



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail fwehr@artismgmt.com**  
**Sent via e-mail ckelly@artismgmt.com**  
**July 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 March 25, 26, 27, 30, and 31, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

*Sandra Wooters*

Sandra Wooters, MHS, ACG  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: ARTIS SENIOR LIVING OF HUNTINGDON VALLEY

License Number: 14279

Address: 2085 LIEBERMAN DRIVE, HUNTINGDON VALLEY, PA 19006

County: MONTGOMERY

Region: SOUTHEAST

## Administrator

Name: Cheryl Kelly

Phone: 2675712699

Email: ckelly@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: 10/13/2016

Issued By: Township of Lower Moreland

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 128

Waking Staff: 96

## Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Incident

## Inspection Dates and Department Representative

03/25/2020 - Off-Site: Tahesia Thomas

03/26/2020 - Off-Site: Tahesia Thomas

03/27/2020 - Off-Site: Tahesia Thomas

03/30/2020 - Off-Site: Tahesia Thomas

03/31/2020 - Off-Site: Tahesia Thomas

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 72

Residents Served: 64

### Secured Dementia Care Unit

In Home: Yes

Area: Entire Bldg

Capacity: 72

Residents Served: 64

### Hospice

Current Residents: .

### Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 62

Diagnosed with Mental Illness: 2

Diagnosed with Intellectual Disability: 2

Have Mobility Need: 64

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 02/02/20, at 4:45 pm, while resident #1 and #2 were in the kitchen resident #1 was verbally and physically aggressive towards resident #2. In response to resident #1's behavior, resident #2 pushed resident #1. Resident #1 hit their head on the table and then fell to the floor. Resident #1 sustained injury to the left side of their head in this altercation.

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.)

Nursing staff to monitor behaviors of resident #1 to determine any potential patterns for behavior. Discuss with POA possibility of adding a private caregiver if staff identifies a particular time of day that resident exhibits periods of aggression.

PCP & Psych NP to be notified of any on-going concerns of aggressive behavior exhibited by resident #1.

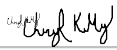
Staff training provided: Preventing & Dealing With Resident to Resident Aggression in Dementia Residents (Module & In-service sheets attached)

DPOC:

1. The administrator will discuss how aggressive resident behavior is abuse at staff meetings for the next six months, starting immediately. Documentation of the agendas will be maintained for the Departments review.
2. The administrator or designee will update resident #1's RASP to ensure it includes the residents aggressive behaviors and the support the staff will provide to the resident to redirect any aggressive behaviors, within the next 10 days.
3. The administrator or designee will conduct periodic observations, at least monthly, of the resident to resident interactions, starting immediately.

SLW 7.29.2020

Legal Entity Representative



Signature

Cheryl Kelly Executive Director

Printed Name and Title

4/12/2020

Date

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

The above plan of correction is approved as of 7/29/2020  
(Date)

Plan of correction implementation status as of 7/29/2020  
(Date)

Implemented

Not Implemented

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

## 65d - Initial Direct Care Training

## Regulations

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
  - i. Safe management techniques.
  - ii. ADLs and IADLs
  - iii. Personal hygiene.
  - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
  - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - vi. Implementation of the initial assessment, annual assessment and support plan.
  - vii. Nutrition, food handling and sanitation.
  - viii. Recreation, socialization, community resources, social services and activities in the community.
  - ix. Gerontology.
  - x. Staff person supervision, if applicable.
  - xi. Care and needs of residents with special emphasis on the residents being served in the home.
  - xii. Safety management and hazard prevention.
  - xiii. Universal precautions.
  - xiv. The requirements of this chapter.
  - xv. Infection control.
  - xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

## Description of Violation

The home does not have documentation of the Department-approved direct care training course and passed competency test on file for Direct care staff person A, hired on 09/19/19.

## 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.)

Staff person A successfully completed & passed the Department approved Direct Care Staff training course & competency on 3/26/2020. (attached)

Effective immediately all direct care staff will complete the required direct care staff training upon hire. No Direct care staff will be permitted to provide unsupervised ADL's until successfully completing the direct care training course & competency.

DPOC:

1. The administrator or designee will audit all direct care staff records to ensure all direct care staff have completed the required Department approved training course and passed the competency test, within the next 30 days.
2. The administrator or designee will conduct bi-annual audits of all staff records to ensure all required trainings are completed starting immediately.

SLW 7/29/2020

## Legal Entity Representative



Signature

Cheryl Kelly Executive Director

Printed Name and Title

4/12/2020

Date

65d - Initial Direct Care Training *(continued)*

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