



Sent via e-mail fwehr@artismgmt.com
Sent via e-mail snikisher@artismgmt.com
February 26, 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 27, 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 "Claire Mendez". The signature is written in a cursive, flowing style.

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: *1-2* Date: *10/13/2016* Issued By: *Township of Lower Moreland*

Staffing Hours

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

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
Reason: *Renewal*

Inspection Dates and Department Representative

11/27/2019 - On-Site: Denise Gillespie

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: *68*
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 11/27/19, at 2:00P, the 200 hall medication cart 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

The Medication Cart was immediately locked when it was discovered unlocked.

The nurse working on the medication cart on the day of inspection was coached on the importance of locking the medication cart when the cart is not supervised.

Nurses were coached on importance of locking med carts on 11/27/19. (See attached)

The Director of Health + Wellness or designee will check that med carts are locked when performing daily rounds.

Legal Entity Representative

Signature *[Handwritten Signature]*

Printed Name and Title Sherry N. Kisher 1/7/20
Executive Director Date

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

The above plan of correction is approved as of 2/26/2020
(Date)

Plan of correction implementation status as of 2/26/2020
(Date)

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

Implemented
 Not Implemented

187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed Vitamin D 2000 units, Carvedilol 3.125mg, Atrovastatin 40mg, Clopidogrel 75mg, Sertraline 25mg, Baclofen 10mg, Ferrous Sulfate 325mg, Methenam HIP 1 gm, Melatonin 5mg, and Memantine 10mg. However, Resident # 1 was not administered the medications on the dates listed below:

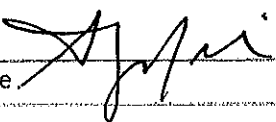
1. Vitamin D 2000 units once daily on 11/23/19 and 11/24/19.
2. Carvedilol 3.125 mg once daily on 11/23/19 and 11/24/19.
3. Atrovastatin 40 mg once daily on 11/20/19 and 11/23/19.
4. Sertraline 25 mg once daily on 11/23/19 and 11/24/19.
5. Baclofen 10 mg three times daily at 8 A.M. on 11/23/19, at 12 P.M. on 11/23/19 and 11/24/19, and at 5:00 P.M. on 11/16/19, 11/17/19, 11/20/19 and 11/24/19.
6. Ferrous Sulfate 32mg twice daily at 8:00 A.M. 11/14/19, 11/23/19, and 11/24/19 and at 5:00 P.M. on 11/16/19 and 11/20/19.
7. Methenam Hip 1 gm twice daily at 8:00 A.M. 11/10/19, 11/13/19, and 11/23/19 and 5:00 P.M. 11/16/19 and 11/20/19.
8. Melatonin 5mg once daily on 11/20/19, 11/21/19 and 11/24/19.
9. Memantine HCL 10 mg once daily on 11/20/19, 11/21/19, and 11/24/19.
10. Clopidogrel 75 mg once daily on 11/23/19 and 11/24/19.

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. 187 (d)
 When discovered that Medications were not Signed out, incident Reported to DHS on day of inspection.
 Nurses working on carts were coached on importance of Administering and documenting all Medications. This will be reviewed ongoing with nursing staff. The Director of Health + Wellness or designee will perform daily checks of MAR on Rounds.

Legal Entity Representative

Signature 

Printed Name and Title Sherry Nikische Executive Director
 Date 1/7/20

187d - Follow Prescriber's Orders (continued)

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

The above plan of correction is approved as of 2/26/2020 Plan of correction implementation status as of 2/26/2020
(Date) (Date)

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