pennsylvania
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: rtoomey@artismgmt.com

MAILING DATE: July 22, 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 April 21, 2020; April 23, 2020 and April 24, 2020, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Jody Garvey
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

RECEIVED
6/8/20
Western Region Field Office
Bureau of Human Services Licensing

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: ~~*noller@artismgmt.com*~~ RTOomey@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

Type: *I-2* Date: *04/19/2018* Issued By: *Municipality of Bethel Park*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *92* Waking Staff: *69*

Inspection

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

Inspection Dates and Department Representative

04/23/2020 - Off-Site: Laurie Garrigan *4/21/2020-Off-Site: Brent Sutherland*
04/24/2020 - Off-Site: Laurie Garrigan

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *72* Residents Served: *46*

Secured Dementia Care Unit

In Home: *Yes* Area: *Entire Facility* Capacity: *72* Residents Served: *46*

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: *46*
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 resident-home contract, dated 9/12/18, was not signed by the resident and there was no indication that the resident was unable to sign.

Repeat Violation: 8/22/19

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.)

Resident #1 is no longer at Artis, so a signature on the contract cannot be obtained. 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 has obtained signatures from residents or documented the reason for the lack of a signature.
The Executive Director and other department directors have reviewed and signed off on regulation 25b as of 5/4/2o since this was part of an earlier POC from the annual survey conducted on 2/20/20. A monthly audit of new contracts has been implemented for the next 3 months by the Director of Marketing as of 5/1/20 as part of the POC from the annual survey. The results of this audit will be presented at the Quality Assurance Committee Meeting quarterly.

Legal Entity Representative

Nancy Oller Rebecca Toarney

Signature

Rebecca Toarney, E.D. 6-8-20
~~Nancy Oller 5/19/20~~

Printed Name and Title Date

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The above plan of correction is approved as of 6/11/20 (Date)

Plan of correction implementation status as of 7/20/20 (Date)

☑ Implemented
☐ Not Implemented

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

231e - No Objection Statement

Regulations

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident #1 was admitted to the Secured Dementia Care Unit (SDCU) on 9/14/18. The home had no documentation that the resident had not objected to the admission. The statement of voluntary move-in included in the resident's record was only signed by the resident's responsible party. There was no indication on the document that the resident was unable to sign.

Repeat Violation: 8/22/19

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.)

Resident #1 is no longer at Artis, so a statement of voluntary move-in cannot be obtained.
The Executive Director or her designee will conduct a review of all current resident files to ensure the statement of voluntary move-in is signed by the resident or an explanation of the lack of a signature is present. The Executive Director or her designee will obtain signatures from residents or document the reason for the lack of a signature by 6/5/20.
The Executive Director and other department directors will review and sign off on regulation 231.e. A monthly audit of new admissions will be conducted for the next 3 months by the Director of Marketing starting 6/1/20 to identify the completion of the resident signature or explanation of the resident not signing the statement of voluntary move-in. The results of this audit will be presented a the Quality Assurance Meeting quarterly.

Legal Entity Representative

Signature | Rebecca Toomey, Executive Director | 6-8-20

Printed Name and Title | Date

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The above plan of correction is approved as of 6/11/20 (Date)

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

Plan of correction implementation status as of 7/20/20 (Date)

☑ Implemented
☐ Not Implemented

235 - Discharge/Transfer/Closure

Regulations

2600.

235. Discharge - If the home initiates a discharge or transfer of a resident, or the legal entity chooses to close the home, the administrator shall give a 30-day advance written notice to the resident, the resident's designated person and the referral agent citing the reasons for the discharge or transfer. This requirement shall be stipulated in the resident-home contract signed prior to admission to the secured dementia care unit.

Description of Violation

Resident #1, who resided in the SDCU, was sent to the hospital on 4/9/20 due to dark colored clots in rectal area. The resident was admitted and remained at the hospital until 4/14/20, when returned to the home. On the morning of 4/15/20, the home returned the resident to the hospital due to having a temperature and a cough. On 4/17/20, the hospital social worker was notified by Staff person A, the home's Director of Wellness, that resident #1 could not return to the home because she felt evel of care had increased since being admitted to the hospital on 4/9/20, and she didn't feel the home could handle level of care. The home failed to accept the resident back from the hospital and did not provide the resident with a 30-day notice citing the reason for the discharge or transfer. The hospital discharged the resident to a skilled nursing facility on 4/22/20.

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.)

See page 4a of 4 6/11/20

Legal Entity Representative

Signature

Rebecca Tarney, E.D. 6-11-20

Printed Name and Title Date

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The above plan of correction is approved as of 6/11/20 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 7/20/20 (Date)

☑ Implemented

☐ Not Implemented

Artis Senior living of South Hills

Revised POC for Visit of 4/23/20 and 4/24/20

Violation of Regulation 2600.235 Discharge- If the home initiates a discharge or transfer of a resident, or the legal entity chooses to close the home, the administrator shall give a 30-day advance written notice to the resident, the resident's designated person and the referral agent citing the reasons for the discharge or transfer. This requirement shall be stipulated in the resident-home agreement contract signed prior to the admission to the secured dementia care unit.

Plan of Correction (POC):

All residents transferred to another level of care will require follow up communication within 24 hours by the Director of Health and Wellness and/or designee within 24 hours of transfer to coordinate and communicate expected timeline and plan of care and document in the 24 hours communication book and resident chart. A monthly audit for 3 months will be conducted and results presented at the Quality Assurance Meeting.

The Director of the Artis Way Experience (DAWE) who acts as the liaison will communicate all to the residents responsible past within 24hours to coordinate expectation of services and plan to return or discharge and documents accordingly in the resident chart and inform the Executive Director. Should the transfer result in a leave of absence longer than 24 hours the DAWE will communicate with that facility, the resident's Responsible Party and the Executive Director weekly to review expectations and plan of return to discharge and document accordingly in the resident chart. A monthly audit for r3 month will be conducted and presented at the Quality Assurance Meeting.

The Director if Health & Wellness and the DAWE will be educated regarding regulation 235 and audits by the Executive Director. All care providers will be educated during "All Staff" monthly meetings included on the agenda for that 3 months that all communication to the Responsible Party regarding transfers and expectation of return and/or discharge will only be communicated to the resident's Responsible Party by the Executive Director and/or designee. A monthly audit for 3 months be conducted of the agenda and presented at the Quality Assurance meeting.

A monthly audit for 3 months of any planned move out will conducted by the Executive Director for 3 months beginning on 6/8/20 to ensure no resident is being asked to discharge from Artis if a 30 day notice was not communicated to the Responsible Party. The results of this audit will be presented at the Quality Assurance meeting.

Signature	Printed Name/Title	Date
[signature]	Rebecca Daney, E.D.	6-10-20