

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

September 14, 2023

[REDACTED], ADMINISTRATOR  
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 07/27/2023 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]

## Certificate(s) of Occupancy

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

## Staffing Hours

**Resident Support Staff:** 0      **Total Daily Staff:** 122      **Waking Staff:** 92

## Inspection Information

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Incident      **Exit Conference Date:** 07/27/2023

## Inspection Dates and Department Representative

07/27/2023 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 64      **Residents Served:** 61

## Secured Dementia Care Unit

**In Home:** Yes      **Area:** Entire Home      **Capacity:** 64      **Residents Served:** 61

## Hospice

**Current Residents:** 4

## Number of Residents Who:

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 61  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 61      **Have Physical Disability:** 0

## Inspections / Reviews

07/27/2023 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 08/18/2023

08/23/2023 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 09/11/2023  
**Reviewer:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 08/30/2023

Inspections / Reviews *(continued)*

09/01/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/11/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/08/2023

09/14/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/11/2023

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] at approximately [REDACTED] PM, Resident #1 and Resident #2 were engaged in a verbal altercation, which escalated to a physical altercation wherein Resident #2 sustained injuries including a laceration to the bridge of the nose and left corner of the mouth. The results of this incident were observed by Staff Person A. This incident was then reported to Staff Person B immediately thereafter. This allegation of abuse was not relayed to the local Area Agency on Aging, nor was an Act 13 form completed and sent to the AAA within 48 hours of the incident.

## Plan of Correction

Accepted [REDACTED] - 08/30/2023)

- The reporting of the altercation was provided to the Area Agency on Aging by the Director of Health and Wellness via phone on 7/28/23 at 3am. The Director of Health and Wellness faxed Act 13 form to AAA on 7/28/23 at 6:30am see attached (Completed)
- Education on 2600.15.a was provided to Director and Assistant Director of Health and Wellness, the Coordinators of Health & Wellness and Department Managers by the Executive Director on 8/8/23 through 8/15/2023. Training tool used was OAPSA power point by Pennsylvania Department of Aging. ( see attached completed)
- Education of same OAPSA power point as mentioned above was utilized for other current associates was conducted by Executive Director on 8/08/23 through 8/15/2023 to ensure compliance of regulation 15. a . (see the same power point used previously competed)
- An education was held by the Executive Director on 8/15/2023 with the Department Directors and the Coordinators of Health and Wellness. Education was directed to ensure the process of reporting orally (Immediately) and written Act 13 (within 48 hours) are in compliance with regulation 2600.15 a. Utilization of Abuse Reporting Flowchart and the Abuse and Abuse Reporting pages in the RCG were added to the current REPORTABLE & ABUSE binders located in the Health and Wellness Office and the Front Office. The Abuse Reporting Flowchart was posted in the Health and Wellness Office. (see attached completed 8/15/2023)

Licensee's Proposed Overall Completion Date: 09/13/2023

Implemented [REDACTED] - 09/14/2023)

## 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] at approximately [REDACTED] Resident #1 and Resident #2 were engaged in a verbal altercation, which escalated to a physical altercation wherein Resident #2 sustained injuries including a laceration to the bridge of the

**42b Abuse (continued)**

nose and left corner of the mouth. The results of this incident were observed by Staff Person A. This incident was then reported to Staff Person B immediately thereafter.

**Plan of Correction**

Accept (█) - 08/22/2023)

- On 7/4/2023 residents were separated and monitored with hourly checks. No further altercations have been identified since 7/4/2. Resident #1 and #2 have resumed daily routines and co existing in resident areas.
- Physician assessed resident #1 on 7/5/23 ordered lab and increased █ and assessed resident #2 with no further treatment will follow up in 3 months.(completed)
- Resident #2 moved to a different neighborhood on █. The date was chosen per family request. (complete)
- Residents #1 and #2 will be monitored for changes in behavioral needs if identified individualized interventions will be implemented i.e. ways to encourage relaxation, music, dominos, tv show/comedy, sitting outside, discussions about family and prn medication if non pharma logical interventions are not being met for behavior needs: (ongoing)
- Education of OAPSA to current associates was conducted by Executive Director to increase awareness of how to identify and recognize abuse. A copy of the OAPSA power point was placed in the employee breakroom for easy reference and access to ensure regulation 2600.42.b will be in compliance. (completed see attached)

Licensee's Proposed Overall Completion Date: 09/13/2023

Implemented (█) - 09/14/2023)

**234a - Admission Support Plan****3. Requirements**

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

**Description of Violation**

Resident #3 was admitted to the Secure Dementia Care Unit (SDCU) on █ However, the resident's initial support plan was completed on █, outside of the 72 hours of admission as required.

**Plan of Correction**

Accept (█) - 08/22/2023)

- The initial admission support plan for Resident # 3 was not able to be corrected within the specified time frame. (completed)
- On 5/30/2023 it was self identified non compliance with 234 a. A review of all new admissions support plans from 5/30/23 through 7/28/23 were reviewed since 5/30/2023 it was identified, 5 out of 5 new admission support plans are in compliance. (completed)
- Weekly verifications will continue to be conducted by the Interdisciplinary Team during stand up meeting held 3 5 times per week to ensure admission support plans are in compliance ( ongoing process)
- An education was provided on 8/11/2023 by the Executive Director to the Director of Health & Wellness, the Assistant Director of Health and Wellness, and the Director of the Artis Way to have admission support plans completed within 72 hours of move in. (see attached completed)
- On 5/30/2023 a line was added to the CHW Resident Admission Checklist to ensure admission support plan is developed, implemented and documented in the resident record within in 72 hours. ( see attached completed)

## 234a Admission Support Plan (continued)

Licensee's Proposed Overall Completion Date: 09/13/2023

Implemented (█) - 09/14/2023)

## 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 most recent support plan for Resident # 1, dated █ states "Not Applicable" for things such as using the telephone, caring for personal possessions and writing correspondence. In addition, it also states this response for behavioral needs of irritability, agitation, aggression, and communication of needs. However, the doctor's progress notes dated █ state that █ "has become somewhat aggressive", and also that interviews show that █ agitation has "been increasing for some time". The current support plan does not address these issues.

**Plan of Correction**

Accept (█) - 08/30/2023)

- The support plan for Resident #1 dated █ has been updated by the Director of Health and Wellness to include specific needs and behavioral needs of irritability, agitation, and communication needs. (completed 7/31/2023).
- Support plans of all current residents were reviewed on 8/25/2023 by the Interdisciplinary team. It was identified 4 resident support plans required updated to reflect appropriate degree codes.( completed)
- Residents who demonstrate behavioral needs irritability, agitation, aggression and communication have been updated by the Director of Health and Wellness to reflect their behavioral and cognitive needs on 8/15/2023. (completed)
- Interdisciplinary team will review RASPS as changes are required( i.e. initial, annual and significant change) to ensure accuracy and completeness. The RASP will be revised during stand up meetings by the Interdisciplinary team. (ongoing)

Licensee's Proposed Overall Completion Date: 10/13/2023

Implemented (█) - 09/14/2023)