

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

November 8, 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 09/26/2023 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:** Borough of Lemoyne

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 108 **Waking Staff:** 81

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 09/26/2023

Inspection Dates and Department Representative

09/26/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 64 **Residents Served:** 54

Secured Dementia Care Unit

In Home: Yes **Area:** Entire Home **Capacity:** 64 **Residents Served:** 54

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 54
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 54 **Have Physical Disability:** 0

Inspections / Reviews

09/26/2023 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/12/2023

10/13/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 11/03/2023
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/20/2023

Inspections / Reviews *(continued)*

10/31/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/03/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/07/2023

11/07/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/03/2023

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

On [REDACTED] at [REDACTED] PM, Staff Member A observed Resident 1 and Resident 2 throw forks at each other and observed Resident 1 punch Resident 2 in the head. Resident 2 sustained a laceration on the left side of the face and below the eye as well as a skin tear on the left ear.

On [REDACTED] at [REDACTED] PM, Staff Member B observed Resident 3, kick Resident 4 in the private area causing Resident 4 to fall landing on top of Resident 3.

On [REDACTED] [REDACTED] PM, Staff Member C observed Resident 1, push and punch Resident 4 on the right side of the face, after Resident 4 attempted to enter Resident 1's room. Red discoloration was observed on Resident 4's right eyebrow.

On [REDACTED] at approximately [REDACTED], Staff Members D and Staff Member E observed Resident 3 push Resident 5 into the kitchen island, resulting in a cut to Resident 5's chin which required sutures.

Plan of Correction

Directed ([REDACTED] - 10/23/2023)

- On [REDACTED] residents were separated by carepartner A and monitored by carepartner A with hourly checks. No further altercations have been noted between these two residents since 7/30/2023. Residents #1 and #2 have resumed daily routines and co existing in resident areas. Resident # 2 no longer resides in the community as of 10/1/2023.(complete)
- Physician assessed resident #1 on 8/3/2023 and physician agreed with recommendation of suite move to a different neighborhood. Resident #2 was assessed on 8/3/2023 and increase of Depakote to three times per day. (complete)
- Resident #1 moved to a different neighborhood on 8/7/2023. The date was chosen per family request. (complete)
- Resident #1 will be monitored hourly for location and change in behavior's beginning 10/12/2023. If identified individual interventions will be implemented to offer domino's, discussion about family and connect resident to with other's at the community who resident enjoys to engage socially.(ongoing)
- On 10/6 through 10/12/2023 re-education provided by the Director of Health and Wellness, Director of the Artis Way Experience or the Executive Director to current associates regarding individual interventions placed on support plan if resident #1 is observed demonstrating irritability, agitation or aggression. (attached) (ongoing)
- On 10/12 through 10/20/2023 education by the Director of Health and Wellness, Executive Director or the Director of the Artis Way Experience to current associates relating to de-escalation pre and post tests with de-escalation technique training. (attached) (ongoing)
- Day to day communications with the physician have occurred since 6/14/ 2023 regarding any behavioral changes with the residents. Beginning the week of 10/16/2023 the physician will be included in the Interdisciplinary Team behavioral management meeting as needed. Interdisciplinary Team will implement a behavior management meeting 3-5 days per week to discuss residents who demonstrate behavior changes.

42b - Abuse (continued)

Information will be gathered from nurse notes, 24 hour report and incident reports. The document that is used during the meeting is the Behavioral Tracking form . (attached) (ongoing)

- On 8/19/2023 residents were separated by carepartner B with the assistance of the Director of the Artis Way Experience and monitored by carepartners during hourly checks. No further altercations have been noted between these two residents since 8/19/2023. Residents # 3 and #4 have resumed daily routines and co existing in resident areas.(complete)
- Physician assessed resident #3 on [REDACTED] increased [REDACTED] twice a day. (complete)
- Resident #3 no longer resides in the community as of [REDACTED] and Resident #4 no longer reside at community as of [REDACTED] (complete)
- On 8/21/2023 resident #1 and # 4 were separated by carepartner C and carepartners monitor with hourly checks. No further altercations have been noted between these two residents since 8/21/2023. Resident #4 no longer residents at the community as of 9/1/2023. (complete)
- Lock was placed on suite door on 8/22/23 by Director of Environmental Services. Physician and POA were informed and in agreement of lock being placed on the door and RASP updated. Physician assessed resident #1 on 8/23/2023 (complete)
- Resident #1 lock placed on suite door on 8/22/2023 by Director of Environmental Services due to increased agitation when others are in resident #1 personal space. No further incidents have been identified since 8/21/2023. (complete)
- Resident #1 will be monitored hourly for location and change in behavior's beginning 10/12/2023. If identified individual interventions will be implemented to offer domino's, discussion about family and connect resident to with other's at the community who resident enjoys to engage socially.(ongoing)
- On 10/6/2023 through 10/12/2023 re-education by the Director of Health and Wellness, Director of the Artis Way Experience to current associates regarding individual interventions placed on support plan if resident #1 is observed demonstrating irritability, agitation or aggression. (attached) (ongoing)
- On 10/12/2023 through 10/20/2023 education by the Director of Health and Wellness, Executive Director or the Director of the Artis Way Experience to current associates relating to de-escalation pre and post tests with de-escalation technique training. Attached (ongoing)
- Day to day communications with the physician have occurred since 6/14/2023 regarding any behavioral changes with the residents. Beginning the week of 10/16/2023 the physician will be included in the Interdisciplinary team behavioral management meeting as needed. Interdisciplinary Team will implement a behavior management meeting 3-5 days per week to discuss resident who demonstrated behavior changes. Information will be gathered from nurse notes, 24 hour report and incident reports. The document that is used during the meeting is the Behavioral Tracking form . (see attached)(ongoing)
- On 9/2/2023 residents were separated by carepartners D and E. LPN administered first aid immediately to resident #5 and then contacted 911 for transfer to hospital. Resident # 3 was sent hospital via 911 for evaluation. (complete)
- Resident # 3 moved out of the community on [REDACTED].(complete)
- Upon return from the hospital on [REDACTED] resident #5 resumed daily routine.(complete)
- Resident #5 was assessed by physician on [REDACTED] with no new orders. (complete)

42b Abuse (continued)

- Day to day communications with the physician have occurred since June 14, 2023 regarding any behavioral changes with the residents. Beginning the week of 10/16/2023 the physician will be included in the Interdisciplinary team behavioral management meeting as needed. Interdisciplinary Team will implement a behavior management meeting 3 5 days per week to discuss resident who demonstrated behavior changes. Information will be gathered from nurse notes, 24 hour report and incident reports. The document that is used during the meeting is the Behavioral Tracking form . (see attached)(ongoing)

Proposed Overall Completion Date: 01/19/2024

Directed Plan

On [REDACTED] Residents #1 and #2 were separated by Staff Member A and monitored by Staff Member A with hourly checks. No further altercations have been noted between these two residents since [REDACTED]. Residents #1 and #2 had resumed daily routines and co existing in resident areas. Resident # 2 no longer resides in the community as of 10/1/2023.

- Physician assessed Resident #1 on 8/3/2023 and physician agreed with recommendation of a suite move to a different neighborhood. Resident #1 moved to the different neighborhood on 8/7/2023. The date was chosen per family request.
- Resident #2 was assessed on [REDACTED] and [REDACTED] was increased to three times per day.
- Starting 10/12/23, Resident #1 will be monitored hourly for location and change in behaviors. If behaviors are identified, interventions will be implemented, the home will offer playing the dominoes game, discussion about family and connecting the resident with others in the community who the resident enjoys engaging socially.

On [REDACTED] Residents #3 and #4 were separated by Staff Member B with the assistance of the Director of the Artis Way Experience and monitored by Staff Member B during hourly checks. No further altercations have been noted between these two residents.

- As of [REDACTED] Residents #3 and #4 had resumed daily routines and co existing in resident areas.
- Physician assessed Resident #3 on [REDACTED] and increased [REDACTED] to [REDACTED] twice a day.
- Resident #3 no longer reside in the community as of [REDACTED] and Resident #4 no longer reside in the community as of [REDACTED]

On [REDACTED] Residents #1 and # 4 were separated by Staff Member C and the Staff Member monitored the residents with hourly checks. No further altercations have been noted between these two residents since [REDACTED]

- A lock was placed on Resident 1's suite door on 8/22/23 by Director of Environmental Services due to increased agitation when others are in Resident #1's personal space. Physician and POA were informed and in agreement of lock being placed on the door and the RASP was updated. Physician assessed Resident #1 on 8/23/2023. No further incidents have been identified since 8/21/2023.

42b - Abuse (continued)

On [REDACTED] Residents #3 and #5 were separated by Staff Members D and E. The LPN administered first aid immediately to Resident #5, and 911 was contacted to transport Resident 5 to the hospital. Resident 3 was also transported to the hospital via 911 for evaluation.

- Resident # 3 moved out of the community on [REDACTED].
- Upon return from the hospital on [REDACTED] Resident #5 resumed daily routine. Resident #5 was also assessed by the physician on [REDACTED], with no new orders.

On 10/6/23 through 10/12/23 re-education was provided by the Director of Health and Wellness, Director of the Artis Way Experience, and the Executive Director to current associates covering individual interventions placed in the support plan for Resident #1, such as observing if the Resident is demonstrating irritability, agitation, or aggression.

On 10/12/23 through 10/20/23 ongoing re-education was completed by the Director of Health and Wellness, Executive Director or the Director of the Artis Way Experience to current associates relating to de-escalation pre and posttests with de-escalation technique training.

Starting 10/16/23, the executive director will ensure re-education is provided to current associates and new hire staff covering individual interventions placed in residents support plans, such as observing if residents are demonstrating irritability, agitation, or aggression. The executive director will ensure all trainings are kept in the home.

Day to day communications with the physician have occurred since 6/14/2023 regarding any behavioral changes with the residents. Beginning the week of 10/16/2023 the physician will be included in the Interdisciplinary team behavioral management meeting as needed. Interdisciplinary Team will implement a behavior management meeting 3 to 5 days per week to discuss residents who demonstrate behavior changes. Information will be gathered from nurse notes, the 24-hour report and incident reports. The Behavior Tracking Form will be used in the meeting to document behaviors.

Starting 10/16/2023, the executive director will ensure resident interventions required are immediately implemented following the completion and assessment of the Behavioral Tracking Form. The administrator will also ensure a copy of the Behavioral Tracking Form and corresponding documentation is placed in the resident's record.

Directed Completion Date: 01/19/2024

Implemented ([REDACTED] - 11/07/2023)