

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

July 14, 2023

[REDACTED], EXECUTIVE DIRECTOR
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 06/21/2023 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 WEST SHORE **License #:** 33370 **License Expiration:** 12/01/2023
Address: 150 NORTH 12TH STREET, LEMOYNE, PA 17043
County: CUMBERLAND **Region:** CENTRAL

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 118 **Waking Staff:** 89

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:** 0
Reason: Renewal **Exit Conference Date:** 06/22/2023

Inspection Dates and Department Representative

06/21/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 64 **Residents Served:** 59

Secured Dementia Care Unit

In Home: Yes **Area:** SDCU **Capacity:** 64 **Residents Served:** 59

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 59
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 59 **Have Physical Disability:** 0

Inspections / Reviews

06/21/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/08/2023

07/10/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 07/14/2023
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 07/15/2023

Inspections / Reviews *(continued)*

07/14/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/14/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

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

A 31 oz. container of Kettle Kleen, with a manufacturer's label that reads "if swallowed: call a poison center or doctor/physician", was unlocked, unattended, and accessible to all residents in the secured dementia care unit (SDCU). All the residents of the home have been assessed as incapable of recognizing and using poisons safely.

Plan of Correction

Accept ([redacted]) /10/2023)

- Kettle Kleen container was unlocked in cabinet of the community center studio, the container was immediately removed on 6/21/2023 while surveyor was in the room.
- All cabinets in the studio were checked for poisonous material on 6/21/2023 and no additional poisonous materials were identified.
- On 6/23/23 the cabinet area in the studio was confirmed by the Executive Director to have all locking systems in working order and all drawers and cabinets were securely locked. (See attached TELS work order system)
- Re-education to current associates was conducted 6/22/23 through 7/6/2023 by Executive Director to ensure poisonous materials shall be kept locked and inaccessible to residents living in the home. (See attached)
- Education conducted by Executive Director to Life Enrichment associates any poisonous materials will be stored in the housekeeping closets. (See attached)
- Audits of the community center studio cabinets will be conducted daily x 4 weeks, began on 6/22/23 and will continue weekly x 4 weeks and monthly x1. (see daily audits, weeks 1 and 2)
- Audits will be reviewed by QAPI Committee at monthly QAPI meetings to ensure the systems interventions and monitoring results is improved and sustainable process.

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented ([redacted]) - 07/14/2023)

91 - Telephone Numbers

2. Requirements

2600.

91 Telephone Numbers (continued)

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephones in the community center and room 403.

Plan of Correction

Accept [redacted] - 07/10/2023)

- Emergency Telephone Numbers stickers were placed on the community center studio telephone and the telephone in room 403 on 6/21/23 by the Director of Environmental Services. (see attached picture)
- An audit was conducted by the Executive Director and Director of Environmental Services on 6/22/23 to ensure all emergency telephone numbers were posted on or by each telephone with an outside line. It was noted the telephone in the beauty shop was not in compliance. An emergency telephone number sticker was placed on the phone immediately by the Director of Environmental Services(see attached picture)
- Education to current associates was conducted on 6/22/2023 through 7/6/2023 by Executive Director on Regulation 91 to ensure compliance. (See attached)
- An Emergency Telephone Numbers sticker line was added to the checklist of the Resident Move in packet. An Emergency Telephone Number sticker was also added to the in the move in packet to be addressed at time of move in with POA and will be placed on telephone by Artis's associate.(See attached)
- Executive Director, Director of Environmental Services and Department Heads will conduct random daily audits x 4 weeks, random weekly audits x 4 weeks, and monthly audit x 1. (See daily audits for week 1 and 2)
- Audits will be reviewed by QAPI Committee at monthly QAPI meeting to ensure the system interventions and monitoring result is improved and sustainable processes.

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented [redacted] - 07/14/2023)

132e - Fire Drill Sleeping Hours

3. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 06/19/23 at 5:54am. The previous sleeping hours fire drill was conducted on 10/18/2022.

Plan of Correction

Accept [redacted] - 07/10/2023)

- The previous sleeping hours fire drills from 10/18/2022 through 6/19/2023 are unable to be corrected.
- Re-education of regulation 132e was provided by the Executive Director to the current Director of Environmental Services to ensure compliance.(See attached)

132e Fire Drill Sleeping Hours (continued)

- Fire Safety Company owner, and the Director of Environmental Service developed a fire drill schedule for the remaining months of 2023. November will be the next fire drill scheduled for sleeping hours. These will be noted on the personal electronic calendar as well as on the TELS work order system as a visual prompt for Director of Environmental Services to be compliant with 132e. (See attached)
- The Executive Director will verify with Director of Environmental Services each month the shift of each monthly drill to ensure compliance of 132e.
- Audits will be reviewed by QAPI Committee at monthly meeting to ensure the system interventions and monitoring results is improved and sustainable processes.

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented (████) - 07/14/2023)

141a 1-10 Medical Evaluation Information**4. Requirements**

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

Resident 3 medical evaluation dated ██████████ did not include, height, weight, pulse rate, blood pressure and temperature.

Plan of Correction

Accept (████) - 07/10/2023)

- The medical evaluation dated 12/19/2022 for Resident 3 was not able to be corrected.
- A one time audit for existing medical evaluations was conducted on 6/27/2023 by the Director of Health and Wellness to ensure all medical evaluations all 61 medical evaluations are in compliance with regulation 141 a1 10 (see attached)
- Weekly verifications will be conducted by the Interdisciplinary Team to ensure medical evaluations are completed in compliance with regulation 141 a 1 10.

141a 1 10 Medical Evaluation Information (continued)

- Education of regulation 141a 1 10 provided to Coordinators of Health and Wellness, Director of Sales and Marketing, Director of the Artis Way and Executive Director to ensure compliance of 141a was completed on 6/23/23 through 7/6/2023. (see attached)
- Audits will be conducted on medical evaluations weekly x 3 months. (see attached week 1)
- Audits will be reviewed by QAPI Committee at monthly meetings to ensure the system interventions and monitoring results is improved and sustainably processes.

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented [REDACTED] - 07/14/2023)

187d - Follow Prescriber's Orders**5. Requirements**

2600.

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

Description of Violation

Resident 5 is prescribed [REDACTED] and [REDACTED]. However, this medication was not administered to resident 5 on [REDACTED] because the medication was not available in the home.

Repeated violation from 05/25/22.

Plan of Correction

Accept [REDACTED] - 07/10/2023)

- The medication that was not administered to resident 5 on 6/12/23 could not be corrected.
- Initial audit was conducted on 6/30/2023 by Assistant Director of Health and Wellness of the medication carts to ensure prescribed medications are available in the home. All medications were administered according to prescribed order. (see medication variance audit for 187d.)
- Education provided to Coordinator of Health and Wellness and Medication Technicians of 187d.
- Coordinator of Health and Wellness will run a medication variance report at the end of each shift to ensure medications were administered. Corrections will be made immediately and the report will be reviewed by Director of Health and Wellness.
- Audits will be conducted daily x4 weeks, and will continue weekly x4 weeks and monthly x1. (see daily medication audit attached)
- Audits will be reviewed by QAPI Committee at monthly QAPI meetings to ensure the systems interventions and monitoring results is improved and sustainable process.

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented [REDACTED] - 07/14/2023)

191 Resident Right to Refuse

6. Requirements

2600.

191. Resident Education The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Residents 1,2 and 4, admitted [REDACTED], have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Accept [REDACTED] - 07/10/2023)

- It was identified on 6/21/23 the Resident Rights documentation located in the move in packets used from July 2022 to time of Survey 6/21/23 was noncompliant with regulation 191. The resident right document electronic version was updated on 6/21/2023 in the master move in packet as well as the pre-made packets to ensure compliance.
- Education provided to the Director of Sales, Director of Business Services and Director of Artis Way Experience to ensure compliance of 2600.191. (see attached)
- Concierges were educated of additions made to the Checklist for Residents Move in Packet Attachment C. to ensure all new move in packets include updated Resident Rights (see attached)
- Audits were conducted of 61 current resident's business office files to ensure compliance. It was identified 23 current residents were non compliant with the Attachment C Resident Rights stating "A resident has the right to question or refuse a medication if the resident believes there may be a medication error."
- POA's were notified verbally and provided an electronic or paper revised copy of Attachment C Resident Rights. (See attached page 2 of 3 Attachment C)
- Residents will be notified and receive a copy at the resident Town Hall meeting scheduled during the month of July.
- Audits of each move in of Attachment C Resident Rights will be conducted during the pre move in phase x 3 months
- Audits will be reviewed by QAPI Committee at monthly meeting to ensure the system interventions and monitoring results is improved and sustainable process.

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented [REDACTED] - 07/14/2023)