pennsylvania
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: rtoomey@artismgmt.com
eyarish@artismgmt.com

MAILING DATE: August 18, 2020

Mr. Donald Feltman
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 March 6, 2020, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Janine Wenzig
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: *NANCY OLLER* **Phone**: *4125958917* **Email**: *EYARISH@ARTISMGMT.COM*

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

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *106* **Waking Staff**: *80*

Inspection

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

Inspection Dates and Department Representative

03/06/2020 - On-Site: Lisa Flinner-Alman

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *72* **Residents Served**: *53*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Entire Facility* **Capacity**: *72* **Residents Served**: *53*

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: *0*
Diagnosed with Mental Illness: *0*
Have Mobility Need: *53*
Are 60 Years of Age or Older: *53*
Diagnosed with Intellectual Disability: *0*
Have Physical Disability: *0*

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 the evening of 2/28/20, resident #2 entered resident #1's bedroom, got on top of and put hands down pants. On the evening of 2/27/20, staff person A observed resident #2 with pants down exposing to resident #1 in bedroom. Prior to these incidents, resident #2 groped and kissed other residents since admission on 1/9/20, including resident #3. The home failed to adequately supervise resident #2 in order to protect residents from resident #2's repeated sexual behaviors.

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 #2 was placed on a 1:1 for 72 hours and then 15 minute checks. Staff were immediately educated on what behaviors to look for and redirect Resident #2 appropriately. The physician was notified and ordered Buspar 5 mg.

All care staff will review and sign off on regulation 42.b. by 5/13/20. The Director of Health and Wellness or her designee will conduct a monthly audit of resident behaviors charted to ensure the appropriate action is taken. This audit will begin 6/1/20 and continue for 3 months. The results of the audit will be reported at the Quality Assurance meeting quarterly.

(See attached revised POC 7-31-20)

Legal Entity Representative

Signature

Rebecca Toaney, Exec. Dir. 7-31-20
Printed Name and Title Date

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The above plan of correction is approved as of 8/18/20 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 8/18/20 (Date)

X Implemented
Not Implemented

Artist Senior Living of South Hills

Revised POC of 3-6-20 Visit

Violation 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 the evening of 2/28/20, resident #2 entered #1's bedroom , got on top of and put hands down pants. On the evening of 2/27/20, staff person observed resident #2 with pants down exposing to resident #1 in bedroom. Prior to these incidents, resident #2 groped and kissed other residents since admission on 1/9/20, including resident #3. The home failed to adequately supervise resident #2 in order to protect residents from resident #2's repeated sexual behaviors.

Plan of Correction: Resident #2 was placed on 1:1 supervision for 72 hours and then 15 minute checks. Staff were able to successfully redirect resident as needed. Resident was placed on Buspar 5mg and was effective with no further behaviors noted as of 7/31/20.

As of 8/17/20, resident is in a skilled nursing facility. If the resident returns to the home, the resident will be reassessed for supervision needs. The resident will receive a minimum of checks every 30 minutes. --JRW 8/18/20

All care staff will be educated on Resident Abuse, Neglect & Mandatory Reporting and regulation 42(b). The Director of Heath & Wellness or designee with review 24 hour communication for residents exhibiting such behaviors and will revise and audit residents RASP's for any related behaviors with immediate and appropriate interventions in place. Results of audit will be presented in QA.

Rebecca Toarney, Exec. Dir. 7-31-20

8/18/20

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 assessment, dated 1/9/20, for resident #2 does not include the diagnosis of pleural effusion, as indicated on the medical evaluation, dated 12/11/19. Also, the assessment indicates resident is independent with bladder management, however, multiple staff interviews indicate resident #2 is incontinent and requires assistance with care and directed to a bathroom. Also, the assessment was not updated to address behavior of kissing and groping residents, and wandering into other resident's bedrooms, which increased in the weeks prior to the incident with resident #1 on 2/27/20.

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 assessment dated 1/9/20 for Resident #2 does include the diagnosis of pleural effusion. As of 3/20/20, it was also updated to include the behaviors of kissing and trying to touch residents. The assessment was updated by the Director of Health and Wellness to reflect Resident #2's incontinence and need for cueing to the bathroom. The Director of Health and Wellness also updated the assessment to include wandering into other's rooms.

The directors will all review and sign off on Regulation 225.a by 5/13/20. The Director of Health and Wellness or her designee will conduct an audit of all new assessments starting 6/1/20 to ensure completion and accuracy. This audit will continue for 3 months. The results of the audit will be reported to the Quality Assurance meeting quarterly.

As of 8/17/20, resident is in a skilled nursing facility. If the resident returns to the home, the resident will be reassessed for supervision needs. The resident will receive a minimum of checks every 30 minutes. --JRW 8/18/20

Legal Entity Representative

Signature

Rebecca Toaney Exec. Dir. 7-31-20
Printed Name and Title Date

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Plan of correction implementation status as of 8/18/20 (Date)

[X] Implemented
[ ] Not Implemented

231b - Medical Evaluation

Regulations

2600.
231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

The medical evaluation, dated 12/11/19, for resident #2 is blank in the area of cognitive functioning.

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 medical evaluation for Resident #2 has been revised to include the cognitive functioning section by the Director of Health and Wellness.

All directors will review and sign off on regulation 231.b. by 5/13/20. The Director of Health and Wellness or her designee will conduct an audit of all new medical evaluations starting 6/1/20 to ensure completion and accuracy. This audit will continue for 3 months. The results of the audit will be reported to the Quality Assurance meeting quarterly

Legal Entity Representative

Signature

Rebecca Tarney, Exec. Dir. 7-31-20
Printed Name and Title Date

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Not Implemented

234a - Admission Support Plan

Regulations

2600.
234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

The support plan for resident #1, admitted to the Secured Dementia Care Unit (SDCU) on 5/20/19, was completed on 6/4/19, more than 72 hours after admission.

The support plan for resident #2, admitted to the SDCU on 1/9/20, was not completed until 2/3/20, more than 72 hours after admission.

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.)

All directors will review and sign off on regulation 234.a by 5/13/20. The Director of Health and Wellness or her designee will conduct an audit of all new assessments starting 6/1/20 to ensure completion within 72 hours. This audit will continue for 3 months. The results of the audit will be reported to the Quality Assurance meeting quarterly

Legal Entity Representative

Signature

Rebecca Tarxley Exec. Dir. 7/31/20
Printed Name and Title Date

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[X] Implemented
[ ] Not Implemented

251b - Record Entries Legible

Regulations

2600.
251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction fluid was used on multiple areas of resident #2's assessment, dated 1/9/20, and support plan, dated 2/3/20, including the following:
- Under the personal care need section of the assessment, the box for bladder management had correction fluid used for degree and "A" was written over top of it and the support plan had correction fluid used under description of service need and plan to meet service need and N/A was written over top of it.
- Under the personal care need section of the support plan, the box for bowel management had correction fluid used under the plan to meet service need and nothing was written over top of it.
- Under the determination section of the assessment, the box for assessor's printed name had correction fluid used and staff person A's was written on top of it.

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.)

All directors will review and sign off on regulation 251.b by 5/13/20. The Director of Health and Wellness or her designee will conduct an audit of all new assessments starting 6/1/20 to ensure no correction fluid is used and corrections are done accurately. This audit will continue for 3 months. The results of the audit will be reported to the Quality Assurance meeting quarterly

Legal Entity Representative

Signature

Rebecca Tomey, Exec. Dir. 7-31-20
Printed Name and Title Date

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