

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

January 17, 2025

[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 review on 12/12/2024 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 SOUTH HILLS      **License #:** 44916      **License Expiration:** 05/21/2025  
**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

**Type:** I-2      **Date:** 04/19/2018      **Issued By:** Municipality of Bethel Park

## Staffing Hours

**Resident Support Staff:** 0      **Total Daily Staff:** 138      **Waking Staff:** 104

## Inspection Information

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint, Incident      **Exit Conference Date:** 12/12/2024

## Inspection Dates and Department Representative

12/12/2024 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 72      **Residents Served:** 69

## Secured Dementia Care Unit

**In Home:** Yes      **Area:** Entire Home      **Capacity:** 72      **Residents Served:** 69

## Hospice

**Current Residents:** 15

## Number of Residents Who:

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 69  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 69      **Have Physical Disability:** 1

## Inspections / Reviews

12/12/2024 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 12/28/2024

12/30/2024 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 01/17/2025  
**Reviewer:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 01/04/2025

Inspections / Reviews *(continued)*

01/06/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/17/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/15/2025

01/17/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/17/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 23a - Activities of Daily Living Assistance

## 1. 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 support plan for resident [REDACTED], dated [REDACTED], indicated for bladder management's description of service need, "Resident [REDACTED] is incontinent at times and requires physical assistance with toileting and incontinence care" with a plan to meet the service need that indicated, "DCS will toilet resident [REDACTED] upon waking in the morning, after each meal, and before bedtime. DCS will also encourage resident to toilet throughout the day and provide physical assistance as needed for urinary incontinence related problems and monitor skin integrity during care and report any rashes, redness, irritation, open areas, etc." However, on the morning of [REDACTED] at approximately 8:00 a.m., direct care staff person A discovered resident [REDACTED] in bed with an adult brief that was heavily soiled with urine and feces. Interviews with direct care staff indicated it did not appear that direct care staff person B had provided physical assistance to resident [REDACTED] for [REDACTED] for an unknown period of time during the prior shift from approximately 11:00 p.m. on [REDACTED] until [REDACTED] at approximately 7:00 a.m.*

*The support plan for resident [REDACTED], dated [REDACTED], indicated for bowel management's description of service need, "Resident [REDACTED] is incontinent of bowel at times and requires assistance with fecal incontinence-related problems" with a plan to meet the service need that indicated, "DCS will toilet resident [REDACTED] upon waking, after each meal, and before bedtime. DCS will also encourage resident to toilet throughout the day and provide physical assistance as needed for fecal incontinence-related problems and monitor skin integrity during care and report any rashes, redness, irritation, open areas, etc." However, on the morning of [REDACTED] at approximately 8:00 a.m., direct care staff person A discovered resident [REDACTED] in an adult brief that was heavily soiled with urine and feces. Interviews with direct care staff indicated it did not appear that direct care staff person B had provided physical assistance to resident [REDACTED] for fecal incontinence-related problems for an unknown period of time during the prior shift from approximately 11:00 p.m. on [REDACTED] until [REDACTED] at approximately 7:00 a.m.*

*The support plan for resident [REDACTED] dated [REDACTED], indicated for bladder management's description of service need, "Resident is incontinent at times and requires physical assistance with toileting and incontinence care" with a plan to meet the service need that indicated, "DCS will toilet resident upon waking in the morning, after each meal, and before bedtime. DCS will also encourage resident to toilet throughout the day and provide physical assistance as needed for urinary incontinence related problems and monitor skin integrity during care and report any rashes, redness, irritation, open areas, etc." However, on the morning of [REDACTED] at approximately 8:00 a.m., direct care staff person A and direct care staff person C discovered resident [REDACTED] in bed with dried feces stuck to the middle of the resident's back in an adult brief that was heavily soiled and overflowing with urine and feces that had soaked into the mattress pad. Interviews with direct care staff indicated it did not appear that direct care staff person B had provided physical assistance to resident [REDACTED] for [REDACTED] for an unknown period of time during the prior shift from approximately 11:00 p.m. on [REDACTED] until [REDACTED] at approximately 7:00 a.m.*

*The support plan for resident [REDACTED], dated [REDACTED] indicated for bowel management's description of service need, "Resident is incontinent of bowel at times and requires assistance with fecal incontinence-related problems" with a plan to meet the service need that indicated, "DCS will toilet resident upon waking, after each meal, and before bedtime. DCS will also encourage toileting throughout the day. DCS will provide physical assistance as needed for fecal incontinence-related problems and monitor skin integrity during care and report any rashes, redness, irritation, open areas, etc." However, on the morning of [REDACTED] at approximately 8:00 a.m., direct care staff person A and direct*

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

care staff person C discovered resident [REDACTED] in bed with [REDACTED] stuck to the middle of the resident's back in an adult brief that was heavily soiled and overflowing with [REDACTED] and [REDACTED] that had soaked into the mattress pad. Interviews with direct care staff indicated it did not appear that direct care staff person B had provided physical assistance to resident [REDACTED] for fecal incontinence related problems for an unknown period of time during the prior shift from approximately 11:00 p.m. on [REDACTED] until [REDACTED] at approximately 7:00 a.m.

**Plan of Correction****Directed [REDACTED] - 01/06/2025)**

Staff Person B was immediately terminated on [REDACTED] after being made aware of the incidents that occurred with Resident [REDACTED] and Resident [REDACTED]. It is unclear whether the support plan was followed by Staff Person B, as it is unknown what time Resident [REDACTED] and Resident [REDACTED] awoke in the morning.

On [REDACTED] a skin assessment was completed on Resident [REDACTED] and Resident [REDACTED] and [REDACTED], [REDACTED] or [REDACTED] was observed.

[REDACTED], Director of Health and Wellness / Designee will complete a full audit of all resident support plans by Friday, [REDACTED] to ensure that all support plans have the most accurate information, including the use of adult briefs when incontinence is indicated and they are needed and appropriate to manage the incontinence.

Executive Director / Designee will re educate associates on Regulation 23a Activities of Daily Living Assistance at the All Associate Meeting on January 14, 2025. All direct care staff will be educated by January 31, 2025. Documentation of the education shall be kept in accordance with 2600.65i.

Beginning on January 13, 2025, direct care staff will be documenting care provided to residents through ALIS, this will include incontinence care provided to residents on all three shifts. The resident care needs will be established from the resident assessment and support plan.

Director of Health and Wellness / Designee will audit care tasks documented in ALIS to ensure completion beginning on January 13, 2025 daily for 1 monthly until February 13, 2025, then 2 times weekly until March 13, 2025 and then weekly until April 13, 2025. Audit documentation will be stored in the Health and Wellness office.

Proposed Overall Completion Date: 04/13/2025

**DIRECTED**

Within 8 days of completion of the accepted plan of correction: The administrator shall initiate all aspects of the plan of correction. [REDACTED] 1/6/25

**Directed Completion Date: 01/14/2025**

**Implemented [REDACTED] - 01/17/2025)****227a - Support Plan 30 Days****2. Requirements**

2600.

**227a - Support Plan 30 Days (continued)**

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

**Description of Violation**

Resident [REDACTED] initial support plan, dated [REDACTED], did not indicate the resident's use of adult briefs to manage the resident's assessed bladder and bowel incontinence needs.

Resident [REDACTED] initial support plan, dated [REDACTED], did not indicate the resident's use of adult briefs to manage the resident's assessed bladder and bowel incontinence needs.

**Plan of Correction**

**Accept [REDACTED] - 12/30/2024)**

The support plan for resident [REDACTED] was corrected by [REDACTED], Director of Health and Wellness on December 19, 2024 to reflect that the resident uses adult briefs to manage their incontinence needs.

The support plan for resident [REDACTED] was corrected by [REDACTED], Director of Health and Wellness on December 19, 2024 to reflect that the resident uses adult briefs to manage their incontinence needs.

[REDACTED], Director of Health and Wellness / Designee will complete a full audit of all resident support plans by Friday, January 10, 2025 to ensure that all support plans have the most accurate information. We will ensure that the RASPs reflect if residents use briefs to manage their incontinence needs.

**Licensee's Proposed Overall Completion Date: 01/10/2025**

**Implemented [REDACTED] - 01/17/2025)**