



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: [REDACTED]

MAILING DATE: February 22, 2021

[REDACTED]  
President / CEO  
Artis Senior Living of Bethel Park, LLC  
680 American Avenue, Suite 101  
King of Prussia, Pennsylvania 19406

RE: Artis Senior Living of South Hills  
1001 Higbee Drive  
Bethel Park, Pennsylvania 15102  
License #: 449160

Dear Mr. Feltman:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 11, 2020, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Jason Williams  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: ARTIS SENIOR LIVING OF SOUTH HILLS

License Number: 44916

Address: 1001 HIGBEE DRIVE,, BETHEL PARK, PA 15102

County: ALLEGHENY

Region: WESTERN

## Administrator

Name: [REDACTED]

Phone: 4125958917

Email: [REDACTED]

## Legal Entity

Name: ARTIS SENIOR LIVING OF BETHEL PARK LLC

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

## Certificate(s) of Occupancy

Type: I-2

Date: 04/19/2018

Issued By: Municipality of Bethel Park

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 104

Waking Staff: 78

## Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

## Inspection Dates and Department Representative

02/11/2020 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 72

Residents Served: 52

### Secured Dementia Care Unit

In Home: Yes

Area: Entire home

Capacity: 72

Residents Served: 52

### Hospice

Current Residents: 8

### Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 52

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 52

Have Physical Disability: 0

25b - Contract Signatures

Regulations

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #1's contract, completed on 5/25/18, was not signed by the resident nor was there indication that the resident was unable to sign.

Resident #2's contract, completed on 7/18/19, was not signed by the resident nor was there indication that the resident was unable to sign.

Resident #3's contract, completed on 11/2/19, was not signed by the resident nor was there indication that the resident was unable to sign.

Resident #4's contract, completed on 5/18/19, was not signed by the resident nor was there indication that the resident was unable to sign.

Repeat Violation: 8/22/2019 ET AL.

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.)

Resident signatures were obtained for Resident #1 and Resident#2. Resident #3 is no longer a resident at Artis. Resident #4 is unable to sign. This was documented on the contract. The Executive Director conducted a review of all current contracts and those without signatures from residents or an explanation about the lack of a signature were identified. The Executive Director or [redacted] designee will obtain signatures from residents or document the reason for the lack of a signature by 4/24/20.

The Executive Director and Director of Marketing and other department directors will review and sign off on regulation 25b. A monthly audit of new contracts will be conducted for the next 3 months by the Director of Marketing beginning 5/1/20 to identify the completion of the resident signature on all contracts. The results of this audit will be presented at the Quality Assurance Meeting quarterly.

[redacted] Signature Printed Name and Title Date 4/17/20

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The above plan of correction is approved as of 4/20/20 (Date)

Plan of correction implementation status as of 4/20/20 (Date)

The above plan of correction was approved by [redacted]

- Implemented (checked)
Not Implemented

132c - Fire Drill Records

Regulations

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

For the fire drill conducted on 1/22/2020, 52 residents in the home were evacuated; however, the fire drill record indicates only 10 residents evacuated.

For the fire drill conducted on 12/10/2019, 50 residents in the home were evacuated; however, the fire drill record indicates only 1 resident evacuated.

For the fire drill conducted on 12/27/2019, 51 residents in the home were evacuated; however, the fire drill record indicates only 4 residents evacuated.

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.)

The fire drill reports conducted on 1/22/20, 12/10/19 and 12/27/19 were corrected by the Environmental Services Director to accurately reflect the number of residents evacuated during each drill.  
 The Environmental Services Director and other department directors will review and sign off on regulation 132c. A monthly audit of fire drill report accuracy will be conducted by the Executive Director for the next three months beginning 5/1/20. The results will be presented at the Quality Assurance Meeting quarterly.

Legal Entity Representative

Signature  Printed Name and Title  Date 4/17/20

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The above plan of correction is approved as of 4/20/20 Plan of correction implementation status as of 4/20/20  
 (Date)  Implemented  Not Implemented  
 The above plan of correction was approved by 

132g - Fire Drills Days/Times

Regulations

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

According to staff schedules, the minimum number of staff scheduled to work at one time is five. However, the home has not conducted a fire drill with only five staff persons participating within the past 12 months.

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.)

A Fire drill will be held at night when there are no additional staff present by the Environmental Services Director and documented by 4/24/20. The Environmental Services Director and other department directors will review and sign off on regulation 132g. A monthly audit of fire drill times and number of staff will be conducted by the Executive Director for the next three months beginning 5/1/20. The results will be presented at the Quality Assurance Meeting quarterly.

Legal Entity Representative

Signature [Redacted]

Printed Name and Title [Redacted] Date 4/17/20

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Plan of correction implementation status as of 4/20/20 (Date)

The above plan of correction was approved by [Redacted]

- Implemented (checked)
Not Implemented