



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to ARTMAN LUTHERAN HOME
LEGAL ENTITY

To operate ARTMAN LUTHERAN HOME
NAME OF FACILITY OR AGENCY

Located at 250 BETHLEHEM PIKE, AMBLER, PA 19002
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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.

Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 19

Restrictions: _____

This certificate is granted in accordance with the Public Welfare 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 11, 2016 until February 8, 2017,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 127780

Robert E. Robinson
ISSUING OFFICER

Jay Baul
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.



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AUG 16 2016

Mr. Henry Ebner, Personal Care Administrator
Artman Lutheran Home
250 Bethlehem Pike
Ambler, Pennsylvania 19002

RE: Artman Lutheran Home
License #: 127780

Dear Mr. Ebner:

As a result of the Department of Human Services' licensing inspection on July 18, 2016, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes).

As a result of your facility's recent adjustment of the use of physical space, we are issuing a revised license under the authority of 55 Pa.Code Ch. 2600 (relating to Personal Care Home Licensing). The revised license indicates a secured dementia care unit licensed capacity of 19 for your facility. The expiration date of the license remains unchanged. Your revised license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

Violation Report: 12778 - 07/18/2016 - Wooters, Sandra
 PCH Name: ARTMAN LUTHERAN HOME

1. REGULATION 55 Pa. Code §2600
 2600.233(a) - Doors equipped with key-locking devices, electronic card operated systems or other devices that prevent immediate egress are permitted only if there is written approval from the Department of Labor and Industry, Department of Health or appropriate local building authority permitting the use of the specific locking system.

2a. DESCRIPTION OF VIOLATION
 The home does not have written approval from the Department of Labor and Industry, Department of Health or local building authority for the lock, used on the exit door to the patio from the SDCU.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Includes steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- 1.) Door leading to SDCU patio - Keyed locked removed and replace with unkeyed door handle (Att #A)
- 2.) Staff notified that door is no longer keyed. Alarm rings add so when door is opened - Staff will be aware.
- 3.) Maintenance to check door monthly to make sure in proper working condition.
- 4.) STAFF to observe SDCU residents when exiting the door to ensure safety of the residents at all times.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Henry J. Fibac*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Henry J. Fibac Personal Care Administrator Date 8/4/16

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8/9/16</u> (Date)	Plan of correction implementation status as of <u>8/9/16</u> (Date)
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The above plan of correction was approved by <u>(Signature)</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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