



**Sent via e-mail [henrye@artmanhome.org](mailto:henrye@artmanhome.org)  
October 10, 2019**

Mr. Henry J. 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's Bureau of Human Services Licensing inspection on June 5, 2019 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.

Sincerely,

*Shawn Parker*

Shawn Parker  
Human Services Licensing Supervisor

Enclosure  
Violation Report

# Violation Report

## Facility Information

Name : ARTMAN LUTHERAN HOME

License Number : 127780

Address : 250 BETHLEHEM PIKE, AMBLER, PA 19002

County : MONTGOMERY

Region : SOUTHEAST

## Administrator

Name : Henry Eber

Phone : 2156439926

Email : HENRYE@ARTMANHOME.ORG

## Legal Entity

Name : ARTMAN LUTHERAN HOME

Address : 250 BETHLEHEM PIKE, PA, 19002

## Certificate(s) of Occupancy

Type : C-1

Date :

Issued By :

## Staffing Hours

Resident Support Staff : 229

Total Daily Staff : 439

Waking Staff : 329

## Inspection

Type : Full

BHA Docket # :

Notice : Unannounced

Reason : Incident

## Inspection Dates and Department Representative

06/05/2019 - On-Site: Jennie Heinberg

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity : 136

Residents Served : 121

### Secured Dementia Care Unit

In Home : Yes

Area : inspiring today

Capacity : 19

Residents Served : 19

### Hospice

Current Residents : 7

### Number of Residents Who:

Receive Supplemental Security Income : 0

Are 60 Years of Age or Older : 119

Diagnosed with Mental Illness : 0

Diagnosed with Intellectual Disability : 0

Have Mobility Need : 89

Have Physical Disability : 0

15c - Supervision

Regulations

2600.

15.c. The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

Description of Violation

On 4/15/2019, staff person A had an allegation made against them involving residents rights. The home did not submit a plan of supervision to the regional office or notification that the staff person was suspended.

Plan of Correction (POC)

I respectfully disagree with this violation. On 4/15/19, I received word from both the staff member and the speech therapist that an incident happened in the SDU. At the time of the investigation both the staff member and the speech therapist expressed that there was no abusive intention done, it was just a reaction. So I (PCA) called the regional office to seek advice on how to proceed. I spoke to a gentleman [redacted] and he said I can in service the staff member, have them not work in the SDU, and finally have her on supervised working conditions. [redacted] in the regional office did not identify himself as to his title. So I implemented the plan he recommended

So in the future, I will suspend the staff until investigation is done or I will seek approval from only regional supervisor only [redacted]

Any staff person alleged of abuse shall be suspended or placed on a plan of supervision which has been approved by the Department. Plan of Supervision must be submitted by home and approved by the Department before being enacted.

SP 10-10-19

Legal Entity Representative

Signature Henry Ebner

Printed Name and Title Henry Ebner PCA

Date 7/11/19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 07-11-19  
(Date)

Plan of correction implementation status as of 07-11-19  
(Date)

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

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

42b - Abuse

Regulations

2600.

42. b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 4/15/19 at approximately 12:45pm, resident #1, who resides in the SDCU, was in the dining room with other residents and saw a open tub of ice cream on the counter. Resident #1 is known to touch other individuals food and became impatient that other residents were being served. Resident #1 walked over to the counter and began to submerge their hand into the tub of ice cream in order to scoop some out. Staff person A, who was in the dining room serving, witnessed resident #1 digging their hand into the ice cream and reacted by slapping resident #1's hand to stop their behavior. The resident didn't sustain any injuries and was redirected.

Plan of Correction (POC)

1. Dining Staff and Nursing staff in serviced when serving food, all food must be kept in back of counter so no resident can reach and grab it, especially in the SDU. (attachment 1)
2. Staff member A was in serviced on residents rights (attachment 2)
3. All other staff members in the SDU, where in serviced on resident rights (attachment 1)
4. Staff member A was on supervised working assessment until DHS came out. (attachment 3)

Home did provide proof that all SDCU staff including staff person A, were in serviced on residents' rights, abuse, and dignity and respect. Within 45 days of receipt of the accepted plan of correction: All direct care staff, ancillary staff persons, substitute personnel, volunteers and management staff will receive training in abuse reporting and prevention and resident rights. Documentation of training shall be kept and made available for Department review.

SP 10-10-19

Legal Entity Representative

Signature Henry Ebnor

Printed Name and Title Henry Ebnor

PCA 7/11/19  
Date

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(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

42c - Treatment of Residents

Regulations

2600.

42. c. A resident shall be treated with dignity and respect.

Description of Violation

On 04/15/19 at approximately 12:45pm, staff person A treated resident #1 in a disrespectful manner by slapping her hand to stop the resident from digging in a tub of ice cream.

Plan of Correction (POC)

- 1. Staff member A was in serviced on dignity/respect (attachment 2)
- 2. All other staff members in the SDU, where in serviced on dignity/respect (attachment 1)

Home did provide proof that all SDCU staff including staff person A, were in serviced on residents' rights, abuse, and dignity and respect. Within 45 days of receipt of the accepted plan of correction: All direct care staff, ancillary staff persons, substitute personnel, volunteers and management staff will receive training in abuse reporting and prevention and resident rights. Documentation of training shall be kept and made available for Department review.

SP 10-10-19

Legal Entity Representative

Signature *Henry Ebner*

Printed Name and Title *Henry Ebner PCA*

Date *7/11/19*

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201 - Positive Interventions

Regulations

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

On 04/15/19, staff person A didn't use positive interventions to address the behavior of resident #1. Resident #1 was submerging her hand into a tub of ice cream that was left on the dining room counter in the SDCU. Staff member A reacted by slapping the hand of resident #1.

Plan of Correction (POC)

- 1. Staff member A was in serviced on positive interventions to modify or eliminate behavior that endangers himself or others (attachment 2)
- 2. All other staff member in SDU was in serviced on positive interventions to modify or eliminate behavior that endangers himself or others (attachment 1)

Within 45 days of receipt of the plan of correction: All direct care staff and management staff, will receive training in positive interventions and safe management techniques Documentation of education shall be kept in the staff records and made available for Department review. Administrator or designee will ensure staff are familiar with resident RASP and providing safe management and positive interventions. Home did provide verification of Inservice for Staff member A and SDCU staff members.

SP 10-10-19

Legal Entity Representative

Signature *Henry Ebner*

Printed Name and Title *Henry Ebner PCA*

Date *7/11/19*

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234d - Support Plan Revision

Regulations

2600.

234. d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

A resident assessment support plan (RASP) for resident#1 was completed on 7/2/2018. The resident was diagnosed with dementia and the RASP uses the same verbiage from the RASP dated 09/18/16 and 07/26/17. It doesn't address the residents new diagnosis.

Plan of Correction (POC)

- 1. Resident's #1 RASP was redone to address the Behavioral/Cognitive Interventions.
- 2. In service was done to Unit Managers and PCA on ways to be specific with RASP concerning Behavioral /Cognitive interventions piece of RASP (attachment 4).

Administrator or designee will ensure RASP are completed annually or when the residents conditions change as specified in 2600.234(d). Records of trainings and audits to be maintained by home and made available for Department review.

SP 10-10-19

Legal Entity Representative

Signature Henry Eber

Printed Name and Title Henry Eber PCA

Date 7/11/19

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# Violation Report

## Facility Information

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**License Number:** 12778

**Address:** 250 BETHLEHEM PIKE,, AMBLER, PA 19002

**County:** MONTGOMERY

**Region:** SOUTHEAST

## Administrator

**Name:** Henry Ebner

**Phone:** 2156439926

**Email:** HENRYE@ARTMANHOME.ORG

## Legal Entity

**Name:** ARTMAN LUTHERAN HOME

**Address:** 250 BETHLEHEM PIKE, AMBLER, PA, 19002

## Certificate(s) of Occupancy

**Type:** C-1

**Date:**

**Issued By:**

## Staffing Hours

**Resident Support Staff:** 0

**Total Daily Staff:** 203

**Waking Staff:** 152

## Inspection

**Type:** Partial

**BHA Docket #:**

**Notice:** Unannounced

**Reason:** Interim

## Inspection Dates and Department Representative

10/02/2019 - On-Site: Denise Gillespie

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity:** 136

**Residents Served:** 119

### Secured Dementia Care Unit

**In Home:** Yes

**Area:** SDCU

**Capacity:** 19

**Residents Served:** 18

### Hospice

**Current Residents:** 2

### Number of Residents Who:

**Receive Supplemental Security Income:** 0

**Are 60 Years of Age or Older:** 119

**Diagnosed with Mental Illness:** 0

**Diagnosed with Intellectual Disability:** 0

**Have Mobility Need:** 84

**Have Physical Disability:** 2