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

August 8, 2024

[redacted], REGIONAL DIRECTOR
SENIOR LIVING OF LOWER MAKEFIELD LLC
[redacted]

RE: ARTIS SENIOR LIVING OF YARDLEY
765 STONY HILL ROAD
YARDLEY, PA, 19067
LICENSE/COC#: 14650

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/17/2024, 06/18/2024 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 YARDLEY* **License #**: *14650* **License Expiration**: *04/28/2025*

**Address**: *765 STONY HILL ROAD, YARDLEY, PA 19067*

**County**: *BUCKS* **Region**: *SOUTHEAST*

## Administrator

**Name**: [redacted] **Phone**: [redacted] **Email**: [redacted]

## Legal Entity

**Name**: *SENIOR LIVING OF LOWER MAKEFIELD LLC*

**Address**: [redacted]

**Phone**: [redacted] **Email**: [redacted]

## Certificate(s) of Occupancy

**Type**: *R-4* **Date**: *08/18/2018* **Issued By**: *Lower Makefield Township*

## Staffing Hours

**Resident Support Staff**: *0* **Total Daily Staff**: *124* **Waking Staff**: *93*

## Inspection Information

**Type**: *Full* **Notice**: *Unannounced* **BHA Docket #**:

**Reason**: *Renewal, Complaint* **Exit Conference Date**: *06/18/2024*

## Inspection Dates and Department Representative

*06/17/2024 - On-Site:* [redacted]

*06/18/2024 - On-Site:* [redacted]

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity**: *72* **Residents Served**: *62*

### Secured Dementia Care Unit

**In Home**: *Yes* **Area**: *Home* **Capacity**: *72* **Residents Served**: *62*

### Hospice

**Current Residents**: *6*

### 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**: *62* **Have Physical Disability**: *0*

# Inspections / Reviews

### 06/17/2024 - Full

**Lead Inspector**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/27/2024*

### 08/02/2024 - POC Submission

**Submitted By**: [redacted] **Date Submitted**: *08/08/2024*

**Reviewer**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/07/2024*

## Inspections / Reviews *(continued)*

**08/08/2024 - POC Submission**

**Submitted By:** [redacted] **Date Submitted:** *08/08/2024*

**Reviewer:** [redacted] **Follow-Up Type:** *Bypass Document Submission*

**08/08/2024 - Bypass Document Submission**

**Submitted By:** [redacted] **Date Submitted:** *08/08/2024*

**Reviewer:** [redacted] **Follow-Up Type:** *Not Required*

## 16c - Written Incident Report

**1. Requirements**

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

**Description of Violation**

*The morning staff are finding residents wearing multiple incontinent products at the same time to avoid providing incontinent care during the night. on the On the morning of May 6, 2024, staff person A reported to staff person B concerns that resident 1 was wearing two pairs of incontinent products. The home did not report this incident to the Department.*

**Plan of Correction** ***Accept ( - 08/08/2024)***

*On July 1, 2024, Training was provided by the Executive Director to the Director of Health and Wellness on reporting requirements of any incidents.*
*The DHW or designee will report any incidents to the Executive Director on a daily basis to determine type of incident.*
*The Executive Director or designee will view all incident reports daily to determine reporting criteria. All incident reports will be signed off by the Executive Director.*
*See attached Training.*

*Proposed Overall Completion Date: 08/06/2024*

**Licensee's Proposed Overall Completion Date:** *08/06/2024*

***Implemented ( - 08/08/2024)***

## 23a - Activities of Daily Living Assistance

**2. Requirements**

2600.
23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

**Description of Violation**

*The assessment and support plan, dated , for resident 1 indicates the resident requires total physical assistance with toileting which includes changing of incontinent products. The resident did not receive this assistance as required during the overnight shift on May 5, 2024. Staff placed the resident in 2 incontinent products during the overnight shift.*

*The assessment and support plan, dated for resident 2 indicates the resident requires some physical assistance with toileting which includes changing of incontinent products. The resident did not receive this assistance as required and staff placed the resident in 3 incontinent products to avoid being checked thru the overnight shifts.*

*The assessment and support plan, dated for resident 3 indicates the resident requires some physical assistance with toileting which includes changing of incontinent products. The resident did not receive this assistance as required and staff placed the resident in 3 incontinent products to avoid being checked thru the overnight shifts.*

## *23a - Activities of Daily Living Assistance (continued)*

**Plan of Correction** ***Accept ([redacted] - 08/08/2024)***

*On June 18.2024, a training was given by the Assistant Director of Nursing and Director of Nursing to all shifts/care partners to provide assistance to residents per their plan of care as indicated in their support plan.*
*The Director of Health and Wellness and/or designee will ensure during daily rounds that the residents are being provided the assistance with their ADL's. The night shift Nurse will be increasing [redacted] rounds to ensure compliance effective June 18, 2024.*
*Ongoing unannounced visits on night shift will be done by the Executive Director and Director of Health and Wellness to ensure compliance. An all shift audit form has been included with nurses daily rounds to be used for the audits which started 8/6/2024.*
*See attached training and audit form.*

*Proposed Overall Completion Date: 08/06/2024*

**Licensee's Proposed Overall Completion Date:** *08/06/2024*

***Implemented ([redacted] - 08/08/2024)***

## 42b - Abuse

**3. 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 the morning of May 6, 2024, staff person A reported to staff person B that resident 1 was wearing 2 pairs of an incontinent product. The placing of multiple incontinent products on residents, was done by the night shift in order to avoid providing incontinent care at night.*

*Resident 2 was observed wearing double incontinent products, which where placed on the residents to avoid providing incontinent care during the night.*

*Resident 3 was observed by staff person C wearing three pairs of incontinent products that were put on the resident to avoid providing incontinent care during the overnight shift. It was reported to staff person B. Staff person C removed the products, cleaned up the resident and provided incontinent care.*

**Plan of Correction** ***Accept ([redacted] - 08/08/2024)***

*On July 9th and 10th, 2024, Training was provided to staff by the Director of Health and Wellness, Assistant Director of Health and Wellness, on incontinence care and not to double brief.*
*Shift supervisors will perform spot checks which started on June 18th on a daily basis for those residents at risk to ensure compliance. As of 8/6/24 an audit form was also added to the nurses tasks to complete on a daily basis.*
*The Director of Health and Wellness or designee will ensure shift supervisors are completing checks.*
*See attached training.*

*Proposed Overall Completion Date: 08/06/2024*

## 42b - Abuse *(continued)*

**Licensee's Proposed Overall Completion Date:** *08/06/2024*

***Implemented ([redacted] - 08/08/2024)***

## 42s - Privacy

**4. Requirements**

2600.
42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

**Description of Violation**

*On 6/18/2024, located in the lobby area was an Amazon Alexa device. The home has no sign posted and also does not have a policy for these devices.*

**Plan of Correction** ***Accept ([redacted] - 08/02/2024)***

*On day of inspection, the Amazon Alexa was immediately removed from the lobby. A policy for future devices was written. At present time, there are no Amazon Alexa's in the community.*
*In the future, any Audio/video devices used, signage will be placed to notify families, residents, and staff members of its use.,*
*The Executive Director, Director of Health and Wellness, or designee will post signage when notified of Audio/video usage. The Executive Director or designee will keep a list of any residents who are using any audio/video devices in their suites.*
*See attached policy*

**Licensee's Proposed Overall Completion Date:** *07/24/2024*

***Implemented ([redacted] - 08/08/2024)***

## 65a - FS Orientation 1st Day

**5. Requirements**

2600.
65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

**Description of Violation**

*Staff person D, whose first day of work was [redacted], did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation*

## *65a - FS Orientation 1st Day (continued)*

*and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.*

*Staff person E, whose first day of work was [redacted] did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.*

*The home could not provide documentation of training content.*

**Plan of Correction** ***Accept ([redacted] - 08/02/2024)***

*Training on fire inservice sheet was provided to the Director of Environmental Services who provides the fire training was completed on July 2nd. Both staff person D and E are no longer employed with the community. All future orientations and annual training will be completed as per requirement of this chapter.*
*A fire inservice sheet to include all topics for fire safety on orientation day one has been updated.*
*The Executive Director or designee will ensure that proper training on orientation days is completed.*
*See attached revised orientation list of topics for fire safety.*

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

***Implemented ([redacted] - 08/08/2024)***

## 82c - Locking Poisonous Materials

**7. 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**

*Tide Laundry Pods, with a manufacture's label indicating "to contact poison control" was unlocked, unattended, and accessible to residents in room 301. Not all the residents of the home, including resident [redacted] have been assessed capable of recognizing and using poisons safely.*

*Colgate Total Mouthwash, with a manufacture's label indicating "to contact poison control" was unlocked, unattended, and accessible to residents in room 301. Not all the residents of the home, including resident [redacted] have been assessed capable of recognizing and using poisons safely.*

*Dove Deodorant with a manufacture's label indicating "to contact poison control" was unlocked, unattended, and accessible to residents in room 301. Not all the residents of the home, including resident [redacted] have been assessed capable of recognizing and using poisons safely.*

**Plan of Correction** ***Accept ([redacted] - 08/08/2024)***

*On day of inspection, when cabinet was found unlocked with the poisonous materials, it was immediately locked*

## *82c - Locking Poisonous Materials (continued)*

*up. Family who also has a key, was made aware that it needs to stay locked to keep everyone safe.*
*On 7/9 and 7/10/2024 Personal Care Training was provided by the Director of Health and Wellness, Assistant Director of Health and Wellness, as well as the Executive Director, to all care givers to include locking up all poisonous materials.*
*The Director of Health and Wellness or designee will ensure during their daily rounds that poisonous materials are locked up after care.*
*Please see attached training*

*Proposed Overall Completion Date: 08/06/2024*

**Licensee's Proposed Overall Completion Date:** *08/06/2024*

***Implemented ( - 08/08/2024)***

## 95 - Furniture and Equipment

**8. Requirements**

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

**Description of Violation**

*Resident 1's mattress is covered in plastic and posing a hazard for the resident.*

**Plan of Correction** ***Accept ( - 08/02/2024)***

*Family made a care partner aware of a clean garbage bag that was laying on bed. Care partner immediately removed the garbage bag when this family member made a care partner aware. Resident was not lying in the bed and was not in suite when incident occurred.*
*On 6/18/2024 immediately after exit interview, we started training personnel of double briefing, and keeping a residents furniture clean of hazards.*
*The Executive Director. Director of Health and Wellness, or designee, will ensure staff are compliant during daily rounds.*
*Please see attached*

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

***Implemented ( - 08/08/2024)***