

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

February 6, 2024

[REDACTED]
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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/08/2024 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: 07/18/2024
 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: 10/13/2016 Issued By: Township of Lower Moreland

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 120 Waking Staff: 90

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 01/08/2024

Inspection Dates and Department Representative

01/08/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 72 Residents Served: 60

Secured Dementia Care Unit

In Home: Yes Area: Dementia Unit Capacity: 72 Residents Served: 60

Hospice

Current Residents: 15

Number of Residents Who:

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

Inspections / Reviews

01/08/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/22/2024

01/30/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/02/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 02/03/2024

Inspections / Reviews *(continued)*

02/06/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/02/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

141a 1-10 Medical Evaluation Information

1. 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 [REDACTED] medical evaluation dated [REDACTED] did not include the medical information pertinent to diagnosis and treatment in case of an emergency.

Repeat violation - 5/22/2023

Plan of Correction

Accept [REDACTED] - 01/30/2024)

A training was provided on [REDACTED] by the Executive Director to the Director of Health and Wellness and the Assistant Director of Health and Wellness. This training included DME completion and to ensure the medical information pertinent to diagnosis, and treatment in case of an emergency in section 3 is completed.

A whole house audit will be completed by the Director of Health and Wellness and Assistant Director of Health and Wellness, or designee by February 1st. All DME's with noted discrepancies, or missing information will be QA'd.

Moving forward, the DHW, the ADHW, ED or designee, will ensure the DME is completed in its entirety.

The ED or designee will complete on-going monthly audits to ensure compliance.

Licensee's Proposed Overall Completion Date: 02/01/2024

Implemented [REDACTED] - 02/06/2024)

227c - Support Plan Revision

2. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident [REDACTED]'s assessment was completed on [REDACTED]; however, the resident's support plan completed on [REDACTED] does not specify that the resident has a need for a mechanical soft diet.

Plan of Correction

Accept [REDACTED] - 01/30/2024)

A training was provided on [REDACTED] by the Executive Director to the Director of Health and Wellness and the Assistant Director of Health and Wellness. This training was focused on RASP completion and RASP revision, to ensure it is updated to be specific as possible and ensure the resident's diet is specified.

227c - Support Plan Revision (continued)

A whole house audit will be completed by February 1st. All Resident support plans with missing information or needs, will be updated.

Moving forward, the DHW, ADHW, ED, or designee, will ensure the Resident's Support Plan is updated to meet the resident's immediate needs.

The ED or designee will complete on-going monthly audits to ensure compliance.

Licensee's Proposed Overall Completion Date: 02/01/2024

Implemented [REDACTED] 02/06/2024)

231c - Preadmission Screening**3. Requirements**

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident [REDACTED] was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, resident [REDACTED] written cognitive pre-admission screening is missing the date of completion.

Repeat Violation - 9/11/2023

Plan of Correction

Accepted [REDACTED] 01/30/2024)

A training was provided on [REDACTED] by the Executive Director to the DHW, and the ADHW. This training included ensuring the Preadmission Screening form is completed in its entirety, which also includes making sure the date of completion is filled in.

A whole house audit will be completed by the DHW/ADHW or designee by February 1st. All preadmission screenings with noted discrepancies, or missing information will be QA'd.

Moving forward, the DHW, ADHW, ED or designee, will ensure the preadmission screening is completed in its entirety.

The ED or designee will complete on-going monthly audits to ensure compliance.

Proposed Overall Completion Date: 02/01/2024

Licensee's Proposed Overall Completion Date: 02/01/2024

Implemented [REDACTED] - 02/06/2024)

252 - Record Content**4. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.

252 - Record Content (continued)

- 7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
- 8. A list of prescribed medications, OTC medications and CAM.
- 9. Dietary restrictions.
- 10. A record of incident reports for the individual resident.
- 11. A list of allergies.
- 12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
- 13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
- 14. A support plan.
- 15. Applicable court order, if any.
- 16. The resident's medical insurance information.
- 17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
- 18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
- 19. An inventory of the resident's property entrusted to the administrator for safekeeping.
- 20. The financial records of residents receiving assistance with financial management.
- 21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
- 22. Copies of transfer and discharge summaries from hospitals, if available.
- 23. If the resident dies in the home, a copy of the official death certificate.
- 24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
- 25. A copy of the resident-home contract.
- 26. A termination notice, if any.

Description of Violation

Resident [REDACTED] record does not include the color of hair or eyes.

Plan of Correction

Accept [REDACTED] - 01/30/2024)

A training was provided on [REDACTED] by the Executive Director to the ADHW and DHW. This training went over the record content to include hair color, eye color, and any identifying marks.

A whole house audit will be completed by the DHW, ADHW or designee by February 1st. Any resident records who are missing hair color, eye color, or any other identifying marks, will be added to the record at time of audit.

Moving forward, the DHW, ADHW, ED or designee, will ensure the resident records has a Signature ID Sheet which includes all information needed to identify a resident.

The ED or designee will complete on-going monthly audits to ensure compliance.

Licensee's Proposed Overall Completion Date: 02/01/2024

Implemented [REDACTED] - 02/06/2024)