

Department of Human Services  
Bureau of Human Service Licensing

August 22, 2022

[REDACTED]

ARTMAN LUTHERAN HOME  
250 BETHLEHEM PIKE  
AMBLER, PA, 19002

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 review on 07/29/2022 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**

**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**

Name: ARTMAN LUTHERAN HOME  
Address: 250 BETHLEHEM PIKE, AMBLER, PA, 19002  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: Total Daily Staff: 220 Waking Staff: 165

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
Reason: Incident Exit Conference Date: 07/29/2022

**Inspection Dates and Department Representative**

07/29/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 136 Residents Served: 124

**Secured Dementia Care Unit**

In Home: Yes Area: Memory Care Capacity: 19 Residents Served: 19

**Hospice**

Current Residents: 6

**Number of Residents Who:**

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 124  
Diagnosed with Mental Illness: 5 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 96 Have Physical Disability: 2

**Inspections / Reviews**

**07/29/2022 - Partial**

Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 08/12/2022

**08/17/2022 POC Submission**

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 08/29/2022

Inspections / Reviews *(continued)*

08/22/2022 - Document Submission

Reviewer [REDACTED]

Follow-Up Type: *Not Required*

## 15a - Resident Abuse Report

### 1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

#### Description of Violation

On [REDACTED]/22, around [REDACTED] pm, a visitor in the home saw Staff Person A grab Resident 1 forcefully by the arm and lead the resident out of a room. This incident was reported to staff persons B, C, and D on [REDACTED]/22 in the morning. However, this allegation of abuse was not reported to the Area Agency on Aging until [REDACTED]/22.

#### Plan of Correction

**Accept**

*It is the policy of Artman Lutheran Home to report all allegations of abuse within the required timeframes. In-services were completed with employees regarding reporting guidelines. The allegation of abuse from the visitor was reported immediately after the visitor informed the Administrator and Executive Director.*

**Completion Date:** 07/29/2022

#### Document Submission

**Implemented**

*It is the policy of Artman Lutheran Home to report all allegations of abuse within the required timeframes. In-services were completed with employees regarding reporting guidelines. The allegation of abuse from the visitor was reported immediately after the visitor informed the Administrator and Executive Director.*

## 16c - Written Incident Report

### 1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

#### Description of Violation

On [REDACTED]/22, around [REDACTED] pm, a visitor in the home saw Staff Person A grab Resident 1 forcefully by the arm and lead the resident out of a room. This incident was reported to staff persons B, C, and D on [REDACTED]/22 in the morning. The home did not report this incident to the department until [REDACTED]/22.

#### Plan of Correction

**Accept**

*It is the policy of Artman Lutheran Home to report all allegations of abuse within the required timeframes. In-services were completed with employees regarding reporting guidelines. The allegation of abuse from the visitor was reported immediately after the visitor informed the Administrator and Executive Director.*

**Completion Date:** 07/29/2022

#### Document Submission

**Implemented**

*It is the policy of Artman Lutheran Home to report all allegations of abuse within the required timeframes. In-services were completed with employees regarding reporting guidelines. The allegation of abuse from the visitor was reported immediately after the visitor informed the Administrator and Executive Director.*

## 42b - Abuse

### 1. Requirements

2600.

**42b - Abuse (continued)**

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Description of Violation**

On [REDACTED] 22, around [REDACTED] pm, Staff Person A grabbed Resident 1 forcefully by the arm and lead the resident out of a room. This incident was witnessed by a visitor in the home.

**Plan of Correction****Directed**

It is the policy of Artman Lutheran Home to remove any staff member after a substantiated abuse. Staff member A suspended pending investigation and terminated.

DPOC [REDACTED] 08-17-2022

Within 10 days calendar days receipt of this POC, home will conduct a residents rights staff training with emphasis on abuse and neglect. Home will document training and make it available for Department review.

**Completion Date:****Document Submission****Implemented**

It is the policy of Artman Lutheran Home to remove any staff member after a substantiated abuse. Staff member A suspended pending investigation and terminated.

DPOC [REDACTED] - 08-17-2022

Within 10 days calendar days receipt of this POC, home will conduct a residents rights staff training with emphasis on abuse and neglect. Home will document training and make it available for Department review.

**54a - Direct Care Staff****1. Requirements**

2600.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

**Description of Violation**

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

**Plan of Correction****Directed**

It is the policy of Artman Lutheran home that all care staff have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry. An audit will be completed by 8/20/22 and policy will be followed.

DPOC [REDACTED] - 08-17-2022

All direct care staff who don't meet qualifications specified in 2600.54a will be removed from the floor and not provide direct care to residents.

**Completion Date:****Document Submission****Implemented**

It is the policy of Artman Lutheran home that all care staff have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry. An audit will be completed by 8/20/22 and policy will be followed.

DPOC [REDACTED] - 08-17-2022

All direct care staff who don't meet qualifications specified in 2600.54a will be removed from the floor and not

**54a - Direct Care Staff (continued)**

*provide direct care to residents.*

**65b - Rights/Abuse 40 Hours****1. Requirements**

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

**Description of Violation**

*Staff person A completed his/her 40th scheduled work hour on or about [REDACTED]/22. However, this staff person did not complete training in reporting reportable incidents.*

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

*t is the policy of Artman Lutheran Home to have employees complete the training in reporting reportable incidents within the 40 scheduled working hours. Artman Lutheran home has added reporting reportable Incidents training to the initial orientation to be completed prior to or within 40 hours.*

*Ongoing*

**Completion Date:**

**Document Submission****Implemented**

*t is the policy of Artman Lutheran Home to have employees complete the training in reporting reportable incidents within the 40 scheduled working hours. Artman Lutheran home has added reporting reportable Incidents training to the initial orientation to be completed prior to or within 40 hours.*

*Ongoing*

**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 [REDACTED]. However, Resident 1 was not administered this medication on [REDACTED]/22 at [REDACTED] pm.*

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

*t is the policy of Artman Lutheran Home to follow all directions of the prescriber and document accordingly. Upon investigation the medication was given. The staff member failed to document. The staff member was in-serviced on proper documentation. Audits will be completed monthly to ensure all documentation is accurate.*

*Ongoing*

**Completion Date:** 08/11/2022

**Document Submission****Implemented**

*t is the policy of Artman Lutheran Home to follow all directions of the prescriber and document accordingly. Upon investigation the medication was given. The staff member failed to document. The staff member was in-serviced on proper documentation. Audits will be completed monthly to ensure all documentation is accurate.*

*Ongoing*

**225a - Assessment 15 Days****1. Requirements**

225a - Assessment 15 Days (continued)

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department’s assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident 1’s assessment, dated [redacted] 22, does not include an assessment for degree of supervision.

Plan of Correction

Accept

It is the policy of Artman Lutheran Home to complete initial assessments within 15 days. Staff in-serviced on completion of all assessment areas.

Completion Date: 07/29/2022

Document Submission

Implemented

It is the policy of Artman Lutheran Home to complete initial assessments within 15 days. Staff in-serviced on completion of all assessment areas.

231e - No Objection Statement

1. Requirements

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 Secure Dementia Care Unit (SDCU) on [redacted] 22. The home has no documentation that the resident and the resident’s designated person have not objected to the admission.

Plan of Correction

Accept

It is the policy of Artman Lutheran Home to follow regulation 2600 231 e and have documentation that the resident and the resident’s designated person have not objected to the residents admission or transfer to the secured dementia care household. The contract has been sent to the contract management team. The team will add requirement to contract.

Completion Date: 09/08/2022

Document Submission

Implemented

It is the policy of Artman Lutheran Home to follow regulation 2600 231 e and have documentation that the resident and the resident’s designated person have not objected to the residents admission or transfer to the secured dementia care household. The contract has been sent to the contract management team. The team will add requirement to contract.