

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

December 19, 2024

[REDACTED]
ARTMAN LUTHERAN HOME
[REDACTED]

RE: ARTMAN LUTHERAN HOME
250 BETHLEHEM PIKE
AMBLER, PA, 19002
LICENSE/COC#: 12778

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/02/2024, 10/03/2024 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: ARTMAN LUTHERAN HOME License #: 12778 License Expiration: 02/08/2025
 Address: 250 BETHLEHEM PIKE, AMBLER, PA 19002
 County: MONTGOMERY Region: SOUTHEAST

Administrator

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

Legal Entity

Name: ARTMAN LUTHERAN HOME
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 04/28/2016 Issued By: Borough of Ambler
 Type: C-1 Date: 02/08/1994 Issued By: COPA

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 183 Waking Staff: 137

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Incident Exit Conference Date: 10/03/2024

Inspection Dates and Department Representative

10/02/2024 - On-Site: [REDACTED]
 10/03/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 136 Residents Served: 113

Secured Dementia Care Unit
 In Home: Yes Area: Inspiring Capacity: 19 Residents Served: 15

Hospice
 Current Residents: 5

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 113
 Diagnosed with Mental Illness: 9 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 70 Have Physical Disability: 3

Inspections / Reviews

10/02/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/07/2024

Inspections / Reviews *(continued)*

11/04/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/11/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/02/2024

12/19/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/11/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED] at 3:26 P.M., the resident records were unlocked, unattended, and accessible in the Mattison household medication room.

Plan of Correction

Accept [REDACTED] - 11/04/2024)

It is the policy of Artman to keep residents records confidential. In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/03/2024 by the Personal Care Administrator to lock the household door and notified nursing staff that the medication room must be locked when vacant.

To enhance the currently compliant operations, on 11/04/2024 the Personal Care Administrator and/or Unit Managers will inservice nursing staff that all team rooms must be locked when vacant to keep records confidential, with a completion date of 11/30/2024.

Effective 11/15/2024 the Personal Care Administrator and/or Unit Managers will perform, weekly audits through 02/15/2025 to maintain ongoing compliance with keeping resident records confidential, and, except in emergencies, to not not allow access to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 11/30/2024

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [REDACTED] - 12/19/2024)

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 [REDACTED] at 2:40 P.M. Resident [REDACTED] left the secured dementia care unit by exiting through the SDCU doors, equipped with a magnetic lock, but did not completely close following a visitor entering them. The resident was waiting by the doors when the visitor entered. Staff Member A was the only staff member working in the memory care from 2:15 P.M. to 3: 00 P.M. Staff Member A was heating up food in the microwave when Resident [REDACTED] left the unit through the personal care exit door in the Mattison household, then exited to the parking lot onto a walking path that lead to a

42b Abuse (continued)

neighborhood. Resident [REDACTED] was found two blocks away from the home in a neighboring home on a nearby street. The police were called, and while Staff Member B was searching for Resident [REDACTED], the police directed Staff Member B to a neighbor's residence. The owners of this residence reported that they brought Resident [REDACTED] to their home because [REDACTED] was not making sense and it was muggy outside. Resident [REDACTED] has total hearing loss in both ears and communicates through lip reading and a communication board, however, the resident did not have a communication board with them. The resident was dressed in a pink windbreaker and dark pants with sneakers. The outdoor temperature at the time of the elopement was approximately 83 degrees Fahrenheit. The resident was returned to the home without injury and promptly assessed by Staff Member A.

Plan of Correction

Accept [REDACTED] - 11/04/2024)

It is the policy of Artmn to keep residents free from being neglected, intimidated, physically or verbally abused, mistreated, subject to corporal punishment or disciplined in any way. In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on [REDACTED] by the Charge Nurse who applied a Roam Alert bracelet and initiated hourly checks on Resident [REDACTED].
2. on [REDACTED] by the Executive Director who emailed families of the Inspiring Today Household notifying them to ensure the doors are closed before moving away from the door.
3. on [REDACTED] by the Executive Director and Unit Managers who provided education to staff instructing them to ensure the doors are closed before moving away from the door.
4. on [REDACTED] by the Executive Director who moved Resident [REDACTED] room closer to the nursing area after receiving permission from the family.

To enhance the currently compliant operations, on [REDACTED] the Personal Care Administrator and/or Department Managers will Provide education to staff in all departments instructing them to ensure the doors are closed before moving away from the door, with a completion date of [REDACTED].

Proposed Overall Completion Date: 11/30/2024

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [REDACTED] - 12/19/2024)

65d - Initial Direct Care Training**3. Requirements**

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Ancillary Staff Person C, hired on [REDACTED], began providing unsupervised ADL services on [REDACTED] by pushing a resident in a wheelchair from the dining room. However, the staff person did not complete and pass the Department approved direct care training course and pass the competency test. Ancillary Staff Person C was hired to work as a housekeeper and is not capable of providing direct care to residents per their job description and training.

65d - Initial Direct Care Training (continued)

Plan of Correction

Accept [REDACTED] - 11/04/2024)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [REDACTED] by the Personal Care Administrator to Educated Staff person C not to assist with transport or any ADLs until completion of the direct care training course and passing the competency test.

To enhance the currently compliant operations:

1. on [REDACTED] the Personal Care Administrator and/or Department Managers will educate ancillary staff that transporting is an ADL and direct care training course must be completed in order to perform this activity, with a completion date of [REDACTED].
2. on [REDACTED] the Personal Care Administrator and/or Department Managers will have ancillary staff that will assist with transport complete the direct caregivers course and pass the competency test, with a completion date of [REDACTED].

The overall completion date is 11/30/2024.

Effective 11/04/2024 the Personal Care Administrator and/or Department Managers will have ongoing ancillary staff hires that assist with ADLs complete the direct caregiver training and pass the competency test through to maintain ongoing compliance with ensuring direct care staff persons hired after April 24, 2006, do not provide unsupervised ADL services until completion of, including successful completion and passing the Department-approved direct care training course and passing of the competency test. Certificates will be kept on file with the Personal Care Administrator. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Personal Care Administrator for further review and continuous improvement.

Proposed Overall Completion Date: 11/30/2024

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [REDACTED] - 12/19/2024)

85a - Sanitary Conditions

4. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED] at 3:20 P.M., there was a strong smell of urine in the bathroom in bedroom [REDACTED].

Plan of Correction

Accept [REDACTED] - 11/04/2024)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [REDACTED] by the Housekeeping Manager who identified the smell and detailed cleaned the bathroom and bedroom of 162.

To enhance the currently compliant operations, on 11/04/2024 the Housekeeping Manager will provide education to the housekeepers about maintaining sanitary conditions, with a completion date of 11/30/2024.

85a - Sanitary Conditions (continued)

Effective 11/15/2024 the Housekeeping Manager will perform weekly audits through 02/15/2025 to maintain ongoing compliance with maintaining sanitary conditions. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Personal Care Administrator for further review and continuous improvement.

Proposed Overall Completion Date: 11/30/2024

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented (████) - 12/19/2024)

91 - Telephone Numbers**6. Requirements**

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in bedroom (████)

Plan of Correction

Accept (████) - 11/04/2024)

It is the policy of Artman to have emergency telephone numbers posted on or by the telephone of an outside line. In response to the violation on (████) by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on (████) by the Personal Care Administrator to post the emergency telephone numbers on the phone in bedroom (████)

To enhance the currently compliant operations, on 11/04/2024 the Personal Care Administrator and/or Unit Managers will in-service nursing staff on ensuring emergency numbers are posted on or by the telephone, with a completion date of 11/30/2024.

Effective 11/15/2024 the Unit Managers and/or Medication Technicians will perform weekly room audits through 02/15/2025 to maintain ongoing compliance with posting telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline on or by each telephone with an outside line. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Personal Care Administrator for further review and continuous improvement.

Proposed Overall Completion Date: 11/30/2024

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented (████) - 12/19/2024)

101j7 - Lighting/Operable Lamp**7. Requirements**

101j7 Lighting/Operable Lamp (continued)

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident bedroom [redacted] does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept [redacted] - 11/04/2024)

It is the policy of Artman that each resident have an operable lamp or other source of lighting that can be turned on at bedside. In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on [redacted] by the Personal Care Administrator to obtain an appropriate lighting source and place at the bedside of 164.
- 2. on [redacted] by the Maintenance Director to order additional push lights.

To enhance the currently compliant operations:

- 1. on [redacted] the Unit Managers will conduct an audit of rooms on Inspiring Today household to identify rooms without a light within reach that can be turned on/off, with a completion date of [redacted].
- 2. on [redacted] the Maintenance Department will begin to install push lights in any room identified as not having the proper source of lighting, with a completion date of [redacted]

The overall completion date is 11/30/2024.

Effective 11/15/2024 the Unit Managers and/or Medication Technicians will perform monthly audits through 02/15/2025 to maintain ongoing compliance with ensuring each resident has in their bedroom an operable lamp or other source of lighting that can be turned on at bedside. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Personal Care Administrator for further review and continuous improvement.

Proposed Overall Completion Date: 11/30/2024

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [redacted] - 12/19/2024)

183e Storing Medications

9. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident [redacted] is prescribed [redacted] tablet every 8 hours as needed. On [redacted], the back foil of this medication's blister pack was punctured while the medication was still present in the pack.

183e - Storing Medications (continued)

Plan of Correction

Accept ([REDACTED] - 11/04/2024)

It is the policy of Artman to properly store medications. In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [REDACTED] by the Unit Manager to waste the medication that was in the punctured blister pack.

To enhance the currently compliant operations, on [REDACTED] the Personal Care Administrator and/or Unit Managers will in-service Medication Technicians and Nurses on handling blister pack medications, proper storage and disposal of medications, with a completion date of [REDACTED].

Effective 11/15/2024 the Personal Care Administrator and/or Unit Managers will perform weekly checks through 02/15/2025 to maintain ongoing compliance with ensuring prescription medications, OTC medications and CAM will be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 11/30/2024

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [REDACTED] 12/19/2024)