



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail fwehr@artismgmt.com
Sent via e-mail ckelly@artismgmt.com
April 30, 2020

Mr. Donald E. Feltman
President & CEO
Artis Senior Living of Lower Moreland, LLC
680 American Avenue, Suite 101
King of Prussia, Pennsylvania 19406

RE: Artis Senior Living of Huntingdon Valley
2085 Lieberman Drive
Huntingdon Valley, Pennsylvania 19006
License #: 142790

Dear Mr. Feltman:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 5, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Claire Mendez

Claire Mendez
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *ARTIS SENIOR LIVING OF HUNTINGDON VALLEY*
Address: *2085 LIEBERMAN DRIVE,, HUNTINGDON VALLEY, PA 19006*
County: *MONTGOMERY* Region: *SOUTHEAST*

License Number: *14279*

Administrator

Name: *Sherry Nikisher* Phone: *2675712699* Email: *SNIKISHER@ARTISMGMT.COM*

Legal Entity

Name: *ARTIS SENIOR LIVING OF LOWER MORELAND LLC*
Address: *680 AMERICAN AVENUE, SUITE 101, KING OF PRUSSIA, PA, 19406*

Certificate(s) of Occupancy

Type: *I-2* Date: Issued By:

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *136* Waking Staff: *102*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
Reason: *Complaint*

Inspection Dates and Department Representative

11/05/2019 - On-Site: Denise Gillespie, Dean Gray

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *72* Residents Served: *68*

Secured Dementia Care Unit

In Home: *Yes* Area: *Whole Unit* Capacity: *72* Residents Served: *68*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *66*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *68* Have Physical Disability: *0*

17 - Record Confidentiality

Regulations

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 11/5/19, at 9:30A, the medication administration record for cart 100 was unlocked, unattended, and accessible.

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.)

2600.17

MAR was immediately removed and locked in medication cart.

The nurse working on the 100 cart on the day of inspection was coached on the importance of locking all Resident Records to maintain Confidentiality. The Director of Health + Wellness went over our Confidentiality of Records Policy.

The Administrator or Designee will check that all Resident Records are locked at all times during daily Rounds.

Legal Entity Representative

Signature *[Handwritten Signature]*

Sherry Nikisher 12/11/19
Printed Name and Title Executive Director Date

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The above plan of correction is approved as of 4/30/2020 (Date) Plan of correction implementation status as of 4/30/2020 (Date)

The above plan of correction was approved by CM (Initials) Implemented Not Implemented

42s - Privacy

Regulations

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 7/11/19 at 6:15P.M., while Staff Person A was using a cell phone to make a video call with an outside party, Resident # 1 and Resident #2's image was captured.

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.)

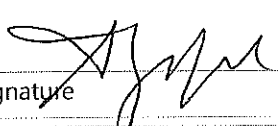
2600.42 (s)

When incident Reported of Staff Person using her cell phone making a video call and violating resident privacy, Employee was immediately suspended pending investigation, and then Terminated on 7/12/19.

All Employees re-Trained on Cell phone Policy (see attached)

Administrator or Designee will ensure Compliance with Cell phone Policy during daily Rounds.

Legal Entity Representative

Signature 

Printed Name and Title Sherry Nikisho Executive Director
Date 12/11/19

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82c - Locking Poisonous Materials

Regulations

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Resident Bedroom 115 was unlocked and accessible. There was an unlocked Antiseptic Listerine bottle located in this bedroom. The label reads: "If more than used for rinsing is accidentally swallowed, get medical help or contact a Poison Control Center right away." The entire unit is a secured dementia care unit.

There was an unlocked cleaning cart on the 300 hall. A cleaner labeled "eco lab acid bathroom cleaner" was found in the cart, which included a warning "if inhaled remove person to fresh air and keep comfortable for breathing. Immediately call a POISON CENTER."

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.)

2600. 82 (c)
On Day of Inspection, Listerine bottle was immediately locked up in cabinet.
STAFF working on Neighborhood were reminded to Lock Poisons up immediately AFTER AM Care.
House Keeper was re-trained on Keeping cleaning Cart Locked at all times in resident areas.
Administrator or Designee will ensure all Poisons are kept Locked while on daily rounds.

Legal Entity Representative

Signature  Printed Name and Title Sherry D. Kishor Executive Director Date 12/17/19

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95 - Furniture and Equipment

Regulations

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

There was an uncovered enabler bar on the bed in Bedroom 115.

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.)

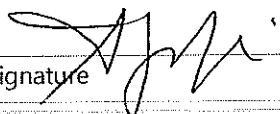
2600.95

Enabler bar covered with a Pillow Case and tied at base on day of inspection.

In the event Any more enabler bars are ordered, only specific enabler bars with Covers will be permitted in Community.

Administrator or designee will ensure all enabler bars have an appropriate Cover during daily Rounds.

Legal Entity Representative

Signature 

Sherry Nikisher 12/16/19
Printed Name and Title Executive Director Date

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183e - Storing Medications

Regulations

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 11/5/19 there were 8 unidentified loose pills found in the 200 hall medication cart, 3 unidentified loose pills found in the 300 hall medication cart, and 2 unidentified loose pills found the 400 hall medication cart.

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.)


2600.183 (e)

All loose pills were removed from the medication carts on day of inspection. We realized larger med carts were needed to accommodate all medications.

New medication carts were received and are in use to prevent over packed meds in cart. Nurses also reminded to keep their med carts cleaned.

Administrator and Director of Health + Wellness or Designee will ensure there are no loose pills during regular cart audits.

Legal Entity Representative

Signature 

Sherry Nikisher 12/17/19
Printed Name and Title Executive Director Date

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233c - Key-Locking Devices

Regulations

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the door to the Secure Dementia Care Unit (SDCU) at the gate leading out of the exterior courtyard, which is labeled as an exit. This gate does not have the access code posted.

Plan of Correction (POC)

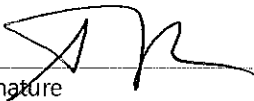
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

2600. 233 (c)
The access code was posted on Key Pad on day of inspection.
An Exit Sign was posted on Gate leading to parking Lot. (see attached)

Daily Rounds will be completed by the Director of Environmental Services to ensure all codes are posted.

Administrator or Designee will ensure all codes are posted during daily rounds.

Legal Entity Representative


Signature

Sherry Nikish 12/17/19
Printed Name and Title Date
Executive Director

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