

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY PUBLIC

August 24, 2023

[REDACTED], EXECUTIVE DIRECTOR
ARTIS SENIOR LIVING OF LOWER MORELAND LLC
[REDACTED]

RE: ARTIS SENIOR LIVING OF
HUNTINGDON VALLEY
2085 LIEBERMAN DRIVE
HUNTINGDON VALLEY, PA, 19006
LICENSE/COC#: 14279

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/22/2023 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

Facility Information

Name: ARTIS SENIOR LIVING OF HUNTINGDON VALLEY **License #:** 14279 **License Expiration:** 07/18/2023
Address: 2085 LIEBERMAN DRIVE, HUNTINGDON VALLEY, PA 19006
County: MONTGOMERY **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: ARTIS SENIOR LIVING OF LOWER MORELAND LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-2 **Date:** 10/20/2016 **Issued By:** Township of Lower Moreland

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 136 **Waking Staff:** 102

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 05/22/2023

Inspection Dates and Department Representative

05/22/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 72 **Residents Served:** 68

Secured Dementia Care Unit

In Home: Yes **Area:** **Capacity:** 72 **Residents Served:** 68
Memory Care Community

Hospice

Current Residents: NM

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 68
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 68 **Have Physical Disability:** 0

Inspections / Reviews

05/22/2023 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/18/2023

06/22/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 08/04/2023
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/27/2023

Inspections / Reviews *(continued)*

06/29/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/04/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/05/2023

08/24/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/04/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b - Abuse

1. 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

Resident #1 who prefers to maintain his/her personal space and has been known to become aggressive when their boundaries are violated. On [REDACTED], resident #2 unintentionally intruded upon the boundaries of resident #1. Resident#1, communicated to resident #2 to "step away!" Resident #1, lunged towards resident #2 and hit his/her nose causing resident #2 to have a nose bleed. The home failed to document in the support plan the need to maintain personal space when assisting resident #1 around other residents. Failure to address the concern created an unsafe environment for resident #2, who lacks communication skills.

Plan of Correction**Accept ([REDACTED] - 06/29/2023)**

The incident was reviewed with the Health and Wellness Team on 5/24/23. The Health and Wellness Director updated Resident 1 RASP/ support plan to reflect his aggression/agitation. On 5/23/23 The Health and Wellness Director started and completed an audit of the residents chart. Moving forward, ongoing compliance will be achieved by conducting quarterly audits. The quarterly audits will continue indefinitely. The Director of Health and Wellness and the assistant Director of Health and Wellness will conduct those audits. On 6/14/23 the Director of health and Wellness and the Executive Director provided training on handling residents with agitation and aggressive behaviors and safe management techniques. The home is in compliance with regulation 2600.42b.

Licensee's Proposed Overall Completion Date: 06/26/2023

Implemented ([REDACTED] - 08/24/2023)

51 - Criminal Background Check

2. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Hospice aide worked in the home on [REDACTED] without a criminal background check.

Plan of Correction**Accept ([REDACTED] - 06/29/2023)**

The criminal background for the hospice aide was obtained immediately from the hospice provider. On 5/23/23 the Assistant Director of health and wellness started and completed an audit for missing criminal backgrounds and training of the files of hospice providers. All current files are updated. Moving forward, ongoing compliance will be achieved through quarterly audits. The quarterly audits will continue indefinitely. The assistant Director of Health, the Business Office Director and the Executive Director will conduct those audits. The home is in compliance with regulation 2600.51

Licensee's Proposed Overall Completion Date: 06/26/2023

Implemented ([REDACTED] - 08/24/2023)

141a 1-10 Medical Evaluation Information

3. Requirements

141a 1-10 Medical Evaluation Information (continued)

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

The resident's medical evaluation did not include the following components :

- 1) *Temperature*
- 2) *Medical diagnoses physical and mental*
- 3) *Medical information pertinent to diagnoses*
- 4) *Special diets*

Plan of Correction

Accept (████) - 06/29/2023)

on 5/24/23, the violation was reviewed with the Health and Wellness Director, the assistant Health and Wellness Director and the Director of Sales and Marketing. On 6/8/23, an audit of all residents’ DMEs for missing information was started and completed. Moving forward, ongoing compliance will be achieved by thorough of the admission paperwork and quarterly audit the annual DMEs by the Director of Health and Wellness, the Assistant Director of Health and Wellness and the Executive Director. The quarterly audits will continue indefinitely. The home is in compliance with regulation 2600.141.a

Licensee's Proposed Overall Completion Date: 06/26/2023

Implemented (████) - 08/24/2023)

234b - Support Plan Needs Elements

4. Requirements

2600.

234.b. The support plan must identify the resident’s physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan, dated ██████ for resident #1 does not address the ne need for personal space, and if violated resident #1 demonstrates behaviors of agitation and/ or aggression.

Plan of Correction

Accept (████) - 06/29/2023)

On 6/8/23, the Director of Health and Wellness updated the support plan for resident #1 to reflect the need for personal space. On 6/8//23 an audit of all residents support plans was also started and completed by the Director of Health and Wellness and the Assistant Director of Health and wellness. Ongoing compliance will be achieved by

234b Support Plan Needs Elements (continued)

conducting quarterly audits of residents' support plans. The quarterly audits will continue indefinitely. These audits will be conducted by the Health and Wellness Director, the Assistant Director of Health and Wellness and the Executive Director. On 6/14/23 the Director of Health and Wellness and the Executive Director educated the staff on managing residents with aggressive behaviors. Additional training on safe management techniques was also provided. Managing residents with aggressive behaviors will also be discussed at the next all staff meeting scheduled for 6/28/23. The Executive Director will review the topic. The home is in compliance with regulation 2600.234b

Licensee's Proposed Overall Completion Date: 06/26/2023

Implemented ([REDACTED] /24/2023)