



Mailing Date: December 3, 2019

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 6, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Brett Swanger". The signature is written in a cursive style.

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: ARTIS SENIOR LIVING OF WEST SHORE

License Number: 33370

Address: 150 NORTH 12TH STREET,, LEMOYNE, PA 17043

County: CUMBERLAND

Region: CENTRAL

Administrator

Name: Beth Bond

Phone: 7174098921

Email:

Legal Entity

Name: ARTIS SENIOR LIVING OF LEMOYNE LLC

Address: 680 AMERICAN AVENUE, SUITE 101, KING OF PRUSSIA, PA, 19406

Certificate(s) of Occupancy

Type: I-1

Date: 10/04/2017

Issued By: Borough of Lemoyne

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 94

Waking Staff: 71

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

11/06/2019 - On-Site: Laura Heemer, Mike Palermo

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 64

Residents Served: 47

Secured Dementia Care Unit

In Home: Yes

Area:

Capacity: 64

Residents Served: 47

Artis Senior Living West Shore

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 46

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 47

Have Physical Disability: 0

41c - Rights Poster

Regulations

2600.

41.c. The Department's poster of the list of resident's rights shall be posted in a conspicuous and public place in the home.

Description of Violation

The Department's resident's rights poster is not posted in a conspicuous and public place in the home. The resident's rights poster was located in the front reception area of the home which is an area residents cannot freely access due to the residents being in a secured area.

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 Attachment
2A

Legal Entity Representative

Beth Bond

Signature

Beth Bond Executive Director

Printed Name and Title

11/19/19

Date

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

The above plan of correction is approved as of 11/20/19
(Date)

Plan of correction implementation status as of 12/3/19
(Date)

Fully Implemented

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

Not Implemented

Artis Senior Living West Shore
 2600. 41.c.
 11/19/19
 333700
 Attachment #1

Regulation 55Pa. Code 2600.41.c.

The Department's poster of the list of resident's rights shall be posted in a conspicuous and public place in the home.

Description of Violation

The Department's resident's rights poster is not posted in a conspicuous and public place in the home. The resident's rights poster was located in the front reception area of the home which is an area residents cannot freely access due to the resident being in a secured area.

Regulation 55PA Code 2600	Target date by which correction will be implemented	Plan of Correction	Responsible Person
2600.41.c	11/11/19 11/18/19 11/30/19	The Department's resident rights poster was posted in a conspicuous and public location in the neighborhood center. This location allows residents to freely access. Information on changes and new location provided to residents and POA's at the Town Hall meeting on 11/18/19, via email, letter through U.S. mail and will be printed in the newsletter provided on 11/30/19 regarding 2600.41 c.	Executive Director (ED) ED

42I - Personal Clothing

Regulations

2600.

42.I. A resident has the right to furnish his room and purchase, receive, use and retain personal clothing and possessions.

Description of Violation

The home rules state "Any food or beverages brought into the Residence must be in accordance with the Resident's prescribed diet and must be checked and approved by staff." This violates a residents right to purchase, use, and retain personal possessions.

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 Attachment
3A

Legal Entity Representative

Bern Bond
Signature

Bern Bond, Executive Director
Printed Name and Title

11/19/19
Date

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(Date) (Date)

Fully Implemented

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(Initials)

Not Implemented

Artis Senior Living West Shore
 2600. 42.I.
 11/19/19
 333700
 Attachment #2

Regulation 55Pa. Code 2600.42.I.

A resident has the right to furnish his room and purchase, receive, use and retain personal clothing and possessions.

Description of Violation

The home rules state "Any food or beverage brought into the Residence must be in accordance with the Resident's prescribed diet and must be checked and approved by staff." This violates a resident's right to purchase, use and retain personal possessions.

Regulation 55PA Code 2600	Target date by which correction will be implemented	Plan of Correction	Responsible Person
2600.42.I	11/15/19	The homes rules were revised to remove the words "must be" and replaced with "Any food or beverage brought into the Residence is recommended to be in accordance with the Residents prescribed diet and is encouraged to be checked and approved by staff."	ED
	11/18/19	Copies of the revised House Rules were sent to POA's via electronic mail and/or U.S. mail. Residents, and POA's/Guardian's will also be informed of the changes via the Town Hall Meeting held 11/18/19 and will be printed in the newsletter provided on 11/30/19 regarding 2600.42.I.	ED
	11/30/19		
	11/18/19	Revised House Rules were placed in the new resident move in packets.	ED

89b - Hot Water Temperature

Regulations

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 11/6/2019 at 3:00 pm, the hot water temperature at the Hummel Kitchen sink measured 123 degrees Fahrenheit.
On 11/6/2019 at 3:20 pm, the hot water temperature at the Negley Kitchen sink measured 123 degrees Fahrenheit.

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 Attachment
4A

Legal Entity Representative

Beth Bond
Signature

Beth Bond, Executive Director
Printed Name and Title

11/19/19
Date

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Artis Senior Living West Shore
 2600. 89.b.
 11/19/19
 333700
 Attachment #3

Regulation 55Pa. Code 2600.89.b.

Hot water temperature in areas accessible to the resident may not exceed 120 F

Description of Violation

On 11/6/2019 at 3:30pm, the hot water temperature at the Hummel Kitchen sink measured 123 degrees Fahrenheit.

On 11/6/2019 at 3:20pm, the hot water temperature at the Negley Kitchen sink measured 123 degrees Fahrenheit.

Regulation 55PA Code 2600	Target date by which correction will be implemented	Plan of Correction	Responsible Person
2600.89 b	11/7/19	The water temperature will not exceed 120 degrees Fahrenheit. On 11/6/19 service provider from HVAC company was notified to adjust mixing valve. On 11/7/19 HVAC service provider set the mixing valve set points to 114 to adjust mixing valve for appropriate temperature and 2 degree variance.	Director of Environmental Services(DES) / Designee
	11/13/19	Re-educated associates regarding water temperature in areas accessible to residents regarding 2600.89. b.	DES
	2/10/20	DES or designee will conduct audits 5 times a week for 3 months to ensure water temps are within acceptable range. Any issues noted will be addresses as appropriate.	DES/Designee
	2/10/20	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 violation does not occur again.	ED, QAPI Committee

*Documentation for the completion of the first 3 weeks audits will be provided to the Department.
 BAS 11/20/19

183d - Prescription Current

Regulations

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

A blister pack of Ranitidine 150 mg tablets, for Resident 1, was discontinued but not removed from the 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.)

See Attachment:
5A

Legal Entity Representative

Beth Bond
Signature

Beth Bond Executive Director
Printed Name and Title

11/19/19
Date

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Artis Senior Living West Shore
 2600. 183.d.
 11/19/19
 333700
 Attachment #4

Regulation 55Pa. Code 2600.183.d.

Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

A blister pack of Ranitidine 150mg tablets, for Resident 1, was discontinued but not removed from the medication cart.

Regulation 55PA Code 2600	Target date by which correction will be implemented	Plan of Correction	Responsible Person
2600.183.d.	11/6/19	The medication found during annual inspection was removed from the cart. All four medication carts were checked for expired medication.	Director of Health and Wellness (DHW)/ Designee
	11/18/19	Re-educated Coordinators of Health and Wellness (CHW) and Medication Technicians regarding discontinued medications in carts regarding 2600.183.d.	DHW, ED
	2/10/20	DHW or designee will conduct audits 1 time weekly for 3 weeks and monthly x 3 to ensure discontinued medications are not in the carts. Diamond Pharmacy will conduct cart reviews during cycle fill monthly to ensure discontinued medications are removed. Any issues noted will be addresses as appropriate.	DHW, Designee Diamond Pharmacy/Designee
	2/10/20	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 violation does not occur again.	ED, QAPI Committee

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 BAS 11/20/19

225a - Assessment 15 Days

Regulations

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.

Description of Violation

The Resident 2's current assessment, dated 8/21/2019, does not include information regarding the resident's pacemaker and the diagnosis of Gout with home's plan to meet the resident's medical need regarding this diagnosis.

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 Attachment
6A

Legal Entity Representative

Beth Bond
Signature

Beth Bond, Executive Director
Printed Name and Title

11/19/19
Date

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(Initials)

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Artis Senior Living West Shore
 2600. 225.a.
 11/19/19
 333700
 Attachment #5

Regulation 55Pa. Code 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.

Description of Violation

The resident 2's current assessment, dated 8/21/2019, does not include information regarding the resident's pacemaker and the diagnosis of Gout with home's plan to meet the residents' medical need regarding this diagnosis.

Regulation 55PA Code 2600	Target date by which correction will be implemented	Plan of Correction	Responsible Person
2600.225. a.	11/6/19	Resident 2's assessment was updated to include information regarding pacemaker and the diagnosis of Gout.	Director of Health and Wellness (DHW)/ Designee
	11/18/19	Re-educated Coordinators of Health and Wellness to update and maintain current diagnosis and treatment orders on a resident's current assessment. Re-educate the CHW to utilize the check off box "RASP Update" on the Physician Orders to ensure placement on the assessment.	DHW, ED
	11/30/19	Current resident's assessments will be update to reflect current diagnosis and treatment orders.	DHW, Coordinators of Health and Wellness
	2/10/20	DHW or designee will conduct audits 1 time weekly 3 weeks and monthly x 3 to ensure discontinued medications are not in the carts. Any issues noted will be addresses as appropriate.	DHW
	2/10/20	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 violation does not occur again.	ED, QAPI Committee

*Documentation for the completion of the first 3 weeks audits will be provided to the Department.
 BAS 11/20/19