



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: April 10, 2018

Mr. Donald E. Feltman,
President and CEO
Artis Senior Living of Lemoyne, LLC
650 American Avenue, Suite 101
King of Prussia, Pennsylvania 19406

RE: Artis Senior Living of West Shore
150 North 12th Street
Lemoyne, Pennsylvania 17043
License #: 333700

Dear Mr. Feltman,

As a result of the Department of Human Services' licensing inspections on March 23, 2018 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 33370 - 03/23/2018 - Showers, Michael
PCH Name: Artis Senior Living of West Shore

1. REGULATION 55 Pa.Code §2800

2800.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 3/10/2018, Resident 1 and Resident 2 became involved in a physical altercation. The home did not report this incident to the Area Agency on Aging.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include 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.

Please see attachments 2a-2b

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Beth Bond*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Beth Bond, Executive Director</i>	Date <i>4/10/2018</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4/10/18
 (Date)

The above plan of correction was approved by *BB*
 (Initials)

Plan of correction implementation status as of 4/10/18
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

2a
 Artis Senior Living West Shore
 2600.15(a)
 4/10/2018
 Beth Bond EP/Beth Bond ED
 333700

Regulation 55PA. Code 2600.15 (a)

The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P.S. Sections 10225.701-10225.707) and 6 Pa. code Section 15.21-15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 3/10/2018 Resident 1 and Resident 2 became involved in a physical altercation. The home did not report this incident to the Area Agency on Aging.

Plan of Correction

*Please see attached

Regulation 55 PA Code 2600	Target date by which correction will be completed	Plan of Correction
15 (a)	4/2/2018	The immediate report of suspected abuse of a resident to AAA could not be corrected retroactively. However, telephone call was placed to Area Agency on Aging to inform of resident to resident physical altercation. AAA was provided with requested demographics, medication list and Incident Reporting form. Executive Director See attached 2c, d, e, f, g-p
	4/7/2018	Re- education provided to associate regarding 2600.15 (a) immediate reporting of suspected abuse in accordance

2b
Arts Senior Living West Shore
2600.15(a)
Both Bond ED / Both Bond ED
4/10/18
333700

		<p>with OAPSA as well as the "Abuse Reporting Flowchart".</p> <p>Executive Director/Designee See attached 2c, d, e, f, g-p</p>
	4/6/2018	<p>The Executive Director/ designee placed a copy of the Abuse Reporting Flowchart along with necessary phone numbers in the Incident Report binder, and Manager on Duty binder.</p>
	4/6/2018 and ongoing	<p>Administration /Designee will conduct audits with the Reportable Incidents to ensure compliance. Any issues noted will be addressed as appropriate.</p>
	4/9/2018	<p>The results of the audits will be discussed and evaluated (for up to three months) by the Executive Director and Quality Management Committee to ensure it is still effective. If not effective it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.</p>