

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

March 6, 2026

[REDACTED]  
ARTIS SENIOR LIVING OF LOWER MORELAND LLC  
[REDACTED]

RE: ARTIS SENIOR LIVING OF  
HUNTINGDON VALLEY  
2085 LIEBERMAN DRIVE  
HUNTINGDON VALLEY, PA, 19006  
LICENSE/COC#: 14279

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/11/2025 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 HUNTINGDON VALLEY      **License #:** 14279      **License Expiration:** 09/11/2025  
**Address:** 2085 LIEBERMAN DRIVE, HUNTINGDON VALLEY, PA 19006  
**County:** MONTGOMERY      **Region:** SOUTHEAST

## Administrator

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

## Legal Entity

**Name:** ARTIS SENIOR LIVING OF LOWER MORELAND LLC  
**Address:** [REDACTED]  
**Phone:** [REDACTED]      **Email:** [REDACTED]

## Certificate(s) of Occupancy

**Type:** C-2 LP      **Date:** 10/13/2016      **Issued By:** Township of Lower Moreland

## Staffing Hours

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

## Inspection Information

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint, Incident      **Exit Conference Date:** 08/11/2025

## Inspection Dates and Department Representative

08/11/2025 - 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:** entire home      **Capacity:** 72      **Residents Served:** 62

## Hospice

**Current Residents:** 3

## Number of Residents Who:

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 62  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 62      **Have Physical Disability:** 1

## Inspections / Reviews

08/11/2025 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 09/13/2025

09/15/2025 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 03/05/2026  
**Reviewer:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 09/18/2025

Inspections / Reviews *(continued)*

09/30/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/05/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/03/2025

03/06/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/05/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 16b - Incident Policies

## 1. Requirements

2600.

16.b. The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

## Description of Violation

The home does not have documentation of the investigation completed on the incident dated [REDACTED] involving resident [REDACTED].

The home does not have documentation of the investigation completed on the incident dated [REDACTED] involving resident # [REDACTED] and resident [REDACTED].

## Plan of Correction

Accept [REDACTED] - 09/15/2025)

In response to the violation of 16(b) the documentation of investigation into reported incidents as of 08/12/2025, moving forward all inquiries and discoveries requiring investigation will be conducted by the Executive Director or the Director of Health and Wellness.

In addition, a monthly audit of the reportable & abuse reporting binder will be conducted by both the Executive Director & Director of Health and Wellness to confirm ongoing compliance. This monthly audit will begin August 12, 2025 and will be continuous and ongoing. Documentation from investigations will be stored with the reportable incident binder.

Licensee's Proposed Overall Completion Date: 09/13/2025

Implemented [REDACTED] - 03/06/2026)

## 16c - Written Incident Report

## 2. 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 [REDACTED], 3:47 pm, resident [REDACTED] family member reported scratches on the residents face extending from their right ear to their cheekbone. The home did not report this incident to the Department.

## Plan of Correction

Accept [REDACTED] - 09/30/2025)

On 08/12/2025, the Executive Director took immediate action to review the PA 2600 code reporting incidents and the timeframe in which the reporting should occur. The Executive director has reviewed the code on reporting abuse and in the future will report allegations of abuse within the required 24-hour timeframe, to the local agency on aging.

In addition, beginning September 1, 2025, the Executive Director and the Director of Health and Wellness will meet to review the prior month's incident reports, and review procedures on reporting. This meeting will occur on the 1st

**16c - Written Incident Report (continued)**

business day of each month. The meeting will be conducted by the Executive Director.

Licensee's Proposed Overall Completion Date: 09/17/2025

Implemented [REDACTED] - 03/06/2026)

**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 [REDACTED], during the interview with resident [REDACTED], [REDACTED] disclosed being hit in the eye by resident [REDACTED]. Resident [REDACTED] was able to describe resident [REDACTED] as the person that hit them. Staff person A stated that resident [REDACTED] was upset, saying that resident [REDACTED] took [REDACTED] money. Staff person A stated that resident [REDACTED] did not have money. Staff person A stated that [REDACTED] redirected resident [REDACTED] away from resident [REDACTED]. Staff person A stated that while [REDACTED] was helping another resident; resident [REDACTED] and [REDACTED] were walking in the neighborhood. Staff person A stated that [REDACTED] observed resident [REDACTED] getting close to resident [REDACTED] in the common area. Staff person A then stepped in between both residents trying to redirect them. Staff person A stated that resident [REDACTED] jumped over [REDACTED] and punched resident [REDACTED] in the left eye, causing the resident to fall on the floor. Staff person A stated that [REDACTED] called for assistance, and an unknown staff person came to assist. Staff person B assessed resident [REDACTED] following the physical interaction and noted that ice was applied to the resident's left eye every 10 minutes.

Repeat Violation: [REDACTED] et al

**Plan of Correction**

Accept [REDACTED] - 09/15/2025)

In response to violation 2600. 42(b) on 08/08/08/2025 residents [REDACTED] & [REDACTED] were escorted to different neighborhoods and supported with fluids in a calming environment. Resident [REDACTED] was placed on 15-minute checks for monitoring. Resident [REDACTED] was observed on 08/11/2025 by a licensed doctorate of psychiatry, and adjustments to the resident medication plan have since been made.

Resident [REDACTED] continues to be scheduled with mental health professionals, and adjustments will continue to be made, as needed.

Licensee's Proposed Overall Completion Date: 09/13/2025

Implemented [REDACTED] - 03/06/2026)

**51 - Criminal Background Check****4. Requirements**

2600.

51 Criminal Background Check (continued)

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person C, whose first day of work was [REDACTED], did not have a criminal background check completed prior to their first day of work. A background check was completed on [REDACTED] at 12:17 pm.

Repeat Violation: [REDACTED] et al

Plan of Correction

Accept [REDACTED] - 09/15/2025)

In response to the violation 2600.51, on [REDACTED] an audit was conducted of all agencies staffing criminal back checks, and new background checks were obtained if any background checks were not in accordance with the code 2600.51.

In addition, a monthly audit of the agency binder will be conducted by the Executive Director or Director of Business Services to confirm ongoing compliance. This monthly audit will begin August 12, 2025 and will be continuous and ongoing

Licensee's Proposed Overall Completion Date: 09/13/2025

Implemented [REDACTED] - 03/06/2026)

63b - Current First Aid Training

5. Requirements

2600.

63.b. Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.

Description of Violation

Staff persons D and E were trained in CPR by National CPR foundation. This training source is not certified as a trainer by a hospital or other recognized health care organization.

Plan of Correction

Accept [REDACTED] 09/30/2025)

In response to violation of 2600.63.b on 08/12/25 employee files were audited to identify CPR trainings not in accordance with code 2600.63.b.. Those individuals were informed and a live CPR training class was scheduled with an approved CPR training instructor. This live training will take place on 09/25/2025. The course will continue to be offered quarterly, and all new applicants will be required to obtain an approved CPR certification, prior to employment.

Licensee's Proposed Overall Completion Date: 09/25/2025

Implemented [REDACTED] - 03/06/2026)

103c - Food Protected

6. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On [REDACTED], at 9:36 am, there was two biscuit, pork roll, egg and cheese sandwiches stored in the microwave in the

**103c - Food Protected (continued)**

400 neighborhood.

**Plan of Correction**

Accept (█ - 09/15/2025)

On 08/17/2025, in response to a violation of 2600.103(c) staff members were in serviced on the top of 2600.103(c). The in-service was conducted by the Director of Culinary Services, and the Director of Community Intergration.

In addition, a daily check of compartment of all neighborhoods, by both housekeeping, and culinary services was added to the daily checklist for each department, to ensure no residents or staff member has stored any items in the various compartments.

Licensee's Proposed Overall Completion Date: 09/13/2025

Implemented (█ - 03/06/2026)

**141a 1-10 Medical Evaluation Information****7. Requirements**

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

**Description of Violation**

Resident █ medical evaluation dated █ did not include body positioning and movement stimulation.

Repeat Violation: █ et al

**Plan of Correction**

Accept (█ - 09/30/2025)

On 09/17/2025 an in-service was conducted by the Executive Director with the Director of Health and Wellness. The in-service was to discuss Annual Medical Evaluation, and the auditing of forms associated. Moving forward, and additional audit of the medical evaluation form, will be conducted by the Executive Director.

On 09/17/2025 The Executive Director and Director of Health and Wellness took immediate action to implement to address the violation of code 141 B1 Annual Medical Evaluation. The Director of Health and Wellness

**141a 1-10 Medical Evaluation Information (continued)**

*will audit each form and verify all residents have received all evaluations in accordance with requirements by the Pennsylvania Bureau of Human Service Licensing. These audits will be ongoing and indefinite.*

Licensee's Proposed Overall Completion Date: 09/17/2025

Implemented [REDACTED] - 03/06/2026)

**141b1 - Annual Medical Evaluation****8. Requirements**

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

**Description of Violation**

Resident [REDACTED]'s most recent medical evaluation was completed on [REDACTED]. The resident's medical evaluation was not completed for 2024.

**Plan of Correction**

Accepted [REDACTED] - 09/30/2025)

*On 09/17/2025 an in-service was conducted by the Executive Director with the Director of Health and Wellness. The in-service was to discuss Annual Medical Evaluation, and the auditing of forms associated. Moving forward, and additional audit of the medical evaluation form, will be conducted by the Executive Director.*

*On 09/17/2025 The Executive Director and Director of Health and Wellness took immediate action to implement to address the violation of code 141 B1 Annual Medical Evaluation. The Director of Health and Wellness will audit each form and verify all residents have received all evaluations in accordance with requirements by the Pennsylvania Bureau of Human Service Licensing. These audits will be ongoing and indefinite.*

Licensee's Proposed Overall Completion Date: 09/17/2025

Implemented [REDACTED] - 03/06/2026)

**162c - Menus Posted****9. Requirements**

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**Description of Violation**

The home's menu for the week of [REDACTED] through [REDACTED] was posted. However, the current week was not posted in neighborhoods [REDACTED], and [REDACTED].

Repeat Violation: [REDACTED]

## 162c - Menus Posted (continued)

**Plan of Correction**

Accept (█ - 09/15/2025)

*In response to the violation of 2600.162.c the menus on each neighborhood were replaced immediately.*

*In addition, moving forward each week, the Director of Culinary Services will provide the coming week's menu to the Director on Duty. The Director on Duty will replace the menus prior to the coming week. The Executive Director will then verify, at the beginning of each week, that the appropriate menus, are in place.*

**Licensee's Proposed Overall Completion Date: 09/13/2025**

Implemented (█ 03/06/2026)

## 183d - Prescription Current

**10. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

**Description of Violation**

On █ at 3:35 pm, █ give one tablet by mouth every 12 hours for 5 days prescribed to resident █ was in the home's medication cart; however, the medication was discontinued on █

**Plan of Correction**

Accept (█ - 09/15/2025)

*Between 08/12/2025 to 08/26/2025 all staff members administering medications were trained regarding Artis Senior Living Controlled Substance Policy. The training was conducted by the Executive Director or Director of Health and Wellness.*

*In addition, a bi-weekly audit of all medication administration and carts will be conducted by the Director of Health and Wellness. These audits will be continuous and on-going.*

**Licensee's Proposed Overall Completion Date: 09/13/2025**

Implemented (█ - 03/06/2026)

## 201 - Positive Interventions

**11. Requirements**

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

**Description of Violation**

On █, resident █ progress notes stated that the resident was attempting to move the medication carts, yelling at staff and residents when redirected. On █, resident █ punched resident #█ in the eye causing resident █ to fall on the floor after being hit. Staff interviews disclosed that resident #█ screams at residents and slams things. The home has not implemented positive interventions to modify or eliminate the behavior. Resident █ has shown signs of aggression.

## 201 Positive Interventions (continued)

**Plan of Correction**

Accept (█ - 09/15/2025)

Resident █ was observed on 08/11/2025 by a licensed doctorate of psychiatry, and adjustments to the resident medication plan have since been made.

Resident 5 continues to be scheduled with mental health professionals, and adjustments will continue to be made, as needed.

Licensee's Proposed Overall Completion Date: 09/13/2025

Implemented (█ - 03/06/2026)

## 225c - Additional Assessment

**12. Requirements**

2600.

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

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

**Description of Violation**

Resident █ most recent assessment was completed on █ does not address the resident's behaviors. Resident █ has exhibited aggressive behaviors on the following dates █ and █ the home has not updated resident █'s assessment.

Repeat Violation: █

**Plan of Correction**

Accept (█ 09/30/2025)

On 09/10/2025 an audit of the resident file was conducted by the Director of Health and Wellness. The audit was to verify the resident's file was in compliance with 2600.225c. In addition, on 09/10/2025 the resident medication was adjusted to support the reduction of aggression.

Moving forward resident assessments will be conducted in accordance with 2600.225c. The Executive Director and Director of Health and Wellness will meet monthly or immediately following any significant change to ensure the resident file reflects the change in compliance with 2600.225c.

Licensee's Proposed Overall Completion Date: 09/17/2025

Implemented (█ - 03/06/2026)

## 231e - No Objection Statement

**13. Requirements**

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

**Description of Violation**

Resident █ was admitted to the Secure Dementia Care Unit (SDCU) on █. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

**231e - No Objection Statement (continued)****Plan of Correction****Accept** [REDACTED] **09/15/2025)**

*In response to the violation of 2600.231.e, all resident files were audited by the Executive Director and The Director of Business Services. Any resident file no containing the No Objection Statement was pulled and signature from residents capable of signing were educated and signature was obtained. Resident files not contain an Addendum D and an Addendum E. Each addendum is placed with purpose of satisfying the requires of code 2600.231.e.*

**Licensee's Proposed Overall Completion Date: 09/13/2025****Implemented** [REDACTED] **- 03/06/2026)**