Department of Human Services
Bureau of Human Service Licensing

August 15, 2022

[redacted], COO
[redacted]

RE: ARTIS SENIOR LIVING OF YARDLEY
765 STONY HILL ROAD
YARDLEY, PA, 19067
LICENSE/COC#: 14650

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/11/2022, 04/12/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance 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 - PUBLIC

Facility Information

Name: *ARTIS SENIOR LIVING OF YARDLEY* **License #**: *14650* **License Expiration**: *04/28/2023*

Address: *765 STONY HILL ROAD, YARDLEY, PA 19067*

County: *BUCKS* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *ARTIS SENIOR LIVING OF LOWER MAKEFIELD LLC*

Address: *680 AMERICAN AVENUE, SUITE 101, KING OF PRUSSIA, PA, 19406*

Phone: *2673925945* **Email**: *fwehr@artismgmt.com*

Certificate(s) of Occupancy

Type: *I-2* **Date**: *03/12/2020* **Issued By**: *Lower Makefield TWP*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *76* **Waking Staff**: *57*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *04/12/2022*

Inspection Dates and Department Representative

04/11/2022 - On-Site: [redacted]

04/12/2022 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *72* **Residents Served**: *38*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *entire home* **Capacity**: *72* **Residents Served**: *38*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *37*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *38* **Have Physical Disability**: *0*

Inspections / Reviews

04/11/2022 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/05/2022*

Inspections / Reviews *(continued)*

05/11/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/16/2022*

05/13/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *06/10/2022*

08/15/2022 - Document Submission

Reviewer: [redacted] **Follow-Up Type**: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.
18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home's kitchen has a gas stove but there is no carbon monoxide detector installed not less than 15 feet away from the fossil fuel-burning device or appliance, as required by 35 P.S. 7241-Care Facility Carbon Monoxide Alarm Standards Act.

Plan of Correction ***Accept***

The Director of Environmental Services or designee will check the carbon monoxide detector once a year when our carbon monoxide detectors are inspected.
The next date of inspection is scheduled for February of 2023.
Completion Date: *05/12/2022*

Document Submission ***Implemented***

82c - Locking Poisonous Materials

1. Requirements

2600.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

There was a bottle of hand-sanitizer unlocked in 300 hallway kitchen area with a manufacturer's label indicating "if swallowed, get medical help or contact a Poison Control center right away". There were 2 small Crest tooth paste tubes with a manufacture's label indicating "if more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center right away" was unlocked, unattended, and accessible in resident room #216 bathroom. Resident room #314 and #320 also had a toothpaste unlocked and unattended in the bathroom. Not all the residents of the home have been assessed capable of recognizing and using poisons safely.

Plan of Correction ***Accept***

The Director of Health and Wellness conducted training on 4/13/2022 regarding the importance of locking all poisonous material in a locked cabinet.
The Director of Health and Wellness or designee will perform rounds on each shift to ensure poisons are locked and secured on an ongoing basis.
Poisonous material audits will be reviewed in QA meetings and will be discontinued when QA teams feel compliance has been met.
Completion Date: *05/12/2022*

Document Submission ***Implemented***

91 - Telephone Numbers

1. Requirements

2600.

91 - Telephone Numbers *(continued)*

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in each hallway.

Plan of Correction ***Accept***

On day of inspection, the emergency telephone numbers were posted on the telephones that were miss them. Daily rounds will be completed by the Director of Environmental Services to ensure all telephones have the emergency numbers posted. Administrator or designee will ensure all emergency numbers are posted during daily rounds.

Completion Date: *04/11/2022*

Document Submission ***Implemented***

107a - Emergency Preparedness

1. Requirements

2600.
107.a. The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

Description of Violation

Staff person A, [redacted], does not have a copy of the emergency preparedness plan for the local municipality.

Plan of Correction ***Accept***

On day of inspection, the administrator spoke with the Emergency Management Officer, Ken Coluzzi, for Lower Makefield Township. [redacted] stated that when Artis met with [redacted], their emergency managment plan mirrored what Lower Makefield Township has in place.

Copy of Bucks County Emergency Preparedness plan received, reviewed, and placed in Emergency Preparedness Policy Binder.

Completion Date: *04/12/2022*

Document Submission ***Implemented***

132h - Designated Meeting Place

1. Requirements

2600.
132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the fire drills on 02/25/2022 at 06:45 AM, 01/31/2022 at 04:00 PM and 12/29/2021 at 01:30 PM, residents did not evacuate to a designated meeting place away from the building or within the fire-safe area.

Plan of Correction ***Accept***

The Director of Environmental Services is scheduled for Fire Training with Robert Muller on June 8th. Monthly Fire Drills and evacuation procedures will be conducted by Fire and Life safety solutions on an ongoing basis or until Robert Muller (fire expert) feels that this regulation is met by the Director of Environmental Services.

Completion Date: *06/08/2022*

132h - Designated Meeting Place *(continued)*

Document Submission ***Implemented***

Fire training attachment

132i - Testing Fire Alarm

1. Requirements

2600.
132.i. A fire alarm or smoke detector shall be set off during each fire drill.

Description of Violation

During the fire drill on 02/25/2022, the fire alarm was not sounded. Instead, the drill was simulated and the alarm was silenced.

Plan of Correction ***Accept***

The Director of Environmental Services is scheduled for Fire Training on June 8th by Robert Muller . Monthly Fire Drills and evacuation procedures will be conducted by Fire and Life safety solutions on an ongoing basis or until Robert Muller (fire expert) feels that this regulation is met by the Director of Environmental Services.
Completion Date: *06/08/2022*

Document Submission ***Implemented***

Fire training cert. attached

183d - Prescription Current

1. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 04/12/2022, [redacted] prescribed for resident #1 and with an expiration date of 10/31/2021 was in the home's med cart. Also found in the same med-cart were resident #2's [redacted] and [redacted] with an expiration date of 03/31/2022.

Plan of Correction ***Accept***

Re-training provided by the Director of Health and Wellness on 4/13/2022 to the nurses and med techs regarding discarding any expired medications.
The Director of Health and Wellness or designee will conduct weekly med cart audits. Med cart audits will be reviewed in QA meetings and will be discontinued when QA teams feel compliance has been met.
Completion Date: *05/12/2022*

Document Submission ***Implemented***

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 04/12/2022, resident #3's [redacted] was open but without a label showing the open/discard after date. The insulin pen should be discarded 28 days after being opened.

183e - Storing Medications *(continued)*

Plan of Correction ***Accept***

The Director of Health and Wellness provided re-training to nurses and med techs on 4/13/2022 regarding proper storage of medications, and discarding insulin after 28 days. The Director of Health and Wellness or designee will conduct weekly med cart audits. Med cart audits will be reviewed in QA meetings and will be discontinued when QA teams feel compliance has been met.

Completion Date: *05/12/2022*

Document Submission ***Implemented***

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #2's [redacted] *had no pharmacy label which includes the information listed above.*

Plan of Correction ***Accept***

Re-training was provided to nurses and med techs regarding the labeling of medications was provided on 4/13/2022. The Director of Health and Wellness or designee will conduct weekly med cart audits. Med cart audits will be reviewed in QA meetings and will be discontinued when QA teams feel compliance has been met.

Completion Date: *05/12/2022*

Document Submission ***Implemented***

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 #3 is prescribed accu-checks twice daily in the morning and in the evening. However,

On 04/01/2022 at 05:06 PM, the log says 260, which is not on the glucometer.

On 04/05/2022 at 6:46 AM, the log says 261, but the actual reading is 217.

On 04/06 at 04:07 PM, the log says 216, which is not on the glucometer.

Plan of Correction ***Accept***

The Director of Health and Wellness provided re-training on 4/13/2022 regarding the accurate transcription from the glucometer to MAR and labeling insulin medication upon opening.

The Director of Health and Wellness or designee will be conducting glucometer audits on a daily basis to ensure compliance and reviewed in QA meetings and discontinued when QA teams feel compliance has been met.

Completion Date: *05/12/2022*

Document Submission ***Implemented***

185a - Implement Storage Procedures *(continued)*

2. 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 #4 is prescribed Naproxen as needed. On 04/12/2022, this medication was not available in the home.

Plan of Correction ***Accept***

Re-training to nurses and med-techs regarding importance of having access to medications was conducted on 4/13/2022. The Director of Health and Wellness or designee will conduct weekly med cart audits and reviewed in QA meetings and discontinued when QA team feels compliance has been met.

Completion Date: *05/12/2022*

Document Submission ***Implemented***

187b - Date/Time of Medication Admin.

1. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On 04/07/2022, resident #2 was administered [redacted] bedtime meds, [redacted]. However, the staff did not enter the initials for this administration.

On 04/07/2022, resident #3 was administered [redacted] bedtime meds: [redacted], [redacted]. However, the staff did not enter the initials for this administration.

On 03/27/2022 at 04:30 PM, resident #4 was administered PRN or as needed [redacted] However, the staff did not enter the initials for this administration.

Plan of Correction ***Accept***

Re-training was provided on 4/13/2022 to Nurses and Med techs regarding the importance of documenting the time when medication is administered.
The Director of Health and Wellness or designee will conduct weekly med cart audits to ensure this requirement is met. The med cart audits will be reviewed in QA meetings and discontinued when the QA team feels compliance has been met.

Completion Date: *05/12/2022*

Document Submission ***Implemented***

187d - Follow Prescriber's Orders

1. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 is prescribed [redacted]s twice a day in the morning and in the evening, There is no evening reading on the resident's glucometer for 04/01/2022 and 04/06/2022.

187d - Follow Prescriber's Orders (continued)

Resident #5 is prescribed [redacted] *However, the resident was administered this med only twice, in the morning and in the evening, on 04/05, 06, 07, 08/2022.*

Plan of Correction ***Accept***

Re-training provided to nurses regarding the importance of following directions of the prescriber on 4/13/2022.
The Director of Health and Wellness or designee will be conducting daily glucometer checks and weekly med cart audits to ensure compliance.
The audits will be reviewed in QA meetings and discontinued when the QA team feels compliance has been met.
Completion Date: *05/12/2022*

Document Submission ***Implemented***

233c - Key-Locking Devices

1. Requirements

2600.
233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the two exit gates from the enclosed courtyard to the outside.

Plan of Correction ***Accept***

On day of inspection the access code was posted on the walls next to the gates on day of inspection.

Administrator or designee will ensure all codes are posted during daily rounds.
Completion Date: *04/11/2022*

Document Submission ***Implemented***