April 14, 2026.

Executive Director or designee will audit resident charts monthly, for 6 months, to ensure compliance beginning May 1, 2026.

Licensee's Proposed Overall Completion Date: 05/01/2026

Implemented [redacted] 05/26/2026)

141b2 - Medical Evaluation Changes

4. Requirements

2600.

141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

Description of Violation

Resident [redacted] s most recent medical evaluation for a significant change, dated [redacted] did not include the resident's weight and did not indicate whether or not the resident's needs can be met safely at the Personal Care Home.

Plan of Correction

Accept [redacted] - 04/14/2026)

Resident [redacted] physician will complete an updated medical evaluation on [redacted] next visit to the community, by Thursday April 2nd, 2026. Healthcare Director/designee will review all resident medical evaluations by Thursday, April 2nd to ensure all resident's medical evaluations have been completed and reflect proper needs have been captured.

Executive Director/designee will in service nursing staff of requirements to ensure compliance. Executive Director/designee will audit resident charts monthly for 6 months to ensure compliance.

Executive Director or designee will in service all nursing staff of requirements to ensure compliance by April 14, 2026.

Executive Director or designee will audit resident charts monthly, for 6 months, to ensure compliance beginning May 1, 2026.

Licensee's Proposed Overall Completion Date: 05/01/2026

Implemented [redacted] 05/26/2026)

225a - Assessment 15 Days

5. 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] initial assessment, dated [redacted] did not include assessments for the following behavioral or cognitive care needs: orientation to time, place, and person; [redacted]; communication of needs; understanding instructions; short term memory; long term memory; ability to use and avoid poisonous materials.

Plan of Correction

Accept [redacted] 04/14/2026)

Resident # [redacted] assessment will be updated to reflect the behavioral and cognitive care needs by Thursday, April 2nd

225a - Assessment 15 Days (continued)

2026. Healthcare Director/designee will review all resident assessments, to ensure completion of the forms in their entirety by Thursday, April 2nd, 2026. Executive Director/designee will in-service nursing staff of requirements to ensure compliance Executive Director/designee will audit resident charts monthly for 6 months, to ensure compliance.

Healthcare Director or designee will update resident #3's assessment to reflect the behavioral and cognitive care needs by April 2, 2026.

Executive Director or designee will in-service all nursing staff of requirements to ensure compliance by April 14, 2026.

Executive Director or designee will audit resident charts monthly, for 6 months, to ensure compliance beginning May 1, 2026.

Licensee's Proposed Overall Completion Date: 05/01/2026

Implemented [redacted] 05/26/2026)

234a - Admission Support Plan

6. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident [redacted] was admitted to the home on [redacted] and an initial support plan was completed on that date. Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]; however, a new support plan was not competed for admission to the SDCU.

Plan of Correction

Accept [redacted] - 04/14/2026)

The Healthcare Director will complete an updated support plan for Resident [redacted] by Thursday, April 2nd, 2026.

Healthcare Director/designee will review all support plans for residents in the SDCU to ensure completion by Thursday, April 2nd 2026. Executive Director/designee will in-service nursing staff of requirements to ensure compliance. Executive Director/designee will audit resident charts monthly for 6 months to ensure compliance.

Executive Director or designee will in-service all nursing staff of requirements to ensure compliance by April 14, 2026.

Executive Director or designee will audit resident charts monthly, for 6 months, to ensure compliance beginning May 1, 2026.

Licensee's Proposed Overall Completion Date: 05/01/2026

Implemented [redacted] - 05/26/2026)