



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to SENIOR LIVING OF LOWER MAKEFIELD LLC

LEGAL ENTITY

To operate ARTIS SENIOR LIVING OF YARDLEY

NAME OF FACILITY OR AGENCY

Located at 765 STONY HILL ROAD, YARDLEY, PA 19067

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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 72
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 72

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 August 29, 2025 until August 29, 2026 ,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **146500**


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: August 29, 2025

[REDACTED]
[REDACTED]
Artis Senior Living of Lower Makefield, LLC
[REDACTED]
[REDACTED]

RE: Artis Senior Living of Yardley
765 Stony Hill Road
Yardley, Pennsylvania 19067
License #: 146500

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department), licensing inspections on May 28 and 29, and July 24, 2025, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in brown ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

Facility Information

Name: ARTIS SENIOR LIVING OF YARDLEY

License #: 14650

License Expiration: 07/13/2025

Address: 765 STONY HILL ROAD, YARDLEY, PA 19067

County: BUCKS

Region: SOUTHEAST

Administrator

Name: [REDACTED]

Legal Entity

Name: SENIOR LIVING OF LOWER MAKEFIELD LLC

Address: [REDACTED]

Certificate(s) of Occupancy

Type: R-4

Date: 08/18/2018

Issued By: Lower Makefield Twp.

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 124

Waking Staff: 93

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Provisional

Exit Conference Date: 05/29/2025

Inspection Dates and Department Representative

05/28/2025 - On-Site: [REDACTED]

05/29/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 72

Residents Served: 62

Secured Dementia Care Unit

In Home: Yes

Area: All

Capacity: 72

Residents Served: 62

Hospice

Current Residents: 13

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 62

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 62

Have Physical Disability: 0

Inspections / Reviews

05/28/2025 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 06/28/2025

07/03/2025 - POC Submission

Submitted: [REDACTED]

Date Submitted: 07/15/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 07/08/2025

Inspections / Reviews (*continued*)

07/03/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/15/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/16/2025

08/27/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/15/2025

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

Staff person A was hired on [REDACTED]/2023; however the staff person has not had a criminal background check completed since [REDACTED] 20.

Plan of Correction

Accept [REDACTED] - 07/02/2025)

On day of inspection, a new background check was requested and completed on 5/30/2025 for Staff Person A.

An audit on current employees was completed on 6/19/2025 to ensure all staff members had criminal history checks in accordance with the Older Adult Protective Services Act.

The Director of Business Services or designee will ensure all new hires have background checks completed prior to the new employee start date. A pre hire checklist will be placed in each new hire file to show all mandated backgrounds have been completed.

See attached.

Licensee's Proposed Overall Completion Date: 06/27/2025

Evidence of Completion

Implemented [REDACTED] - 08/27/2025)

On day of inspection, a new background check was requested and completed on 5/30/2025.

Please See attached.

63a - First Aid/CPR Training

2. Requirements

2600.

- 63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

From 11:00 pm on 5/21/2025 to 7:00 am on 5/22/25, 62 residents were present in the home. During this time, there was one staff person present in the home who was certified in First Aid-CPR.

From 11:00 pm on 5/23/25 to 7:00 am on 5/24/25, 62 residents were present in the home. During this time, there was one staff person present in the home who was certified in First Aid-CPR.

Plan of Correction

Accept [REDACTED] - 07/02/2025)

2600.63.a. A CPR/First Aid class was scheduled for 6/10/2025. This training certified more staff members which satisfied the requirement for 2 staff members to be in the building at all times.

Beginning 6/10/2025, the schedule is being reviewed weekly x4 to ensure compliance for 2 staff to be in the building at all times who are trained in CPR/FirstAid.

The Director of Health and Wellness or designee will ensure two staff members with this certification will be in the building on all shifts. This will be monitored by reviewing the schedule x4 to ensure this requirement is met, and then monthly to ensure compliance. An identifier [REDACTED] is now included on the schedule to easily identify CPR certified employees.

63a - First Aid/CPR Training (continued)

Licensee's Proposed Overall Completion Date: 06/27/2025

Evidence of Completion

Implemented [REDACTED] - 08/27/2025)

Two different dates for CPR/First Aid training were scheduled. 6/10/2025 and 6/23/2025. Three people on the 11p-7am shift are trained and will fulfill the requirement for 2 people per shift to be in the building at all times. This does not include the nurse who is also CPR/First Aid trained.

See attached.

65f - Training Topics

3. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Direct care staff person B did not receive training in medication self-administration during training year 2024.

Plan of Correction

Accept [REDACTED] - 07/02/2025)

Medication training was provided on 5/30/2025 to staff person B who did not receive the medication self administration training. Staff Person B is now compliant with medication self administration training.

This training was included with all med techs and nurses.

An audit on current employees will be completed by 7/8/2025 to ensure all employees received the annual medication self-administration training.

The Director of Community Integration or designee will ensure this topic is included on all new employees and then annually.

Licensee's Proposed Overall Completion Date: 07/08/2025

Evidence of Completion

Implemented [REDACTED] - 08/27/2025)

Audit on current employees to ensure annual medication self administration training was completed.

See attached.

91 - Telephone Numbers

4. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

On 5/28/2025, there were no emergency telephone numbers, such as for the nearest hospital and fire department, on or by the telephone in room 306.

Plan of Correction

Accept [REDACTED] - 07/02/2025)

On the day of inspection 5/28/2025, the emergency numbers was placed on the wall next to the residents phone in room [REDACTED]

To ensure compliance, the Director of Environmental Services or designee will post emergency numbers in every room. The postings were completed on 6/26/2025.

The DES or designee will ensure emergency numbers are posted in all rooms on a monthly basis, and will be

91 - Telephone Numbers (continued)

checked during all move-ins and move-outs. The monthly task has been placed in our Building Management System where it will be required for the Director of Environmental Services to sign off when the task is complete.

Licensee's Proposed Overall Completion Date: 06/27/2025

Evidence of Completion

Implemented [REDACTED] - 08/27/2025)

See attached.

96a - First Aid Kit**5. Requirements**

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

On 5/28/2025, the home had one first aid kit, which did not contain antiseptic, bandages, or gauze pads.

Plan of Correction

Accept [REDACTED] - 07/02/2025)

2600.96 a.

On day of inspection, the missing items were replaced in the first aid kit. A breakaway tag was placed on the kit. If the tag is missing, this will alert the staff that the kit will need to be checked for any missing items.

The Director of Health and Wellness or designee will do a weekly check on the first aid kit, which was started on 6/4/2025 and documented on a sign in/out sheet.

See attached.

Licensee's Proposed Overall Completion Date: 06/27/2025

Evidence of Completion

Implemented [REDACTED] - 08/27/2025)

First Aid Kit weekly check

See attached

141a 1-10 Medical Evaluation Information**6. 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.

141a 1-10 Medical Evaluation Information (continued)

Description of Violation

Resident #1's Documentation of Medical Evaluation, dated 3/14/2025, was missing the second page. Page 2 features medical diagnoses, medical information pertinent to diagnosis and treatment in case of an emergency, special diet and health needs, and medications list.

Plan of Correction**Do Not Accept** [REDACTED] - 07/02/2025)

A training was held on 6/25/2025 by the Executive Director for the Sales Director, who initially receives the DME and the Director of Health and Wellness to ensure a completed DME is received. The training also included the new version of the DME which is starting on July 1st.

An audit will be conducted on all current residents to ensure all pages and completed DME are in the resident chart. Audit will be completed by 7/28/2025.

The Director of Health and Wellness or designee will use a tracking tool effective 6/16/2025 on all new admissions to ensure compliance. A copy of the tracking tool will be kept in the resident chart.

Licensee's Proposed Overall Completion Date: 07/28/2025

Update: 07/02/2025

The overall completion date is too far in the future.

Plan of Correction**Accept** [REDACTED] - 07/03/2025)

A training was held on 6/25/2025 by the Executive Director for the Sales Director, who initially receives the DME and the Director of Health and Wellness to ensure a completed DME is received. The training also included the new version of the DME which is starting on July 1st.

An audit will be conducted on all current residents to ensure all pages and completed DME are in the resident chart. Audit will be completed by 7/14/2025.

The Director of Health and Wellness or designee will use a tracking tool effective 6/16/2025 on all new admissions to ensure compliance. A copy of the tracking tool will be kept in the resident chart.

Licensee's Proposed Overall Completion Date: 07/14/2025

Evidence of Completion**Implemented** [REDACTED] 08/27/2025)

All resident charts have been audited to ensure DME's are completed in its entirety and all pages are intact.

See attached.

182b - Prescription Medication

7. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

182b - Prescription Medication (continued)

Description of Violation

On the evening of [REDACTED]/2025, staff person B administered medications to residents, including 1000 MG of Metformin to resident #2. Staff person B does not meet any of the criteria to administer medications.

Plan of Correction

Accept [REDACTED] - 07/02/2025)

On day of inspection, 5/29/2025, Staff Person B was pulled from administering medication until a medication administration course is successfully completed.

On 5/30/2025, a Medication Administration Course Training was given by an outside [REDACTED] to Staff Person B and all Medication Techs to ensure compliance. Staff Person B now meets the criteria to administer medications.

[REDACTED] an outside vendor, has been hired to maintain certification on all the med tech to ensure ongoing compliance. [REDACTED] will be completing training every 6 months to include the observations of the med pass, and then the yearly training to maintain the certifications for the med techs.

The Director of Business Services will be monitoring this certification with a "license and certification spreadsheet" which was developed to ensure this compliance. The license and certification tool will be used to track and add new certifications and checked twice a year for any upcoming expirations.

All Med Techs audited and received required training.

Licensee's Proposed Overall Completion Date: 06/27/2025

Evidence of Completion

Implemented [REDACTED] - 08/27/2025)

Please see attached completed Medication training for Staff Person B.

See attached.

185a - Implement Storage Procedures

8. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #2's glucometer history showed that several blood-sugar readings were transcribed incorrectly in the resident's medication administration record. The following entries contained incorrect readings:

- 5/27/2025 at 9:00 PM: 204 (actually 205)
- 5/26/25 at 9:00 PM: 185 (182)
- 5/25/25 at 9:34 AM: 143 (146)
- 5/24/25 at 9:08 PM: 225 (207)

Resident #3 is prescribed one .25-mg tablet of Clonazepam ODT twice daily. Resident #3's narcotic log contains a blank line between doses administered at 8:00 am and 4:03 pm on 5/22/25. After the 8:00 am dose was given, the log states that 48 tablets remained, but before the 4:03 dose was administered there were only 47 left (46 after this dose was given), according to the log. Resident #3 has an additional prescription for the same tablet once daily as needed, but the log does not show a PRN dose of Clonazepam administered on 5/22/25. Med-techs are instructed to count and record the number of narcotics between each shift, but the log indicates that no count was done on 5/22/25 between the 7:00 AM to 3:00 PM and the 3:00 PM to 11:00 PM shifts.

Plan of Correction

Accept [REDACTED] - 07/02/2025)

A training was provided on 5/30/2025 to all licensed and certified staff for proper use of the glucometer and

185a - Implement Storage Procedures (continued)

transcribing accurate blood sugar readings. The training also included proper documentation on the narcotic log and to ensure a narcotic count is completed between each shift.

A weekly narcotic log audit will be completed starting 6/6/2025 by the Director of Health and Wellness or designee to ensure a shift to shift count was completed. The audit will be completed on the weekly MAR/MED cart audit and monitored by the Director of Health and Wellness to ensure compliance.

The DHW or designee will complete an audit on the glucometer to compare to BS results in the MAR. to ensure the results in the glucometer match the results recorded on the MAR. Any discrepancies will be addressed with the appropriate Nurse.

A weekly narcotic log audit will be completed by the Director of Health and Wellness or designee to ensure a shift to shift count was completed. The audit will be completed on the weekly MAR/Med cart audit form and monitored by the Director of Health and Wellness or designee for compliance.

Licensee's Proposed Overall Completion Date: 06/27/2025

Evidence of Completion

Implemented [REDACTED] - 08/27/2025)

A weekly narcotic log audit was completed by the Executive Director to monitor compliance. ED was also the manager on duty for July 4th.

See attached.

187a - Medication Record**9. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #2 is prescribed four insulin injections daily via NovoLog FlexPen on a sliding scale. However, resident #2's medication administration record (MAR) from 5/19 to 5/29/2025 does not indicate the number of units administered. The MAR does not contain a space for this information.

Plan of Correction

Accept [REDACTED] - 07/02/2025)

An inservice was completed on 5/30/2025 by the Director of Health and Wellness for all nurses on how to correctly enter in the MAR the number of insulin units administered.

A complete audit of all residents who require insulin has been completed to verify that all have received the appropriate dose and administration have been documented.

The DHW or designee will review med exceptions daily to ensure all medications are recorded as ordered. Any discrepancies will be addressed with the appropriate nurse.

Licensee's Proposed Overall Completion Date: 06/27/2025

Evidence of Completion

Implemented [REDACTED] - 08/27/2025)

The Executive Director has also been completing audits to ensure Insulin BS levels are matching the glucometer and recorded in MAR. Resident #2 BS were discontinued on 6/20/2025 after the AM checks.

See attached.

187b - Date/Time of Medication Admin.**10. Requirements**

187b - Date/Time of Medication Admin. (continued)

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #2 is prescribed one .25-MG tablet of Alprazolam at bedtime. The resident's narcotic log has a crossed-out signature in the space for the signature of the staff person who administered to dose on 5/24/25 at 6:20 PM. The dose is not recorded in resident #2's medication administration record.

Plan of Correction**Do Not Accept** [REDACTED] - 07/02/2025)

Upon further review after day of survey, we feel we were not in violation of the dose not being recorded in the MAR. The following is an account description of what occurred.

Resident #2's narcotic log has a crossed out signature because the nurse realized [REDACTED] signed it out in error. [REDACTED] followed the correct procedure by crossing out the line and initialing her crossed out line. There was no medication given, the count remained correct and therefore there was no need to record a dose in the MAR.

See attached.

Licensee's Proposed Overall Completion Date: 06/27/2025

Update: 07/02/2025

Please provide a plan of correction for this violation.

Plan of Correction**Accept** [REDACTED] - 07/03/2025)

A training on 5/30/2025 was provided to all med techs and nurses to record all medication administered at the time of administration. The training also consisted of counting all narcotics before and at end of their shifts. The Director of Health and Wellness or designee will review medication exceptions daily to ensure all medications are recorded appropriately in the MAR.

Licensee's Proposed Overall Completion Date: 07/03/2025

Evidence of Completion**Implemented** [REDACTED] - 08/27/2025)

Training for med techs and nurses

See attached.

187d - Follow Prescriber's Orders**11. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed four insulin injections daily via NovoLog FlexPen, at 8:00 AM, 12:00 PM, 5:00 PM, and 9:00 PM. Resident #2's medication administration record (MAR) indicates this injection was missed at 9:00 PM on 5/17/2025.

Resident #4 is prescribed one 75 MG/ML injection of Praluent every two weeks on Tuesday mornings. However,

187d - Follow Prescriber's Orders (continued)

resident #4's MAR indicates this injection was given on 5/6/25 and again on 5/13/25, one week later.

Resident #5 is prescribed .25 MG of Clonazepam three times a day. However, resident #5's MAR and narcotic log indicate the resident received this dose only twice on 5/24 and 5/25/25; the nighttime dose was missed both days.

Plan of Correction**Do Not Accept** [REDACTED] /03/2025)

On 5/30/2025 Nurses and Med Techs were trained on how to accept and transcribe odd orders and to check the MAR for any missed administration of medications.

Resident #4 injection order was corrected on the Mar on 5/29/2025 with the ability to be only given and signed out every two weeks by the Director of Health and Wellness. Subsequently, the physician gave a verbal order on 5/30/2025 to discontinue this injection.

The Director of Health and Wellness or designee will review medication exceptions daily to ensure all medications are not missed and recorded appropriately in the MAR.

We are currently working with our pharmacy to assist our Director of Health and Wellness, to conduct a whole-house medication audit involving a 3-way check to ensure no other medication discrepancies are noted. To be completed by 7/28/2025.

Licensee's Proposed Overall Completion Date: 07/28/2025

Update: 07/03/2025

The overall completion date is too far in the future.

Plan of Correction**Accept** [REDACTED] - 07/03/2025)

On 5/30/2025 Nurses and Med Techs were trained on how to accept and transcribe odd orders and to check the MAR for any missed administration of medications.

Resident #4 injection order was corrected on the Mar on 5/29/2025 with the ability to be only given and signed out every two weeks by the Director of Health and Wellness. Subsequently, the physician gave a verbal order on 5/30/2025 to discontinue this injection.

The Director of Health and Wellness or designee will review medication exceptions daily to ensure all medications are not missed and recorded appropriately in the MAR.

We are currently working with our pharmacy to assist our Director of Health and Wellness, to conduct a whole-house medication audit involving a 3-way check to ensure no other medication discrepancies are noted. To be completed by 7/14/2025.

Licensee's Proposed Overall Completion Date: 07/14/2025

Evidence of Completion**Implemented** [REDACTED] - 08/27/2025)

Whole house audit was completed by [REDACTED] Reliant Care pharmacy for dates July 14th and finished his audit on July 15th. All Med carts are in compliance.

See attached

190a - Completion Medication Course**12. Requirements**

2600.

190a - Completion Medication Course (continued)

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A, who has not successfully completed the Department-approved medications administration course since 2022, administered 50-MCG tablets of Levothyroxine to resident #2 on the mornings of 5/3, 5/5, 5/7, 5/12, 5/14, 5/15, and 5/19/2025.

Plan of Correction**Accepted** [REDACTED] - 07/03/2025)

On day of inspection, we removed Staff Person A from medication administration until a medication administration training has been completed. We also audited all other Med Tech training to ensure that all have received required training.

A Medication training was provided on 5/30/2025, the following day to Staff person A. We also audited all other Med Tech training to ensure all have received the required training.

An outside provider is currently scheduled to complete all of our annual and bi-annual observation and training to maintain compliance. We have already scheduled our bi-annual observation training for November of 2025.

The Director of Business Services will be monitoring licenses and certifications with a license and certification spreadsheet. This spreadsheet was developed to monitor all ongoing certifications to ensure our compliance. This spreadsheet will be checked twice a year by the Director of Business Services..

Licensee's Proposed Overall Completion Date: 06/28/2025

Evidence of Completion**Implemented** [REDACTED] - 08/27/2025)

See attached.

190b - Insulin Injections**13. Requirements**

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

On 5/3/2025 at 8:00 AM and 12:00 PM, staff person A, who has not completed a Department-approved diabetes patient education program within the past 12 months, administered insulin via NovaLog FlexPen to resident #2.

Each day from 5/8 to 5/12/25 at 5:00 PM and 9:00 PM, staff person B, who is not qualified to administer medications, administered insulin via NovaLog FlexPen to resident #2.

Plan of Correction**Accepted** [REDACTED] - 07/03/2025)

On day of inspection, Staff person A and Staff person B were pulled off of all medication administration until a Diabetic medication administration course is successfully completed.

190b - Insulin Injections (continued)

A Diabetic Medication Training has been scheduled by an outside provider for July 2, 2025. [REDACTED], who is a certified diabetes care and education specialist, will be providing the training for Staff person A and Staff person B to get them up to date on diabetic certification. An audit has been completed on all med techs to ensure that all others have current DM training.

The Director of Business Services will be monitoring this certification with a license and certification spreadsheet to track certifications for expirations and all new certifications. The spreadsheet will be checked twice a year to monitor for expirations and the need for renewals to ensure compliance.

Licensee's Proposed Overall Completion Date: 07/02/2025

Evidence of Completion

Implemented [REDACTED] - 08/27/2025)

On July 2nd, a Diabetic Training Course was provided by an outside vendor. Staff Person A and Staff Person B successfully completed this training.

See attached.

231c - Preadmission Screening**14. Requirements**

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #6 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]/2023. However, the resident's written cognitive preadmission screening was not dated.

Plan of Correction

Do Not Accept [REDACTED] - 07/03/2025)

On 6/25/2025, a training was provided to Director of Health and Wellness and Director of Sales and Marketing to ensure the DME and the pre admission paperwork has been entirely completed.

An audit will be conducted on all current residents to ensure the pre-admission screening has been accurately completed and on the resident chart.

This audit will be completed by 7/28/2025.

The Director of Health and Wellness or designee will use a tracking tool effective 6/16/2025 on all new admissions to ensure compliance. A copy of the tracking tool will be kept in the resident chart.

See attached.

Licensee's Proposed Overall Completion Date: 07/28/2025

Update: 07/03/2025

The overall completion date is too far in the future.

Plan of Correction

Accept [REDACTED] - 07/03/2025)

On 6/25/2025, a training was provided to Director of Health and Wellness and Director of Sales and Marketing to ensure the DME and the pre admission paperwork has been entirely completed.

An audit will be conducted on all current residents to ensure the pre-admission screening has been accurately completed and on the resident chart.

This audit will be completed by 7/14/2025.

The Director of Health and Wellness or designee will use a tracking tool effective 6/16/2025 on all new admissions

231c - Preadmission Screening (continued)

to ensure compliance. A copy of the tracking tool will be kept in the resident chart.

See attached.

Licensee's Proposed Overall Completion Date: 07/14/2025

Evidence of Completion

Implemented [REDACTED] - 08/27/2025)

All resident chart audits have been audited for completion of Pre-admission screening to ensure date and all other information is completed.

See attached.

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

August 27, 2025

[REDACTED]
[REDACTED]
SENIOR LIVING OF LOWER MAKEFIELD LLC
[REDACTED]
[REDACTED]

RE: ARTIS SENIOR LIVING OF YARDLEY
765 STONY HILL ROAD
YARDLEY, PA, 19067
LICENSE/COC#: 14650

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/24/2025 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: ARTIS SENIOR LIVING OF YARDLEY

License #: 14650

License Expiration: 07/13/2025

Address: 765 STONY HILL ROAD, YARDLEY, PA 19067

County: BUCKS

Region: SOUTHEAST

Administrator

Name: [REDACTED]

Legal Entity

Name: SENIOR LIVING OF LOWER MAKEFIELD LLC

Address: [REDACTED]

Certificate(s) of Occupancy

Type: R-4

Date: 08/18/2018

Issued By: Lower Makefield Township

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 116

Waking Staff: 87

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Monitoring

Exit Conference Date: 07/24/2025

Inspection Dates and Department Representative

07/24/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 72

Residents Served: 58

Secured Dementia Care Unit

In Home: Yes

Area: entire home

Capacity: 72

Residents Served: 58

Hospice

Current Residents: 12

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 58

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 58

Have Physical Disability: 0

Inspections / Reviews

07/24/2025 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/15/2025

08/21/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/27/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/27/2025

Inspections / Reviews *(continued)*

08/27/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/27/2025

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

Staff Member A was hired on [REDACTED]/25 which was also their first day in the home; however, a criminal background check was not completed until 7/20/25.

Staff Member B was hired on [REDACTED]/25 which was also their first day in the home; however, a criminal background check was not completed until 7/20/25.

Plan of Correction

Accept [REDACTED] - 08/21/2025)

A training was provided by the ED for the new Director of Business Services on 7/25/2025 to follow OAPSA regarding new hires and completing background checks prior to any new employees starting. Also part of the in-service was to start having the Director of Business Services give all new hire files to the ED to audit prior to new staff starting, to ensure background checks have been completed.

Unfortunately, An audit was completed by the ED after the two new employees started, the ED caught the missing background checks during this audit and upon discovery, requested the background checks.

The Director of Business Services or designee will continue to use the new hire check off to ensure all new hires have background checks completed prior to the new employee start date.

In order to maintain compliance, the DBS or designee will give all new hire folders to the ED prior to their start date, to ensure background checks have been completed.

Licensee's Proposed Overall Completion Date: 08/12/2025

Evidence of Completion

Implemented [REDACTED] 08/27/2025)

We have hired two staff people since last inspection.

Please see attached offer letter and background check for two new nurses. Background checks completed prior to start dates. ED will continue to audit new employee files prior to start date to ensure background checks have been completed.

Please see attached offer letter for start date and completed background check.

182b - Prescription Medication

2. Requirements

2600.

- 182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

182b - Prescription Medication (continued)**Description of Violation**

In July 2025, Staff Member C administered medications to residents, including Carb/Levo Tab 25-100mg, Clopidogrel Tab 75mg and Docusate Sodium Cap 100mg to Resident #1. Staff Member C does not meet any of the criteria to administer medications.

In July 2025, Staff Member C administered medications to residents, including 325mg Acetaminophen, 81mg Aspirin, 500mg Cefuroxime and Lorazepam 2mg/ml, to Resident #2. Staff Member C does not meet any of the criteria to administer medications.

In July 2025, Staff Member D administered medications to residents, including Carb/Levo Tab 25-100mg, Clopidogrel Tab 75mg and Docusate Sodium Cap 100mg to Resident #1. Staff Member D does not meet any of the criteria to administer medications.

Plan of Correction**Accepted [REDACTED] - 08/21/2025)**

Upon inspection, the ED was made aware that the Medication Trainer was not compliant with [REDACTED] medication certification. All Med Techs were immediately pulled off of medication administration until an approved certified medication trainer provides medication administration training.

Artis Senior Living of Yardley entered into an agreement with a Med trainer from Pickering Manor. The ED contacted ODP to assist with the proper guidelines when utilizing trainers outside of Artis Senior Living.

Please see attached paperwork designating a qualified trainer for Artis Senior Living of Yardley.

The medication training is currently in the process, a completion date is projected for 8/25/2025.

To ensure compliance, all medication trainers who will be utilized for future trainings, will be approved through ODP.

The Director of Business Services or designee, will be monitoring this certification to ensure continued compliance utilizing a license and certification spreadsheet once all med techs have passed this certification.

Licensee's Proposed Overall Completion Date: 08/25/2025

Evidence of Completion**Implemented [REDACTED] - 08/27/2025)**

Medication Training has been completed for Staff member C and D.

Please see Certified Medication Trainer Certification Documents and the completed training documents for Staff Member C and Staff Member D.

Staff Member C Medication Tech Training Certification Completed 8/25/2025

Staff Member D Medication Tech Training Certification Completed 8/22/2025

See attached.

187a - Medication Record**3. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.

187a - Medication Record (continued)

5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #1 is prescribed comfort medications from hospice to include Morphine Sol 100mg/5ml, Lorazepam 0.5 mg tab and Bysacodil suppository. These medications are not listed on Resident #1's July medication administration record.

Plan of Correction**Accepted** [REDACTED] - 08/21/2025)

On day of inspection after finding Resident#1's comfort medications were not included on his MAR. A prescription was obtained from the hospice physician overseeing [REDACTED] care. The prescriber sent the prescription to the resident's pharmacy and was added to the MAR on 7/24/2025.

A re-education for nurses was provided by the ED on 8/6/2025 to ensure nurses are verifying all prescriptions are obtained from providers and all medications are added to the MAR.

To ensure ongoing compliance an internal check will be completed daily by the ED or designee for one week and then weekly for one month and then spot checks by the ED or designee to ensure all MAR's have current medications listed.

Licensee's Proposed Overall Completion Date: 08/14/2025

Evidence of Completion**Implemented** [REDACTED] 08/27/2025)

Please see continuation of medication checks to ensure all meds are listed on the MAR as prescribed.

See attached.

187b - Date/Time of Medication Admin.**4. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 is prescribed Carb/Levo Tab 25-100mg- take two tablets by mouth four times per day for Parkinson's. On 7/24/25, the dose that should have been given at bedtime on 7/23/25 was still present in Resident #1's blister pack; however, initials were present on the medication administration record indicating the medication was given to the resident.

Resident #2 is prescribed Morphine Sul Sol 100/5ml- give one prefilled syringe (0.25mls/5mg) under tongue every 3 hours as needed for pain or shortness of breath. This medication was signed out on the narcotics log on 7/18/25 at 9:00am; however, no initials were present on the medication administration record indicating this medication was given to the resident.

187b - Date/Time of Medication Admin. (continued)

Plan of Correction

Accept [REDACTED] 08/21/2025)

On 8/6/2025 a re-education was provided to nurses to initial the MAR after medication was administered and to check all medications have been given as ordered.

A daily check starting on 8/7 for one week was completed by the ED or designee to ensure all medication was signed out on the MAR and all medications have been given as evident on the blister pack by day and time.

To ensure continued compliance, the ED or designee will do ongoing weekly medication admin spot checks. See attached.

Licensee's Proposed Overall Completion Date: 08/14/2025

Evidence of Completion

Implemented [REDACTED] 08/27/2025)

Please see weekly medication checks to verify all meds on MAR, MAR signed off after meds administered, and blister packs checked to ensure all meds given as prescribed.

The nurse that did not give medication at time prescribed, was counseled and is no longer working at our community.

See attached.

187d - Follow Prescriber's Orders

5. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed Carb/Levo Tab 25-100mg- take two tablets by mouth four times per day for Parkinson's. On 7/24/25, the dose that should have been given at bedtime on 7/23/25 was still present in Resident #1's blister pack.

Resident #2 is prescribed Morphine Sul Sol 100/5ml- give one prefilled syringe (0.25mls/5mg) by mouth or under tongue every 6 hours around the clock for pain. This medication was not administered as prescribed. The medication was signed out less than 6 hours apart on:

- 7/23/25: 09:43 AM; 12:29 PM; 06:30 PM; 09:00 PM

Plan of Correction

Accept [REDACTED] - 08/21/2025)

On 8/6/2025 a re-education was provided to nurses to initial the MAR after medication was administered and to check all medications have been given as ordered by prescriber.

A daily medication administration check for one week by the ED or designee was completed to ensure all medication was signed out on the MAR and all medications were given at time they were prescribed. The audit started on 8/7/2025 and ended on 8/14/2025.

To ensure continued compliance, the ED or designee will perform ongoing weekly med administration checks.

On day of inspection Resident #2 medication time was changed on MAR for every six hours to ensure resident was getting his medication at the time it was prescribed. The times were set at 6am, 12pm, 6pm, and 12am.

187d - Follow Prescriber's Orders (continued)

To ensure continued compliance, the ED or designee will perform ongoing weekly medication administration checks to make sure all medications are given to follow prescriber orders.

Licensee's Proposed Overall Completion Date: 08/14/2025

Evidence of Completion**Implemented** [REDACTED] - 08/27/2025)

Continuous audit being completed weekly.

Please see attached medication checks which were completed on 8/20 and 8/21 on all med carts to ensure all medications are given as prescribed.

See attached.