



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 17 2019

Mr. Donald Feltman
President / Chief Executive Officer
Artis Senior Living of Bethel Park, LLC
680 American Avenue, Suite 101
King of Prussia, Pennsylvania 19406

RE: Artis Senior Living of South Hills
1001 Higbee Drive
Bethel Park, Pennsylvania 15102
License #: 449160

Dear Mr. Feltman:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 31, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 44916 - 08/31/2018 - Evegés, Joseph
 PCH Name: ARTIS SENIOR LIVING OF SOUTH HILLS

1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

At approximately 10:30 a.m., the cabinet above the stove in the life enhancement center had an opened ¼ full 11.5 oz. plastic container of yogurt covered raisins with an expiration date of 4/8/18.

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.

8-31-18 The out of date food stuffs noted above were immediately thrown away as witnessed by the inspector. No food items will be kept in the Life Enrichment Center or Studio.

All food items opened must have a label with name of food, date opened, expire date and initials of staff person completing the label.

Any unopened food item will be monitored for expiration date.

The Director of Culinary Services will perform weekly audits of all neighborhood cupboards and refrigerator's in the kitchens and the Culinary Department for compliance of regulation 2600.103(i) This will begin the week of 12-16-18.

See attached Food Storage Compliance Audit Form.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Claudia McIntyre Executive Director* Date *12-18-18*

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

The above plan of correction is approved as of <u>3/26/19</u> (Date) The above plan of correction was approved by <u><i>SE</i></u> (Initials)	Plan of correction implementation status as of <u>3/26/19</u> (Date) <input checked="" type="checkbox"/> Fully Implemented <i>SE</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 44916 - 08/31/2018 - Evegés, Joseph
 PCH Name: ARTIS SENIOR LIVING OF SOUTH HILLS

1. REGULATION 55 Pa.Code §2600
 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.

2a. DESCRIPTION OF VIOLATION
 The glucometer for resident #1 is not calibrated to the current date and time.

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.

8-31-18 The glucometer for resident # 1 was recalibrated to the current date and time immediately @ time of inspection.

Diabetic training "Hands On" was provided by [redacted] RN, WCC, CDE for the licensed nursing staff on 10-10-18. This was a mandatory inservice. See attached for certification, attendance and agenda.

The Director of Health and Wellness will monitor and ensure compliance of regulation 2600.185(a) as it pertains to glucometer calibration weekly for 3 months then monthly thereafter. This will begin the week of 12-16-18. Staff will be re-educated as needed by the Director of Health and Wellness to ensure continued compliance. See attached Glucometer Calibration & Quality Control Log.

Diabetic training provided by a Certified Diabetic Educator will be mandated annually for all licensed staff and any Certified Medication Technicians if applicable.

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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Claudia McIntyre Executive Director* Date *12-18-18*

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Violation Report: 44916 - 08/31/2018 - Evegges, Joseph
 PCH Name: ARTIS SENIOR LIVING OF SOUTH HILLS

1. REGULATION 65 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Exelon 9.5mg/24 hour patch – apply 1 patch topically every 24 hours – Rotate sites – remove old patch before applying new one. However, on 8/14/18, the resident was found to have Exelon patches on his/her body dated 8/11/18, 8/13/18 and 8/14/18. Direct care staff A failed to remove the resident's old patch dated 8/11/18 and direct care staff B failed to remove the resident's old patch dated 8/13/18.

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.

This medication error was reported by Artis immediately after notification by resident #2 daughter/POA, to DHS per regulation 2600.16(a)(13). An internal investigation was conducted by the Executive Director and the Director of Health and Wellness. Upon conclusion of the investigation, Direct Care Staff LPN A was noted to have failed to remove resident's old Exelon Patch dated 8-11-18 and Direct Care Staff B failed to remove resident's old Exelon Patch dated 8-13-18. Direct Care Staff LPN's A and B were issued an employee warning notice as part of the disciplinary process, re-educated on the "5 RIGHTS of Medication Administration" and educated on "Exelon Patch Administration"—see attached

The Director of Health and Wellness will audit the medication administration record weekly for 3 months then monthly thereafter to ensure medication administration compliance. – see attached

The Director of Health and Wellness or Executive Director will provide education to the Health and Wellness Staff on the "5 RIGHTS of Medication Administration" and "Exelon Patch Administration" in the first quarter FY 2019 and annually thereafter to ensure that the directions of the prescriber are in compliance with regulation 2600.187(d). – see attached

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 (Required on EVERY Page) *Claudia McIntyre*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Claudia McIntyre, Executive Director</i>	Date <i>12-18-18</i>
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Violation Report: 44916 - 08/31/2018 - Evegés, Joseph
 PCH Name: ARTIS SENIOR LIVING OF SOUTH HILLS

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

The initial assessment for resident #2, dated 5/25/18, indicates the resident has minimal problems with irritability and no problems with agitation and aggression. However, multiple incidents of aggression and agitation are documented on the following dates: 5/17/18, 5/24/18, 6/19/18, 6/20/18 and 6/24/18.

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.

Resident #2 no longer resides @ Artis Senior Living of Bethel Park and was a discharged resident at the time of the inspection 8-31-18.

Upon new hire orientation for all Direct Care Staff, within the first 40 hours scheduled after the date of hire, all Direct Care Staff will be educated on "Implementation of the initial assessment, annual assessment and support plan" -- see attached

Annual in-servicing will be provided in March of each year on "Meeting the needs of residents as described in the Medical Evaluation and Assessments and Support Plans" to all staff members. -- see attached.

Audits will be done beginning the week of 12-16-18 every month for 3 months then every 6 months thereafter by the Director of Health and Wellness to ensure compliance with regulation 2600.225(a) -- see attached.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Claudia McIntyre, Executive Director</i>	Date <i>12-18-18</i>
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Violation Report: 44916 - 08/31/2018 - Evegés, Joseph
 PCH Name: ARTIS SENIOR LIVING OF SOUTH HILLS

1. REGULATION 56 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #3 was admitted to the secured dementia care unit (SDCU) on 7/11/18 and the preadmission medical evaluation was dated 4/26/18.

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.

The DME for resident #3 dated 4-25-18 was immediately corrected per inspectors instructions on 8-31-18 --- See attached.

The medical evaluation shall be reviewed for completion and compliance upon every new resident move-in, significant change and annually then signed by the Executive Director or the Director of Health and Wellness to ensure compliance with regulation 2600.231(b).

Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall audit all SDCU resident records to ensure a medical evaluation is completed, accurate and present in each resident's record within 60 days prior to admission.

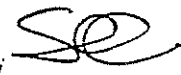
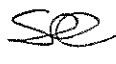
 3/26/19

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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Claudia McIntyre Executive Director Date 12-18-18

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