

Department of Human Services  
Bureau of Human Service Licensing

September 10, 2021

[REDACTED] PRESIDENT & CEO  
ARTIS SENIOR LIVING OF BETHEL PARK LLC  
680 AMERICAN AVENUE, SUITE 101  
KING OF PRUSSIA, PA 19406

RE: ARTIS SENIOR LIVING OF SOUTH  
HILLS  
1001 HIGBEE DRIVE  
BETHEL PARK, PA, 15102  
LICENSE/COCC#: 44916

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/18/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Janine Wenzig

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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RE: ARTIS SENIOR LIVING OF SOUTH  
HILLS  
1001 HIGBEE DRIVE  
BETHEL PARK, PA, 15102  
LICENSE/COC#: 44916

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 08/18/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,  
Janine Wenzig

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

**Name:** ARTIS SENIOR LIVING OF SOUTH HILLS      **Licen e #:** 44916      **Licen e Expiration Date:** 05/01/2022  
**Addr e :** 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  
**Phone:** 4125958917      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

**Re ident Support Staff:** 0      **Total Daily Staff:** 98      **Waking Staff:** 74

**Inspection**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Incident      **Exit Conference Date:** 08/18/2021

**Inspection Dates and Department Representative**

08/18/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 72      **Residents Served:** 49

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** Entire home      **Capacity:** 72      **Residents Served:** 49

**Hospice**

**Current Residents:** 4

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 49  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 49      **Have Physical Disability:** 0

**Inspections / Reviews**

08/18/2021 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 09/11/2021

Inspections / Reviews *(continued)*

9/10/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Document Submission*

Follow-Up Date: *09/14/2021*

9/10/2021 Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 231b - Medical Evaluation

**1. Requirements**

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**

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] however, the resident was evaluated by the physician on 1/27/2021, more than 60 days prior to his/her admission. The medical evaluation form was completed [REDACTED].

**Plan of Correction****Accept**

For all future move-in's, both the Director of Health and Wellness and the Executive Director will function as a "check and balance" team, each reviewing the DME to ensure it is completed within 60 days prior to admission.

See attachment for current audit checklist to ensure we are in compliance. This audit will be ongoing.

Completion Date: 09/08/2021

**Document Submission****Implemented**

documentation provided when I originally submitted the plan of correction.