



MAILING DATE: October 26, 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's Bureau of Human Services Licensing inspection on October 12, 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 - 10/12/2018 - Heemer, Laura
PCH Name: ARTIS SENIOR LIVING OF WEST SHORE

1. REGULATION 55 Pa.Code §2600

2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

The assessment and support plan for Resident 1 indicates Resident 1 requires assistance with prompting at meals. On the 7am to 3 pm shift on 9/23/2018, the Resident did not receive this assistance as required as evidenced by no food being taken to Resident 1 when Resident 1 declined to go to the dining room for breakfast and lunch.

The assessment and support plan for Resident 1 indicates that the Resident requires frequent checks and incontinence care as needed. On the 7am-3pm shift on 9/23/2018, Resident 1 did not receive this assistance as required as evidenced by Resident 1 having been in urine soaked bed clothes and in urine soaked bed linens at 3 pm.

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.

See attached Page 2A

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) *Beth Bond* **Date** *10/25/2018*

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

The above plan of correction is approved as of 10/26/18
(Date)

The above plan of correction was approved by BAS
(Initials)

Plan of correction implementation status as of 10/26/18
(Date)

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

Artis Senior Living West Shore

2600.23(a)

10/25/2018

333700

Attachment #1

Regulation 55Pa.Code 2600.23 (a)

A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan for Resident 1 indicates Resident 1 requires assistance with prompting at meals. On the 7am to 3pm shift on 9/23/2108, the Resident did not receive this assistance as evidenced by no food being taken to Resident 1 when Resident 1 declined to go to the dining room for breakfast and lunch.

The assessment and support plan for Resident 1 indicates that he Resident requires frequent checks and incontinence care as needed. On the 7am-3pm shift on 9/23/2108, Resident 1 did not receive this assistance as required by Resident 1 having been in urine soaked bed clothes and in urine soaked bed linens at 3pm.

Plan of Correction

*Please see attached

Regulation 55PA Code 2600	Target date by which correction will be completed	Plan of Correction
23 (a)	9/23/2018- 3pm	R1 was provided a substantial snack, showered, urine soaked bed clothes and bed linens were removed by 3-11pm shift care partners.
	9/24/2018- 10/25/18	Re- education provided to direct care staff relating to refusal of specifically meal and/or incontinence care.
	10/25/2018	Education provided to associates regarding 2600.23 (a) a home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.
	1/22/2019	DHW/designee will monitor dining room during meals daily x 7, then weekly x4, then monthly x2, then randomly, to ensure resident were either assisted to dining room or meal/meal replacement was provided in resident room.
	1/22/2019	DHW/designee will monitor staff weekly x4, then monthly x3, then randomly to ensure they are adhering to each resident's plan of care
	1/22/2019 and ongoing	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.