

Department of Human Services  
Bureau of Human Service Licensing

April 13, 2022

[REDACTED], ADMINISTRATOR  
[REDACTED]  
[REDACTED]  
[REDACTED]

RE: ARTMAN LUTHERAN HOME  
250 BETHLEHEM PIKE  
AMBLER, PA, 19002  
LICENSE/COC#: 12778

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 03/24/2022, 03/28/2022 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,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *ARTMAN LUTHERAN HOME* License #: *12778* License Expiration: *02/08/2023*  
Address: *250 BETHLEHEM PIKE, AMBLER, PA 19002*  
County: *MONTGOMERY* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *04/28/2016* Issued By: *Borough of Ambler*  
Type: *C-1* Date: *02/08/1994* Issued By: *COPA*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *139* Waking Staff: *104*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *03/28/2022*

**Inspection Dates and Department Representative**

03/24/2022 - On-Site: [REDACTED]  
03/28/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *136* Residents Served: *120*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Inspiring Today* Capacity: *67* Residents Served: *17*

**Hospice**

Current Residents: *5*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *120*  
Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *19* Have Physical Disability: *1*

**Inspections / Reviews**

**03/24/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/18/2022*

Inspections / Reviews (*continued*)

04/13/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *04/18/2022*

## 51 - Criminal Background Check

## 1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

## Description of Violation

Staff person A, whose first day of work was [REDACTED] did not have a background check completed prior to their first day of work. Background check on file was completed on 2/2/22.

## Plan of Correction

Accept

It is the policy of Artman Lutheran Home to ensure that criminal history checks are completed prior to an employee's first day of work. An audit will be completed of all current employees to ensure compliance by 4/29/22. In- serviced human resources on the need to follow the policy on criminal background checks on 4/12/22. Human resources is responsible for providing the Personal Care Administrator with a monthly report of all new employee compliance for 3 months (as long as there is 100% compliance) and then monthly random audits will be performed.

Completion Date: 04/29/2022

## 121a - Unobstructed Egress

## 1. Requirements

2600.

- 121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

## Description of Violation

On 3/28/22 at approximately 1:30pm, the double doors in the Inspirations Café lobby area are locked with a magnetic locking device and do not open unless a code is entered at a key pad, preventing immediate egress from the area. This door is not located in a secured memory care area.

## Plan of Correction

Accept

It is the policy not to have any egress obstructed. It was determined that the electromechanical device to the Inspiration Café lobby area was faulty. The service company was notified immediately and repaired on 3/31/22. A monthly audit will be performed by the director of facilities to ensure the egress is unobstructed for 3 months (as long as there is 100% compliance) to ensure the device is working properly and documentation will be kept.

Completion Date: 03/31/2022

## 124 - Notice to Fire Department

## 1. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

## Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

## Plan of Correction

Accept

It is the policy of Artman Lutheran Home to notify the Ambler fire department in writing of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Attached please find the letter that was sent on 4/12/22. Documentation will be available to the Ambler fire department monthly by the 15th of the month. The

**124 - Notice to Fire Department (continued)**

*letter will be completed by the Personal Care Administrator and documentation will be kept.*

**Completion Date:** 04/12/2022

**183e - Storing Medications****1. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**Description of Violation**

*On 3/28/22 in the Stonebridge medication care #2 there is an accumulation of loose powder, appearing to have spilled from a medication bottle, at the back of the bottom drawer and is covering multiple other bottles in the drawer.*

*on 3/28/22, a [REDACTED] blister package, belonging to resident #1, has tape on blister number 30, to hold the medication in place.*

*On 3/28/22, a [REDACTED] blister package, belonging to a resident #2, has tape on blister 28 to hold the medication in place.*

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

*It is the policy to have all medication carts clean, free of debris, and in working order. I Staff was in-serviced on our policy and on proper storage and security of medications. Monthly audits will be completed of the medication carts by the Unit Managers overseen by the Personal Care Administrator. Documentation will be kept*

**Completion Date:** 04/12/2022

**185a - Implement Storage Procedures****1. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Violation**

*Resident #1 has an order to have glucose checked 3 times daily, scheduled for 8:00am, 16:30 and 20:00.*

*On 3/27/22 at 17:42, there is a recorded glucose level of [REDACTED] however, there is no corresponding reading in the residents glucometer.*

*On 3/25/22 at 20:28, there is a recorded glucose level of [REDACTED] however, there is no corresponding reading in the residents glucometer.*

*On 3/25/22 at 7:56, there is a recorded glucose level of [REDACTED], however, there is no corresponding reading in the residents glucometer.*

*On 3/23/22 at 19:56, there is a recorded glucose level of [REDACTED] however, there is no corresponding reading in the residents glucometer.*

*On 3/23/22 at 16:11, there is a recorded glucose level of [REDACTED] however, there is no corresponding reading in the residents glucometer.*

*On 3/23/22 at 8:56, there is a recorded glucose level of [REDACTED], however, there is no corresponding reading in the residents glucometer.*

*On 3/22/22 at 21:06, there is a recorded glucose level of [REDACTED], however, there is no corresponding reading in the residents glucometer.*

**185a - Implement Storage Procedures (continued)**

Additionally the following readings do not match the recorded level in Resident #1's MAR:  
3/27/22 at 9:38, the glucometer reading is [REDACTED], the recorded level on the MAR is 139.

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

*It is the policy of Artman Lutheran home to ensure that all glucometer readings are accurately reflected in the resident's medical records. Audits will be completed weekly by the Unit Managers to ensure compliance. Documentation of audits will be kept for review.*

**Completion Date:** 04/12/2022