



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JANUARY 13, 2025

[REDACTED]
President & CEO
Artis Senior Living of Lower Makefield, LLC
[REDACTED]

RE: Artis Senior Living of Yardley
765 Stony Hill Road
Yardley, Pennsylvania 19067
License #: 146501

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection September 4, 5, 13, and 20, 2024 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance 146500 dated April 28, 2024 to April 28, 2025 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated April 28, 2024 to April 28, 2025 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from January 13, 2025 to July 13, 2025.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]

[REDACTED], Workload Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
[REDACTED]

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]

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

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: *132* Waking Staff: *99*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *09/20/2024*

Inspection Dates and Department Representative

09/04/2024 - On-Site: [REDACTED]
09/05/2024 - On-Site: [REDACTED]
09/13/2024 - Off-Site: [REDACTED]
09/20/2024 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *72* Residents Served: *66*

Secured Dementia Care Unit

In Home: *Yes* Area: *Whole Home* Capacity: *72* Residents Served: *66*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *66*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *66* Have Physical Disability: *0*

Inspections / Reviews

09/04/2024 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *10/26/2024*

10/30/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *11/15/2024*

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *11/04/2024*

11/04/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *11/15/2024*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *11/18/2024*

12/02/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: *11/15/2024*

Reviewer: [REDACTED]

Follow-Up Type: *Enforcement*

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

On 8/22/24, Resident # 1 was prescribed Paxlovid 3 tablets twice a day for 5 days. On 8/22/24, the pharmacist contacted Staff Person A and notified them that Paxlovid has an interaction with standing medication Multaq. Staff Person A notified the pharmacist they will inform the Physician. Both medications were administered to Resident # 1 from 8/22/24 to 8/26/24. The home did not report this incident to the department until 8/29/24.

Repeated Violation: 6/17/24 et al.

Plan of Correction

Accept [REDACTED] - 11/04/2024)

On 8/28/2024 when [REDACTED] of this resident asked for the residents current medication list, the Director of Health and Wellness realized that two medications that could cause a serious interaction were given to the resident. The physician was notified by the DHW and an investigation was conducted and completed on 8/29/2024. We immediately reported the discovery of the incident after interviewing the staff.

On 8/29/2024 training was provided by the E.D. to the Director of Health and Wellness on 2600.16.c to report any incident within 24 hours to DHS.

Starting on 8/29/2024 The Executive Director, DHW or designee will view and/or be notified immediately of all incident reports on a daily basis. The incident reports will be brought to morning meeting daily to be reviewed and on weekends, the on-call DHW or ADHW will review to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/01/2024

Implemented ([REDACTED] - 12/02/2024)

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 8/22/24 Resident # 1 was prescribed Paxlovid 3 tablets twice daily for 5 days. Staff Member A was notified by the pharmacist on 8/22/24 that this order could have a severe adverse interaction with standing ordered medication Multaq, and recommended that the home contact the resident's physician to hold the Multaq during the course of the Paxlovid. Staff Person A confirmed with the pharmacist that [REDACTED] would contact the physician, but did not follow through and the physician was not contacted.

Resident # 1 received both medications as ordered 8/22/24 to 8/26/24, and was sent to the hospital on [REDACTED] with symptoms of increased lethargy and a decrease in appetite with a blood pressure of 58/26. Resident # 1 was admitted [REDACTED] with diagnoses of [REDACTED]. Hospital documents state "[Resident] was started on Paxlovid which was believed to interact with [REDACTED] Multaq causing significant [REDACTED]

42b - Abuse (continued)

level care and [REDACTED] " [REDACTED]
 Hospital documentation also showed Resident # 1 had [REDACTED]
 [REDACTED] On [REDACTED] Resident # 1 passed away [REDACTED]

Repeated Violation: 6/17/24 et al.

Plan of Correction

Accept [REDACTED] - 11/04/2024)

On 8/29/2024 the Executive Director had a phone meeting with the Pharmacy director to call the physician directly with all Paxlovid orders and with anything that could potentially harm a resident. The pharmacy director directed pharmacists that this facility will no longer be the go between them and the physician. Our physician will work directly with our pharmacy on any new Paxlovid orders to handle any meds that are contraindicated with this medication.

On 8/29/2024 training was provided to the Director of Health and Wellness, the Assistant Director of Health and Wellness, and the nurse of the new policy that all new Covid cases requiring Paxlovid, will be handled directly between physician and the pharmacy.

The Director of Health and Wellness or designee will monitor all Antiviral and Antibiotic orders, and will report any adverse reactions immediately to the physician. All nurses and med techs will be trained on the new procedure using the medication monitoring audit tool by 11/15/2024.

All residents who are ordered antibiotics or antivirals, will be monitored during the entire course of treatment to include vitals signs, and any adverse reactions. Additional training by our pharmacist will be provided to all nurses and med techs on monitoring for medication adverse reactions, this training will be completed by 11/15/2024.

Please see attached resident treatment monitoring form to be used

Proposed Overall Completion Date: 11/15/2024

Licensee's Proposed Overall Completion Date: 11/15/2024

Not Implemented ([REDACTED] - 12/02/2024)

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

Resident # 2 has a behavior of wandering into other resident's rooms. On 8/4/24 Resident # 2 wandered into Resident # 3's room and was subsequently redirected by staff out of the room. Resident # 3 then followed Resident # 2 and slapped Resident #2 with an open hand. Resident #2 responded by stomping on Resident # 3's foot. Staff then arrived and redirected both residents. Both residents were evaluated and Resident # 2 had two small skin tears on the top of their left hand. Resident # 3 has a small skin tear on their left hand and a bruise to their right hand.

On 8/18/24 Resident # 2 wandered into Resident # 4's room and Resident # 4 pushed Resident # 2 out of their room. Resident # 2 started to fall from the push and grabbed Resident # 4's shirt, causing both residents to fall. Staff came to assist and evaluate residents. Resident # 4 had no injuries. Resident # 2 had two skin lacerations on the top of their head and complained of right rib pain and was sent to the hospital for treatment of the lacerations and evaluation of rib injury, which was negative. Resident # 2's Assessment and Support Plan (RASP), dated [REDACTED] addressed the resident's wandering behavior but not how staff will meet this need. Resident # 4's RASP, dated [REDACTED] does not have any need for agitation or aggression noted or how staff will address this.

42b - Abuse (continued)

Repeated Violation: 6/17/24 et al.

Plan of Correction

Accept (████) - 11/04/2024)

On 8/29/2024 a training was provided by the ED on abuse to the DHW, ADHW and nurse involved with the incident. On 10/3/2024 resident #2 moved █████ with a private care giver when facility recommended having a one to one during █████ most vulnerable times when █████ is wandering. Resident #4's care plan was updated by the DHW on 9/4/2024 to indicate █████ irritability and how to meet this need. On September 9th, this resident moved █████
The Executive Director will provide re-education of abuse to all associates by 11/15.

Proposed Overall Completion Date: 11/15/2024

Licensee's Proposed Overall Completion Date: 11/15/2024

Not Implemented (████) - 12/02/2024)

101i - Access to Bedroom

4. Requirements

2600.

101.i. A resident shall have access to his bedroom at all times.

Description of Violation

On 9/4/24 at 9:18 A.M., Resident # 5 was not able to access █████ bedroom because the resident did not have the key on █████ person. Resident #5 is diagnosed with dementia.

Plan of Correction

Accept (████) 11/04/2024)

On 9/4/2024, training was provided by the Executive Director to the nurses and care partners assigned to this resident on unobstructed egress and residents having access to their bedrooms at all times. On 9/5/2024 the Executive Director observed this resident using █████ key to access █████ bedroom. A sign was placed on the inside of █████ door to not forget █████ key when █████ leaves █████ room. The Executive Director or designee will ensure this resident has access to █████ room at all times during daily rounds. The daily rounds started on 9/4/2024 and will continue to ensure compliance. The ED also reviewed Resident #5's care plan to ensure █████ care needs included █████ ability to use █████ key to access █████ room.

Proposed Overall Completion Date: 11/15/2024

Licensee's Proposed Overall Completion Date: 11/15/2024

Not Implemented (████) - 12/02/2024)

121a - Unobstructed Egress

5. Requirements

121a - Unobstructed Egress (continued)

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 9/4/24 at 9:29 A.M., a walker blocked egress from the home's emergency exit located between resident bedrooms 220 and 219.

Plan of Correction

Accept () - 11/04/2024)

On 9/4/2024 a training was provided by the Executive Director to the staff on duty to ensure there are no walkers or other debris blocking the emergency exits.

Starting 9/4/2024, the ED, DHW, Shift supervisors or designee will perform spot checks on each shift daily to include hallways, emergency exits, egress routes, and common areas. . Any debris blocking these areas will be corrected immediately.

The spot checks will be ongoing to ensure compliance.

The Director of Health and Wellness or designee will ensure shift supervisors are completing the checks by documenting on the nurse shift report.

Proposed Overall Completion Date: 11/01/2024

Licensee's Proposed Overall Completion Date: 11/01/2024

Not Implemented () - 12/02/2024)

188b - Medication Error Reporting

6. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident # 1 was prescribed Paxlovid and Multaq. However, Resident # 1 was administered Paxlovid and Multaq 8/22/24 to 8/26/24 after Staff Member A was informed of a drug interaction from the Pharmacist. The medication error was not reported to the physician and Resident # 1's [redacted] until 8/29/24.

Plan of Correction

Accept () - 11/04/2024)

On 8/29/2024 a training was provided by the Executive Director on medication error reporting. The training was given to Director of Health and Wellness and the staff nurse on duty for this incident.

The Nurse or med tech who discovers the medication error, will immediately report to the ED or DHW.

All med techs and nurses will be re-educated by the Pharmacist, on how to identify medication errors. This training will be completed by 11/15/2024.

Proposed Overall Completion Date: 11/15/2024

Licensee's Proposed Overall Completion Date: 11/15/2024

Not Implemented () - 12/02/2024)

189a - Adverse Reaction Medications

7. Requirements

2600.

189.a. If a resident has a suspected adverse reaction to a medication, the home shall immediately consult a physician or seek emergency medical treatment. The resident's designated person shall be notified, if applicable.

Description of Violation

On 8/26/24, Resident # 1 suffered from lethargy, decrease in appetite, blood pressure of 58/26, and kidney injury following the administration of Paxlovid and Multaq, medications know to interact with each other, from 8/22/24 to 8/26/24. The home failed to report the resident's adverse reaction to the prescriber. Resident # 1 was admitted to the hospital on [REDACTED] passed away on [REDACTED]

Plan of Correction**Accept ([REDACTED] - 11/04/2024)**

On 8/29/2024 training was provided to the Director of Health and Wellness and nurse involved. Training topic was about immediately reporting any suspected adverse reactions of medications to the residents physician and POA. The Director of Health and Wellness or designee will ensure nurses are monitoring any resident on antivirals or antibiotics for any adverse reaction and reporting to the prescribing physician and POA.

All nurses and med techs will be re-educated on how to properly identify adverse reactions to medications. This training will be provided by the pharmacist by 11/15/2024.

The Director of Health and Wellness or designee will ensure the treatment monitoring form is utilized for any resident who has new orders for these medications. Residents will be monitored throughout the course of the medications and report any adverse reactions to the physician immediately.

Please see attached resident treatment monitoring form to be used.

Proposed Overall Completion Date: 11/01/2024

Licensee's Proposed Overall Completion Date: 11/01/2024

Not Implemented ([REDACTED] - 12/02/2024)

