

Department of Human Services  
Bureau of Human Service Licensing

November 18, 2022

[REDACTED]  
LLIC,2SENIOR LIVING OF LOWER MAKEFIELD LLC  
[REDACTED]  
[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 10/13/2022, 10/14/2022, 10/20/2022, 10/27/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

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: *LLIC,2SENIOR LIVING OF LOWER MAKEFIELD LLC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *92* Waking Staff: *69*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *10/27/2022*

**Inspection Dates and Department Representative**

10/13/2022 - On-Site: [REDACTED]  
 10/14/2022 - Off-Site: [REDACTED]  
 10/20/2022 - Off-Site: [REDACTED]  
 10/27/2022 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *72* Residents Served: *46*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Memory Support* Capacity: *72* Residents Served: *46*

**Hospice**

Current Residents: *4*

**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: *46* Have Physical Disability: *0*

Inspections / Reviews

10/13/2022 - Partial

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *11/18/2022*

11/17/2022 POC Submission

Submitted By: [REDACTED] Date Submitted: *11/18/2022*  
Reviewer: [REDACTED] Follow Up Type: *Document Submission* Follow Up Date: *11/20/2022*

11/18/2022 Document Submission

Submitted By: [REDACTED] Date Submitted: *11/18/2022*  
Reviewer: [REDACTED] Follow Up Type: *Not Required*

## 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, the nursing notes document that resident #1 was slapped on [REDACTED] left cheek by an unknown resident in the home. The home did not report this incident to the Department.

## Plan of Correction

Accept ([REDACTED] - 11/17/2022)

Executive Director provided re-training to all staff on reportable incident reporting with a focus on reporting any act of physical violence by one resident to another even where the victim does not sustain an injury. Any further incidents to be reported immediately to the Director of Health and Wellness and or Executive Director. Director of Health and Wellness will view all incident reports daily and will be reviewed daily by Executive Director at morning meetings to ensure compliance.

Licensee's Proposed Overall Completion Date: 11/14/2022

Implemented ([REDACTED] 11/18/2022)

## 42b - Abuse

## 2. Requirements

2600.

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, resident #2 was found sleeping in the bed of resident #1 by staff person A. Resident #1 became startled and confused by staff person A waking [REDACTED] up, with commands to get out of the bed. Resident #2, has known tendencies to lash out when [REDACTED] becomes anxious, as written in [REDACTED] support plan.

Staff person A, failed to recognize the anxious behavior and held the hands of resident #2, while [REDACTED] was anxious. Resident #2, became even more anxious and pulled away from staff person A, which resulted in resident #2 injuring [REDACTED] left eye trying to break free of the holding position administered by staff person A.

## Plan of Correction

Accept (MJ - 11/17/2022)

Executive Director provided re-training to staff person directly involved in incident. Training included Abuse and Neglect, Safe Management techniques, Resident rights, and Interventions for anxiety and or agitation with focus on providing verbal interventions for incidents that produce anxiety.

Staff person involved is being directly supervised by Nurse on Duty until November 27th, and then if no further incidents occur, will be released to full duty.

Director of Health and Wellness and/or Executive Director will review all incident reports daily to ensure compliance.

Licensee's Proposed Overall Completion Date: 11/14/2022

Implemented ([REDACTED] - 11/18/2022)

## 66b - Training Plan Content

**3. Requirements**

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home’s direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

**Description of Violation**

*The home's staff training plan does not include training techniques that are applicable for verbal cuing and guiding without touch for residents with anxiety and memory impairment.*

**Plan of Correction**

**Accept ( [redacted] - 11/17/2022)**

*Executive Director trained all current staff on verbal cuing to be used as first intervention to reduce anxiety during behaviors in people with dementia.*

*Executive Director or designee will train any new staff on using verbal cuing as a first intervention to reduce anxiety during behaviors in people with dementia.*

**Licensee's Proposed Overall Completion Date: 11/14/2022**

**Implemented ( [redacted] - 11/18/2022)**

**234d - Support Plan Revision**

**4. Requirements**

2600.

234.d. The support plan shall be revised at least annually and as the resident’s condition changes.

**Description of Violation**

*The support plan for resident #2, was completed on [redacted]/22. However, the support plan does not address interventions to assist when resident #2 becomes confused or upset. According to staff interviews interventions applicable to resident #2 include singing and verbal cues to walk with resident #1.*

**Plan of Correction**

**Accept ( [redacted] 11/17/2022)**

*Care plan immediately updated for residents involved to capture a more individualized care plan.*

*Director of Health and Wellness or designee will audit all support plans on a regular basis to determine a more individualized plan of care.*

*Director of Health and Wellness or designee will include care partners in care plan meetings to assist with a more individualized care plan.*

**Licensee's Proposed Overall Completion Date: 11/14/2022**

**Implemented ( [redacted] - 11/18/2022)**