

Department of Human Services
Bureau of Human Service Licensing

June 28, 2022

[REDACTED]
ARTIS SENIOR LIVING OF LEMOYNE LLC
[REDACTED]

RE: ARTIS SENIOR LIVING OF WEST
SHORE
150 NORTH 12TH STREET
LEMOYNE, PA, 17043
LICENSE/COC#: 33370

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/25/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Alex Shambach
ashambach@pa.gov

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 WEST SHORE* License #: *33370* License Expiration: *12/01/2022*
Address: *150 NORTH 12TH STREET, LEMOYNE, PA 17043*
County: *CUMBERLAND* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: *7174098921* Email: [REDACTED]

Legal Entity

Name: *ARTIS SENIOR LIVING OF LEMOYNE LLC*
Address: *680 AMERICAN AVENUE, SUITE 101, KING OF PRUSSIA, PA, 19406*
Phone: *7174098921* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *10/04/2017* Issued By: *Borough of Lemoyne*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *111* Waking Staff: *83*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *05/25/2022*

Inspection Dates and Department Representative

05/25/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *64* Residents Served: *47*

Secured Dementia Care Unit

In Home: *Yes* Area: *Artis Senior Living* Capacity: *64* Residents Served: *47*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *45*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *64* Have Physical Disability: *0*

Inspections / Reviews

05/25/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/13/2022*

06/27/2022 - POC Submission

Inspections / Reviews *(continued)*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *07/02/2022*

06/28/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

During a physical site inspection conducted on 5/25/2022, uncovered trashcans were observed in the bathrooms of resident rooms #301 and #413.

Plan of Correction

Accept

- Until covered receptacles arrive at the community associates will remove trash from uncovered resident bathroom receptacle at a minimum daily. Random audits conduct by Executive Director from 5/27/22 through 6/14/22 ensured community was in compliance.(See attached audits)
- Covered trash receptacles were ordered 6/9/22 and placed in resident bathrooms 6/14/2022 by Environmental Services. (See attached order conformation)
- An audit was conducted on 6/15/22 and 6/16/22 by Executive Director to ensure covered trash receptacles are located in resident bathrooms. (See attached audit)
- Education to current associates was conducted 5/26/ 2022 through 6/10/22 by Executive Director (ED) and Director of Health and Wellness (DHW)on Regulation 85d trash receptacles shall be kept covered in bathrooms to prevent penetration of insects and rodents. (See attached)
- Executive Director, Director of Health and Wellness or Director of Environmental Services will audits once a month resident bathrooms for compliance of Regulation 85d. (see completed audits)
- Audits will be reviewed by QAPI Committee at monthly QAPI meeting to ensure the system interventions and monitoring result is improved and sustainable processes.

Completion Date: 09/30/2022

Document Submission

Implemented

- Until covered receptacles arrive at the community associates will remove trash from uncovered resident bathroom receptacle at a minimum daily. Random audits conduct by Executive Director from 5/27/22 through 6/14/22 ensured community was in compliance.(See attached audits)
- Covered trash receptacles were ordered 6/9/22 and placed in resident bathrooms 6/14/2022 by Environmental Services. (See attached order conformation)
- An audit was conducted on 6/15/22 and 6/16/22 by Executive Director to ensure covered trash receptacles are located in resident bathrooms. (See attached audit)
- Education to current associates was conducted 5/26/ 2022 through 6/10/22 by Executive Director (ED) and Director of Health and Wellness (DHW)on Regulation 85d trash receptacles shall be kept covered in bathrooms to prevent penetration of insects and rodents. (See attached)
- Executive Director, Director of Health and Wellness or Director of Environmental Services will audits once a month resident bathrooms for compliance of Regulation 85d. (see completed audits)
- Audits will be reviewed by QAPI Committee at monthly QAPI meeting to ensure the system interventions and monitoring result is improved and sustainable processes.
- Plan has been implemented

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141b1 - Annual Medical Evaluation (continued)

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on 10/25/2021. The resident's previous medical evaluation was completed on 8/13/2020.

Plan of Correction

Accept

- Resident #1 medical evaluation was unable to be corrected.
- An audit was conducted on 5/27/2022 by the Director of Health and Wellness(DHW) to ensure all current medical evaluations are in compliance with Regulation 141b with implementation of the DME/RASP Due Date (spreadsheet) will ensure compliance of 141(b) 1 (See attached spread sheet)
- Weekly verifications will be conducted by ED or DHW to ensure medical evaluations are completed at least annually. (see attached audit sheet)
- Dates identified on spread sheet will be added to Executive Director (ED) and DHW outlook calendar for continued compliance.
- Re-education of regulation 141b (1) ED and DHW was completed on 5/27/2022 (See attached education)
- New move-in's will be added to the spread sheet to ensure accuracy and timeliness.
- Audits will be reviewed by QAPI Committee at monthly QAPI meeting to ensure the system interventions and monitoring result is improved and sustainable processes.

Completion Date: 09/30/2022

Document Submission

Implemented

- Resident #1 medical evaluation was unable to be corrected.
- An audit was conducted on 5/27/2022 by the Director of Health and Wellness(DHW) to ensure all current medical evaluations are in compliance with Regulation 141b with implementation of the DME/RASP Due Date (spreadsheet) will ensure compliance of 141(b) 1 (See attached spread sheet)
- Weekly verifications will be conducted by ED or DHW to ensure medical evaluations are completed at least annually. (see attached audit sheet)
- Dates identified on spread sheet will be added to Executive Director (ED) and DHW outlook calendar for continued compliance.
- Re-education of regulation 141b (1) ED and DHW was completed on 5/27/2022 (See attached education)
- New move-in's will be added to the spread sheet to ensure accuracy and timeliness.
- Audits will be reviewed by QAPI Committee at monthly QAPI meeting to ensure the system interventions and monitoring result is improved and sustainable processes.
- Plan has been 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:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

The Medication Administration Record (MAR) for Resident #2's Polyethylene Glycol 3350 states to dissolve one packet in liquid and take orally. However, the resident's medication comes in a 26.9 ounce bottle, which states that one capful should be dissolved in liquid and taken orally.

184a - Labeling OTC/CAM (continued)

Plan of Correction**Accept**

- CHW notified Physician on 5/26/2022 to clarify prescribed dosage, instructions for administration. Order received 5/26/2022 (see attached).
- Audits completed by DHW or designee 5/26/22 through 5/31/2022 on medication carts to ensure prescription medications are labeled by pharmacy to include prescribed dosage and instructions for administration. (see medication cart audit 184a)
- Current CHW and Medication Technicians were educated on 6/10/2022 by DHW on Regulations 184a prescription medications shall be labeled with a pharmacy label that included prescribed dosage and instructions for administration.
- Weekly audits will be conducted by DHW or designee for accuracy and compliance of Regulation 184a.(see medication cart audit 6/6/22 and 6/9/22)
- Audits will be reviewed by QAPI Committee at monthly QAPI meeting to ensure the system interventions and monitoring result is improved and sustainable processes.

Completion Date: 09/30/2022**Document Submission****Implemented**

- CHW notified Physician on 5/26/2022 to clarify prescribed dosage, instructions for administration. Order received 5/26/2022 (see attached).
- Audits completed by DHW or designee 5/26/22 through 5/31/2022 on medication carts to ensure prescription medications are labeled by pharmacy to include prescribed dosage and instructions for administration. (see medication cart audit 184a)
- Current CHW and Medication Technicians were educated on 6/10/2022 by DHW on Regulations 184a prescription medications shall be labeled with a pharmacy label that included prescribed dosage and instructions for administration.
- Weekly audits will be conducted by DHW or designee for accuracy and compliance of Regulation 184a.(see medication cart audit 6/6/22 and 6/9/22)
- Audits will be reviewed by QAPI Committee at monthly QAPI meeting to ensure the system interventions and monitoring result is improved and sustainable processes.
- Plan has been implemented

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed one capsule of Vitamin D2 to be taken orally once a week. on Sunday's. This medication was not administered to Resident #1 on 5/22/2022 because the medication was not available in the home.

Plan of Correction**Accept**

- Medication was ordered from Pharmacy on 5/25/22 by the Coordinator of Health & Wellness(CHW) to have medication available for next prescribed dose for resident #1. Medication was received on 5/26/22.(see attached screen shot)
- Initial audit was conducted by DHW or designee of the medication carts to ensure prescribed medications are available in the home. Audits began on 5/26/2022 through 5/31/22, identified 2 discrepancies and corrected on date of audit. (see medication cart audit for 187d).

187d - Follow Prescriber's Orders (continued)

- Audits will conducted weekly , began on 6/6/22 one discrepancy was noted and corrected the date of the audit see medication care audit for 6/9/22).
- Current CHW and Medication Technicians were educated by the DHW on 6/10/2022 will utilize the automatic communication tool within QuickMar to show early, late or omitted medications when there is a discrepancy (see education sheet).
- Current CHW and Medication Technicians were educated 6/10/2022 by the DHW on of the new exception choice which has been changed from "waiting for pharmacy" to "unable to give notify nurse"(see education sheet)
- The Med Variance report will be used by the DHW or designee to monitor and ensure medication is administered with in the prescribed time frame.
- Audits will be reviewed by QAPI Committee at monthly QAPI meeting to ensure the system interventions and monitoring result is improved and sustainable processes.

Completion Date: 09/30/2022

Document Submission**Implemented**

- Medication was ordered from Pharmacy on 5/25/22 by the Coordinator of Health & Wellness(CHW) to have medication available for next prescribed dose for resident #1. Medication was received on 5/26/22.(see attached screen shot)
- Initial audit was conducted by DHW or designee of the medication carts to ensure prescribed medications are available in the home. Audits began on 5/26/2022 through 5/31/22, identified 2 discrepancies and corrected on date of audit. (see medication cart audit for 187d).
- Audits will conducted weekly , began on 6/6/22 one discrepancy was noted and corrected the date of the audit see medication care audit for 6/9/22).
- Current CHW and Medication Technicians were educated by the DHW on 6/10/2022 will utilize the automatic communication tool within QuickMar to show early, late or omitted medications when there is a discrepancy (see education sheet).
- Current CHW and Medication Technicians were educated 6/10/2022 by the DHW on of the new exception choice which has been changed from "waiting for pharmacy" to "unable to give notify nurse"(see education sheet)
- The Med Variance report will be used by the DHW or designee to monitor and ensure medication is administered with in the prescribed time frame.
- Audits will be reviewed by QAPI Committee at monthly QAPI meeting to ensure the system interventions and monitoring result is improved and sustainable processes.
- Plan has been implemented

225c - Additional Assessment**1. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

Description of Violation

Resident #1's current assessment was completed on [REDACTED]. However, the resident's previous assessment was completed on [REDACTED]

225c - Additional Assessment (continued)

Plan of Correction

Accept

- Resident #1 additional assessment was unable to be corrected.
- An audit was conducted on 5/27/2022 by the Director of Health and Wellness(DHW) to ensure all current additional assessments are in compliance with Regulation 225c with implementation of the DME/RASP Due Date (spreadsheet) will ensure compliance of 225c (See attached spread sheet)
- Weekly verifications will be conducted by ED or DHW to ensure additional assessment are completed at least annually. (see attached audit sheet)
- Dates identified on spread sheet will be added to Executive Director (ED) and DHW outlook calendar for continued compliance.
- Re-education of regulation 225c ED and DHW was completed on 5/27/2022 (See attached education)
- New move-in's will be added to the spread sheet to ensure accuracy and timeliness.
- Audits will be reviewed by QAPI Committee at monthly QAPI meeting to ensure the system interventions and monitoring result is improved and sustainable processes.

Completion Date: 09/30/2022

Document Submission

Implemented

- Resident #1 additional assessment was unable to be corrected.
- An audit was conducted on 5/27/2022 by the Director of Health and Wellness(DHW) to ensure all current additional assessments are in compliance with Regulation 225c with implementation of the DME/RASP Due Date (spreadsheet) will ensure compliance of 225c (See attached spread sheet)
- Weekly verifications will be conducted by ED or DHW to ensure additional assessment are completed at least annually. (see attached audit sheet)
- Dates identified on spread sheet will be added to Executive Director (ED) and DHW outlook calendar for continued compliance.
- Re-education of regulation 225c ED and DHW was completed on 5/27/2022 (See attached education)
- New move-in's will be added to the spread sheet to ensure accuracy and timeliness.
- Audits will be reviewed by QAPI Committee at monthly QAPI meeting to ensure the system interventions and monitoring result is improved and sustainable processes.
- Plan has been implemented

231c - Preadmission Screening

1. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #3 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. The resident's written cognitive preadmission screening was completed on [REDACTED] more than 72 hours prior to the resident's admission to the SDCU.

Plan of Correction

Accept

- Cognitive preadmission screening for resident #3 is not able to be corrected.
- On 5/31/22 DHW conducted audits of all 47 residents to ensure cognitive preadmission screening were

231c - Preadmission Screening (continued)

completed within 72 hours of move in. It was identified 2 cognitive preadmission screening dates were non compliant with Regulation 231c and unable to be corrected. Notation of date identified of non compliance was placed on the two individual cognitive preadmission screenings that were identified in the original audit dated 5/31/22. (see attached Preadmission screening date audit 231c)

- Director of Business Services or designee will verify compliance of date on preadmission screening within 72 hours prior to admission. The checklist for resident - move in packet has been revised to include this information and will serve as an on going verification tool . (see attached checklist for resident move in packet #31)
- ED, DHW and Director of Business Services were re-educated on 5/27/2022 for Regulation 231c. (see education sheet)
- Process will be reviewed by QAPI Committee at monthly QAPI meeting to ensure the system interventions and monitoring result in improved and sustainable processes.

Completion Date: 09/30/2022

Document Submission**Implemented**

- Cognitive preadmission screening for resident #3 is not able to be corrected.
- On 5/31/22 DHW conducted audits of all 47 residents to ensure cognitive preadmission screening were completed within 72 hours of move in. It was identified 2 cognitive preadmission screening dates were non compliant with Regulation 231c and unable to be corrected. Notation of date identified of non compliance was placed on the two individual cognitive preadmission screenings that were identified in the original audit dated 5/31/22. (see attached Preadmission screening date audit 231c)
- Director of Business Services or designee will verify compliance of date on preadmission screening within 72 hours prior to admission. The checklist for resident - move in packet has been revised to include this information and will serve as an on going verification tool . (see attached checklist for resident move in packet #31)
- ED, DHW and Director of Business Services were re-educated on 5/27/2022 for Regulation 231c. (see education sheet)
- Process will be reviewed by QAPI Committee at monthly QAPI meeting to ensure the system interventions and monitoring result in improved and sustainable processes.
- Plan has been implemented

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 5/25/2022, Diabetic Tussin Liquid, prescribed for Resident #2, was in the home's medicine cart; however, the medication was discontinued on 5/1/2022.

Repeat Violation from 11/6/2019

Plan of Correction**Accept**

- Medication was immediately removed on 5/25/22 from the medication cart by Coordinator of Health and Wellness(CHW).
- Director of Health & Wellness(DHW) and (CHW) completed initial medication cart audits from

183d - Prescription Current (continued)

5/26-5/31/22 to ensure discontinued medications were disposed of for current residents. (See Medication Cart Audit 183d)

- Weekly audits conducted beginning 6/6/22 no discrepancies were found(See Medication Care Audit 183d).
- Current CHW and Medication Technicians will be re-education by DHW of regulation 183d by 6/10/2022.(see attached education)
- An Order Verifications Checklist will be implemented to verify the discontinued medications are removed from the cart. (see attached for education and example form).
- Medication cart audits will be conducted weekly by the DHW or designee. Audits began 6/6/22.(see attached Medication Cart Audit183d).
- Audits will be reviewed by QAPI Committee at monthly QAPI meeting to ensure the system interventions and monitoring result in improved and sustainable processes.

Completion Date: 09/30/2022

Document Submission**Implemented**

- Medication was immediately removed on 5/25/22 from the medication cart by Coordinator of Health and Wellness(CHW).
- Director of Health & Wellness(DHW) and (CHW) completed initial medication cart audits from 5/26-5/31/22 to ensure discontinued medications were disposed of for current residents. (See Medication Cart Audit 183d)
- Weekly audits conducted beginning 6/6/22 no discrepancies were found(See Medication Care Audit 183d).
- Current CHW and Medication Technicians will be re-education by DHW of regulation 183d by 6/10/2022.(see attached education)
- An Order Verifications Checklist will be implemented to verify the discontinued medications are removed from the cart. (see attached for education and example form).
- Medication cart audits will be conducted weekly by the DHW or designee. Audits began 6/6/22.(see attached Medication Cart Audit183d).
- Audits will be reviewed by QAPI Committee at monthly QAPI meeting to ensure the system interventions and monitoring result in improved and sustainable processes.
- Plan has been implemented