

Department of Human Services
Bureau of Human Service Licensing

October 25, 2022

[REDACTED]
ARTIS SENIOR LIVING OF BETHEL PARK LLC
[REDACTED]
[REDACTED]

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 review on 09/14/2022, 09/15/2022 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

October 24, 2022

[REDACTED]
ARTIS SENIOR LIVING OF BETHEL PARK LLC
[REDACTED]
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 09/14/2022, 09/15/2022 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 - PUBLIC

Facility Information

Name: *ARTIS SENIOR LIVING OF SOUTH HILLS* License #: *44916* License Expiration: *05/01/2023*
Address: *1001 HIGBEE DRIVE, BETHEL PARK, PA 15102*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

██████████ Phone: ██████████ Email: ██████████

Legal Entity

Name: *ARTIS SENIOR LIVING OF BETHEL PARK LLC*
Address: *680 AMERICAN AVENUE, SUITE 101, KING OF PRUSSIA, PA, 19406*
██████████ Email: ██████████

Certificate(s) of Occupancy

Type: *1-2* Date: *04/19/2018* Issued By: *Municipality of Bethel Park*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *126* Waking Staff: *95*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *09/16/2022*

Inspection Dates and Department Representative

09/14/2022 - On-Site: ██████████
09/15/2022 - On-Site: ██████████

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *72* Residents Served: *63*

Secured Dementia Care Unit

In Home: *Yes* Area: *Entire building* Capacity: *72* Residents Served: *63*

Hospice

Current Residents: *11*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *63*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *63* Have Physical Disability: *0*

Inspections / Reviews

09/14/2022 - Partial

Lead Inspector: ██████████ Follow-Up Type: *POC Submission* Follow-Up Date: *10/15/2022*

Inspections / Reviews *(continued)*

10/17/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *10/20/2022*

10/24/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *10/26/2022*

10/25/2022 - 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

Staff person A alleged that on [redacted] at approximately 6:30 p.m., while [redacted] and staff person B were getting resident #1 ready for bed, staff person B threatened to punch resident #1 in the face. The allegation was not reported until [redacted] at 12:00 p.m.

Plan of Correction

Accept

Staff person "A" received training during [redacted] new hire orientation on [redacted] regarding resident abuse and how and when to report abuse. Staff person "A" was terminated on [redacted] for failure to comply with our policy and procedure for reporting abuse allegations.

Staff person "B" returned back to work on [redacted] after the alleged abuse complaint was unsubstantiated.

All associates have been trained on reporting resident abuse at the following All Associate In-Services: December 2021, January 2022, February 2022, March 2022, April 2022, May 2022, June 2022, July 2022 . Please see attachment for documentation. Training by Administrator and others [JRW 10/24/22]

Attached is the in-service overview of abuse and neglect including reporting resident abuse.

Director of Health and Wellness reviews all incident reports daily to ensure that all reports of abuse are reported both to Adult Protective Services and Department of Human Services.

Completion Date: 10/20/2022

Document Submission

Implemented

Staff person "A" received training during [redacted] new hire orientation on [redacted] regarding resident abuse and how and when to report abuse. Staff person "A" was terminated on [redacted] for failure to comply with our policy and procedure for reporting abuse allegations.

Staff person "B" returned back to work on [redacted] after the alleged abuse complaint was unsubstantiated.

All associates have been trained on reporting resident abuse at the following All Associate In-Services: December 2021, January 2022, February 2022, March 2022, April 2022, May 2022, June 2022, July 2022 . Please see attachment for documentation. Training by Administrator and others [JRW 10/24/22]

Attached is the in-service overview of abuse and neglect including reporting resident abuse.

Director of Health and Wellness reviews all incident reports daily to ensure that all reports of abuse are reported both to Adult Protective Services and Department of Human Services.

15b - Supervisor Plan

1. Requirements

2600.

15b - Supervisor Plan (continued)

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

Staff person A alleged that on [REDACTED] at approximately 6:30 p.m., while [REDACTED] and staff person B were getting resident #1 ready for bed, staff person B threatened to punch resident #1 in the face. Staff person B continued to work unsupervised on [REDACTED] until 11:15 p.m.

Plan of Correction**Directed**

All associates have been trained on reporting resident abuse and immediate suspension of associates pending investigation at the following All Associate In-Services: December 2021, January 2022, February 2022, March 2022, April 2022, May 2022, June 2022, July 2022 . Please see attachment for documentation.

Training by Administrator and others [JRW 10/24/22]

Attached is the in-service overview of abuse and neglect including the suspension of the associate pending investigation.

Staff Person "A" did not report the suspected abuse until [REDACTED] when another associate reported what occurred to our Director of the Artis Way Experience at approximately 12 PM. Staff Person "A" was called at 12:15 PM to say that they were suspended pending investigation. Staff Person "B" was called at approximately 1:30 PM to say that they were suspended pending investigation. Neither associate were in the community when the alleged abuse was reported to our Director of the Artis Way Experience.

The procedure for suspending an associate is that the shift supervisor (LPN or Med Tech) will immediately notify our Director of Health and Wellness or Executive Director when an initial claim has been made regarding an associate and abuse towards a resident. We will not leave the associate unsupervised. We will collect a statement from the associate prior to them leaving the community. The associate will be suspended until the investigation is completed. The Executive Director / Designee will be responsible for calling Adult Protective Services immediately and filing an initial report.

Completion Date: 10/20/2022

Document Submission**Implemented**

All associates have been trained on reporting resident abuse and immediate suspension of associates pending investigation by Executive Director / Designee at the following All Associate In-Services: December 2021, January 2022, February 2022, March 2022, April 2022, May 2022, June 2022, July 2022 . Please see attachment for documentation.

Training by Administrator and others [JRW 10/24/22]

Attached is the in-service overview of abuse and neglect including the suspension of the associate pending investigation.

Staff Person "A" did not report the suspected abuse until September 1st when another associate reported what occurred to our Director of the Artis Way Experience at approximately 12 PM. Staff Person "A" was called at 12:15 PM to say that they were suspended pending investigation. Staff Person "B" was called at approximately 1:30 PM to say that they were suspended pending investigation. Neither associate were in the community when the alleged abuse was reported to our Director of the Artis Way Experience.

15b - Supervisor Plan (continued)

The procedure for suspending an associate is that the shift supervisor (LPN or Med Tech) will immediately notify our Director of Health and Wellness or Executive Director when an initial claim has been made regarding an associate and abuse towards a resident. We will not leave the associate unsupervised. We will collect a statement from the associate prior to them leaving the community. The associate will be suspended until the investigation is completed. The Executive Director / Designee will be responsible for calling Adult Protective Services immediately and filing an initial report.

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

Staff person A alleged that on [REDACTED] at approximately 6:30 p.m., while [REDACTED] and staff person B were getting resident #1 ready for bed, staff person B threatened to punch resident #1 in the face. The incident was not reported to the Department until [REDACTED].

Plan of Correction**Accept**

The alleged abuse incident was reported to our Director of the Artis Way Experience on September 2nd at 12 PM. We submitted the state reportable on [REDACTED] at 11:30 AM, which was within the 24 hour period of when we first heard about the alleged incident.

All associates have been trained on the time frame for reporting abuse and reportable incidents at the following All Associate In-Services: December 2021, January 2022, February 2022, March 2022, April 2022, May 2022, June 2022, July 2022 . Please see attachment for documentation.

Attached is the in-service overview of abuse and neglect including the reporting of abuse.

The procedure for reporting an incident is that the shift supervisor (LPN or Med Tech) will immediately notify our Director of Health and Wellness or Executive Director. The Executive Director / Designee will immediately call in an initial report to Adult Protective Services. Within 24 hours the Director of Health and Wellness / Designee will submit an Incident Reporting Form to Department of Human Services. The Executive Director / Designee will submit within 24 hours the Mandatory Abuse Report to Adult Protective Services.

Completion Date: 10/20/2022

Document Submission**Implemented**

The alleged abuse incident was reported to our Director of the Artis Way Experience on September 2nd at 12 PM. We submitted the state reportable on [REDACTED] at 11:30 AM, which was within the 24 hour period of when we first heard about the alleged incident.

All associates have been trained on the time frame for reporting abuse and reportable incidents at the following All Associate In-Services: December 2021, January 2022, February 2022, March 2022, April 2022, May 2022, June 2022, July 2022 . Please see attachment for documentation.

Attached is the in-service overview of abuse and neglect including the reporting of abuse.

16c - Written Incident Report (continued)

The procedure for reporting an incident is that the shift supervisor (LPN or Med Tech) will immediately notify our Director of Health and Wellness or Executive Director. The Executive Director / Designee will immediately call in an initial report to Adult Protective Services. Within 24 hours the Director of Health and Wellness / Designee will submit an Incident Reporting Form to Department of Human Services. The Executive Director / Designee will submit within 24 hours the Mandatory Abuse Report to Adult Protective Services.

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

On 9/14/22, the multiple poisons were unlocked, unattended and accessible throughout the home, including the following:

- At 9:45 a.m., there was a box of Efferdent Antibacterial Denture and Retainer Cleanser, with a manufacturer's label indicating "In case of accidental ingestion, contact a poison control center immediately" on the shelf below the wall cabinet in the bathroom of room [REDACTED].
- At 9:51 a.m., there was a tube of Calmoseptine ointment, with a manufacturer's label indicating "In case of accidental ingestion contact a poison control center immediately" in the cabinet next to the sink in the bathroom of room [REDACTED]. At 10:21 a.m., there was a 16 ounce spray bottle of Ecolab HD Acid Bathroom Cleaner, with a manufacturer's label indicating "Causes severe skin burns. Immediately call a PCC" on the floor under the sink in the bathroom of room [REDACTED].
- At 10:53 a.m., there was a box of Efferdent Antibacterial Denture and Retainer Cleanser, with a manufacturer's label indicating "In case of accidental ingestion, contact a poison control center immediately" on the left side of the sink in the bathroom of room [REDACTED].

Not all residents of the home, including resident #1, have been assessed capable of recognizing and using poisons safely.

Plan of Correction**Accept**

Re-education of this requirement will occur on Tuesday, October 25th at our All Associate Meetings by Executive Director / Designee.

Care Partners will check neighborhoods daily (including resident suites) to ensure that all poisonous materials are locked and inaccessible to the residents.

An initial audit will be conducted by Director of Health and Wellness / Designee to ensure that all poisonous materials are locked and inaccessible to residents in their suites. This will be completed by October 26, 2022. See attachment for audit sheet.

Starting Monday, October 31st Director of Health and Wellness / Designee will complete weekly audit checks to ensure that all poisonous materials are locked and inaccessible to residents in their suites. Audits will be completed for 4 weeks. See attachment for audit sheet.

Monthly Audits will be completed for December 2022, January 2023 and February 2023 by Director of Health and Wellness / Designee to ensure that all poisonous materials are locked and inaccessible to residents in their suites.

82c - Locking Poisonous Materials (continued)

See attachment for audit sheet.

Completion Date: 02/28/2023

Document Submission**Implemented**

Re-education of this requirement will occur on Tuesday, October 25th at our All Associate Meetings by Executive Director / Designee.

Care Partners will check neighborhoods daily (including resident suites) to ensure that all poisonous materials are locked and inaccessible to the residents.

An initial audit will be conducted by Director of Health and Wellness / Designee to ensure that all poisonous materials are locked and inaccessible to residents in their suites. This will be completed by October 26, 2022. See attachment for audit sheet.

Starting Monday, October 31st Director of Health and Wellness / Designee will complete weekly audit checks to ensure that all poisonous materials are locked and inaccessible to residents in their suites. Audits will be completed for 4 weeks. See attachment for audit sheet.

Monthly Audits will be completed for December 2022, January 2023 and February 2023 by Director of Health and Wellness / Designee to ensure that all poisonous materials are locked and inaccessible to residents in their suites. See attachment for audit sheet.

89b - Hot Water Temperature**1. Requirements**

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 9/14/22 at approximately 10:13 a.m., the water temperature at the sink in the kitchenette in the Hartwood neighborhood measured 131.1 degrees Fahrenheit.

On 9/14/22 at approximately 11:07 a.m., the water temperature at the sink in the kitchenette in the Forbes neighborhood measured 135.1 degrees Fahrenheit.

Repeat violation: 3/22/21 et al

Plan of Correction**Accept**

On September 22, 2022 [REDACTED] installed a mixing valve on the 300 neighborhood (Hartwood) and adjusted the mixing valve on the 400 neighborhood (Forbes). See attachment for work order.

Re-education of this requirement will occur on Tuesday, October 25th at our All Associate Meetings by Executive Director / Designee. Associates will report any water temperatures being too hot immediately to our Director of Environmental Services.

Starting Monday, October 24th the Director of Environmental Services / Designee will complete weekly audit checks on all 4 neighborhoods to ensure that water temps are below 120 degrees. The water temperatures will be taken at different times of the day and various locations in the 4 neighborhood. Audits will be completed for 8 weeks. See

89b - Hot Water Temperature (continued)

attachment for audit sheet.

Ongoing weekly water temperature audits will continue on all neighborhoods. Audits are recorded in the operation logbook.

Completion Date: 12/16/2022

Document Submission**Implemented**

On September 22, 2022 [REDACTED] installed a mixing valve on the 300 neighborhood (Hartwood) and adjusted the mixing valve on the 400 neighborhood (Forbes). See attachment for work order.

Re-education of this requirement will occur on Tuesday, October 25th at our All Associate Meetings by Executive Director / Designee. Associates will report any water temperatures being too hot immediately to our Director of Environmental Services.

Starting Monday, October 24th the Director of Environmental Services / Designee will complete weekly audit checks on all 4 neighborhoods to ensure that water temps are below 120 degrees. The water temperatures will be taken at different times of the day and various locations in the 4 neighborhood. Audits will be completed for 8 weeks. See attachment for audit sheet.

Ongoing weekly water temperature audits will continue on all neighborhoods. Audits are recorded in the operation logbook.

183b - Meds and Syringes Locked**1. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 9/14/22 at 10:57 a.m., resident #2's' Collagenase Santyl ointment was unlocked and accessible on the wall cabinet shelf in bedroom [REDACTED]'s bathroom.

Plan of Correction**Accept**

Re-education of this requirement will occur on Tuesday, October 25th at our All Associate Meetings by Executive Director / Designee.

An initial audit will be conducted by Director of Health and Wellness / Designee to ensure that all Prescription medications, OTC medications, CAM and syringes are locked and not in the resident suite. This will be completed by October 26, 2022. See attachment for audit sheet.

Starting Monday, October 31st Director of Health and Wellness / Designee will complete weekly audit checks to ensure that all Prescription medications, OTC medications, CAM and syringes are locked and not in the resident suite. Audits will be completed for 4 weeks. See attachment for audit sheet.

Monthly Audits will be completed for December 2022, January 2023 and February 2023 by Director of Health and Wellness / Designee to ensure that all Prescription medications, OTC medications, CAM and syringes are locked and not in the resident suite. See attachment for audit sheet.

Completion Date: 02/28/2023

183b - Meds and Syringes Locked (*continued*)**Document Submission****Implemented**

Re-education of this requirement will occur on Tuesday, October 25th at our All Associate Meetings by Executive Director / Designee.

An initial audit will be conducted by Director of Health and Wellness / Designee to ensure that all Prescription medications, OTC medications, CAM and syringes are locked and not in the resident suite. This will be completed by October 26, 2022. See attachment for audit sheet.

Starting Monday, October 31st Director of Health and Wellness / Designee will complete weekly audit checks to ensure that all Prescription medications, OTC medications, CAM and syringes are locked and not in the resident suite. Audits will be completed for 4 weeks. See attachment for audit sheet.

Monthly Audits will be completed for December 2022, January 2023 and February 2023 by Director of Health and Wellness / Designee to ensure that all Prescription medications, OTC medications, CAM and syringes are locked and not in the resident suite. See attachment for audit sheet.