

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

January 23, 2024

[REDACTED]  
ARTIS SENIOR LIVING OF BETHEL PARK LLC  
[REDACTED]

RE: ARTIS SENIOR LIVING OF SOUTH  
HILLS  
1001 HIGBEE DRIVE  
BETHEL PARK, PA, 15102  
LICENSE/COC#: 44916

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 12/14/2023 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

Please submit documentation verifying compliance in SansWrite as corrective actions are implemented. The Department will review this documentation to determine compliance. Please note that in order for the Department to verify your compliance, you are required to upload documentation into SansWrite AFTER the Plan of Correction has been accepted by the Department, and not with the initial submission of your Plan of Correction.

Submit documentation electronically by **01/30/2024**.

If you need assistance regarding submission of evidence to demonstrate compliance, please contact me at [REDACTED] or email [REDACTED]

Sincerely,

[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

## Facility Information

Name: *ARTIS SENIOR LIVING OF SOUTH HILLS* License #: *44916* License Expiration: *05/01/2024*  
 Address: *1001 HIGBEE DRIVE, BETHEL PARK, PA 15102*  
 County: *ALLEGHENY* Region: *WESTERN*

## Administrator

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

## Legal Entity

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

## Certificate(s) of Occupancy

## Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *128* Waking Staff: *96*

## Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *12/14/2023*

## Inspection Dates and Department Representative

12/14/2023 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: *72* Residents Served: *64*

## Secured Dementia Care Unit

In Home: *Yes* Area: *whole home* Capacity: *72* Residents Served: *64*

## Hospice

Current Residents: *9*

## Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *64*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *64* Have Physical Disability: *0*

## Inspections / Reviews

## 12/14/2023 - Partial

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

## 01/23/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *01/22/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *01/30/2024*

## 225c - Additional Assessment

**1. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.

**Description of Violation**

Since [REDACTED], resident [REDACTED] record has several notes documenting several instances of resident [REDACTED] displaying behaviors of agitation and combativeness, and pushing and hitting another [REDACTED] resident. Regardless of the possible lack of malicious intent, resident [REDACTED]'s assessment completed [REDACTED] indicates that resident has no problem regarding agitation or aggression. The assessment has not been updated to include the more recent behaviors.

**Plan of Correction****Accept [REDACTED] - 01/23/2024)**

Resident [REDACTED]'s RASP was updated on [REDACTED] to reflect the change of recent behaviors.

Director of Health and Wellness and Assistant Director of Health and Wellness will be re-educated of this requirement by Executive Director. This will be completed by Friday, January 26, 2024.

An audit of all current RASP's will be completed by Friday, January 26, 2024 to ensure that all necessary updates are included on the RASP's. This will be completed by the Director of Health and Wellness / Designee.

Director of Health and Wellness and Executive Director will meet weekly to review incident reports and state reportable incidents to ensure that RASP's are updated with the necessary information regarding recent changes to the resident's behavior and or care. Weekly meetings between the Executive Director and Director of Health and Wellness will start on the week of January 22, 2024 and will conclude on July 26, 2024.

ED / Designee will conduct RASP audit of 5 charts a week ongoing to ensure compliance.

**Licensee's Proposed Overall Completion Date: 07/26/2024**