

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

December 17, 2025

[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 10/06/2025, 10/07/2025 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: ARTMAN LUTHERAN HOME **License #:** 12778 **License Expiration:** 02/08/2026
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:** 166 **Waking Staff:** 125

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Incident **Exit Conference Date:** 10/07/2025

Inspection Dates and Department Representative

10/06/2025 - On-Site [REDACTED]
 10/07/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 136 **Residents Served:** 106

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:** 106
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 60 **Have Physical Disability:** 3

Inspections / Reviews

10/06/2025 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/08/2025

Inspections / Reviews (*continued*)

11/10/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/02/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 11/15/2025

11/12/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/02/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/02/2025

12/17/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/02/2025

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 10:27 AM, a laptop, with an electronic medication administration record open, was unlocked, unattended, and accessible in the Forest medication room.

Repeat violation: [REDACTED] et al

Plan of Correction

Accept [REDACTED] - 11/12/2025)

It is the policy of Artman to keep resident records confidential. In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/07/2025 by the Medication Technician to lock the Forest medication room when vacated.

To enhance the currently compliant operations, starting 11/16/2025 the Personal Care Administrator and/or Unit Manager will in-service the Forest nurses and medication technicians on keeping any room with resident records locked when vacant to keep records confidential, with a completion date of 11/30/2025.

Effective 11/16/2025 the Personal Care Administrator and/or Unit Manager will perform weekly inspections through 01/16/2026 to maintain ongoing compliance with keeping resident records confidential, and, except in emergencies, to 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.

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented [REDACTED] - 12/17/2025)

25a - Written Contract and Review

2. Requirements

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident [REDACTED] admitted [REDACTED] did not have a resident-home contract completed until [REDACTED]

Resident [REDACTED], admitted [REDACTED] did not have a resident-home contract completed until [REDACTED].

Resident [REDACTED] admitted [REDACTED] did not have a resident-home contract completed until [REDACTED]

25a Written Contract and Review (continued)

Plan of Correction

Accept [redacted] - 11/12/2025)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/07/2025 by the Personal Care Administrator to reviewed regulation with the Director of Admissions.

To enhance the currently compliant operations, starting 11/16/2025 the Director of Admissions will in service admissions staff and liaisons that resident home contracts must be signed prior to or within 24 hours of admissions, with a completion date of 11/30/2025.

Effective 11/16/2025 the Administrative Supervisor/Director of Admissions will perform monthly audits of admissions through 02/16/2026 to maintain ongoing compliance with putting in place a written resident home contract between the resident and the home prior to admission, or within 24 hours after admission, and for the administrator or a designee to complete a contract review, and explaining its contents to the resident and the resident's designated person if any, prior to signature. Compliance monitoring activities will be implemented under the supervision of the Director of Admissions. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Personal Care Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented ([redacted] - 12/17/2025)

25b - Contract Signatures

3. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident home contract, dated [redacted], for resident [redacted] was not signed by the resident.

Plan of Correction

Accept [redacted] - 11/12/2025)

It is the policy of Artman to provide an opportunity for the resident to sign the contract. In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/07/2025 by the Personal Care Administrator to review regulation 25b with the Director of Admissions.

To enhance the currently compliant operations, starting 11/16/2025 the Director of Admissions will in service admissions staff and liaisons notifying them that the contract shall be signed by the resident. If the resident opted to allow their Power of Attorney to sign on their behalf, then the box must be checked acknowledging that the resident was given the opportunity to sign, with a completion date of 11/30/2025.

Effective 11/16/2025 the the Administrative Supervisor and/or Director of Admissions will perform monthly audits through 01/16/2026 to maintain ongoing compliance with having contract signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. Compliance monitoring activities will be implemented under the supervision of the Director of Admissions. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Personal Care Administrator for further review and continuous improvement.

25b Contract Signatures (continued)

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented [REDACTED] - 12/17/2025)

28e - Death of a Resident

4. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident [REDACTED] passed away on [REDACTED]. Resident [REDACTED] personal belongings were removed from [REDACTED] room on [REDACTED]; however, the refund was not issued until [REDACTED].

Plan of Correction

Accepted [REDACTED] - 11/12/2025)

It is the policy of Artman, in an event of a death of a resident, to refund the remainder of previously paid charges to the resident's estate within 30 days.

To enhance the currently compliant operations, starting 11/16/2025 the Personal Care Administrator will in service the Billing Specialist and Accounts Payable person for Artman that in an event of a death, refunds shall be within 30 days of when the resident's personal property has been cleared and a record must be maintained in the resident's record, with a completion date of 11/30/2025.

Effective 11/16/2025 the Personal Care Administrator will perform monthly reviews through 01/16/2026 to maintain ongoing compliance with refunding the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property, and in the event of a death of a resident under 60 years of age. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101 10226.107), and keeping documentation of refunds in each resident's record. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented [REDACTED] - 12/17/2025)

42c - Treatment of Residents

5. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [REDACTED] at approximately 10:40 AM, staff person A was attempting to provide assistance with activities of daily living (ADL) to resident [REDACTED]. During the interaction, resident 5 became resistant to care and began yelling and physically scratching at staff person A.

42c - Treatment of Residents (continued)

Staff person B, upon hearing the disturbance, entered the room and observed resident [REDACTED] partially hanging off of the bed, yelling "Help me, help me", while continuing to scratch at staff person A. At that time staff person A was heard to state to resident [REDACTED], "You know what, [REDACTED] you."

Plan of Correction

Accept [REDACTED] 11/12/2025)

It is the policy of Artman to treat residents with dignity and respect. In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/17/2025 by the Personal Care Administrator to place staff person A on Investigatory suspension.

To enhance the currently compliant operations, on 09/30/2025 the Personal Care Administrator will terminate staff person A. Starting 11/16/2025 nursing staff will be in-serviced on upholding resident's dignity and respect, and effective communication, with a completion date of 11/30/2025.

Effective 11/16/2025 the Unit Manager/Household Coordinator will perform monthly resident interviews and reviews through 01/16/2026 obtaining direct feedback from residents regarding their experiences in their daily care to maintain ongoing compliance with treating residents with dignity and respect. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Personal Care Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented [REDACTED] 12/17/2025)

85a - Sanitary Conditions

6. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED] at 11:45 AM, during a med pass observation, staff person C did not wash or sanitize their hands between administering medication to resident [REDACTED] and resident [REDACTED].

Plan of Correction

Accept [REDACTED] - 11/12/2025)

It is the policy of Artman that sanitary conditions be maintained. In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/08/2025 by the Personal Care Administrator to review hand washing in between medication administration with staff person C.

To enhance the currently compliant operations, starting 11/16/2025 the Personal Care Administrator and/or Unit Managers will in-service Medication Technicians and nurses on washing or sanitizing hands in between administering medications, with a completion date of 11/30/25.

Effective 11/16/2025 the Personal Care Administrator and/or Unit Manager will perform monthly checks through 01/16/2026 to maintain ongoing compliance with maintaining sanitary conditions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

85a - Sanitary Conditions (continued)

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented [REDACTED] - 12/17/2025)

96a - First Aid Kit

7. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the Forest neighborhood does not include tweezers or eye coverings.

Plan of Correction

Accept [REDACTED] - 11/12/2025)

It is the policy of Artman to have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers. In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/08/2025 by the Personal Care Administrator to add tweezers and eye coverings to the Forest first aid kit.

To enhance the currently compliant operations, starting 11/16/2025 the Personal Care Administrator and/or Unit Managers will in-service the Medication Technicians and nurses on the items required to be in the First Aid Kit, with a completion date of 11/30/25.

Effective 11/16/2025 the Unit Managers and/or Lead Medication Technician will perform quarterly inspections through 05/16/2026 to maintain ongoing compliance with having a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Personal Care Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented [REDACTED] 12/17/2025)

183e - Storing Medications

8. 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

On [REDACTED]

- [REDACTED] prescribed to resident [REDACTED] had a tear on the back of the bubble pack at spot 27 and the pill was still in place.
- [REDACTED], prescribed to resident [REDACTED] had a puncture on the back of the bubble pack at spot 30 and the pill was still in place.

183e - Storing Medications (continued)

- [REDACTED] tab, prescribed to resident [REDACTED] had tears on the back of the bubble pack at spots 14 and 21 and the pills were still in place.

Repeat violation: [REDACTED] et al

Plan of Correction

Accept [REDACTED] - 11/12/2025)

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 10/07/2025 by the Unit Manager to waste/destroy the medications that were punctured in the blister pack.

To enhance the currently compliant operations, starting 11/16/2025 the Unit Managers and/or Personal Care Administrator will in-service Medication Technicians and nurses on handling blister pack medication, proper storage, and disposal of medications, with a completion date of 11/30/2025.

Effective 11/16/2025 the Unit Managers and/or Lead Medication Technician will perform monthly checks through 01/16/2026 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 reported to the Personal Care Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented [REDACTED] 12/17/2025)

185a - Implement Storage Procedures

9. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Glucometer readings for resident [REDACTED] were not recorded in the resident's September 2025 Medication Administration Record on the following dates and times:

- [REDACTED] at 7:41 PM, a glucometer reading of [REDACTED].
- [REDACTED] at 11:19 PM, a glucometer reading of [REDACTED].

Plan of Correction

Accept [REDACTED] - 11/12/2025)

It is the policy of Artman to develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/08/2025 by the Personal Care Administrator to Audit the additional glucometers.

185a - Implement Storage Procedures (continued)

To enhance the currently compliant operations, on 11/16/2025 the Unit Managers and/or Personal Care Administrator will in-service staff on proper recording of the glucometer readings, with a completion date of 11/30/2025.

Effective 11/16/2025 the Unit Managers and/or Medication Technicians will perform weekly audits through 01/16/2026 to maintain ongoing compliance with ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Compliance monitoring activities will be implemented under the supervision of the Lead Medication Technician. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Personal Care Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented (█ - 12/17/2025)

187b - Date/Time of Medication Admin.**10. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident █ is prescribed █, give one tablet by mouth every 12 hours as needed.

Resident █ October 2025 medication administration record does not include the initials of the staff person who administered █ on █ at 8:00 AM and 8:00 PM, and on █ at 9:30 PM; however, this medication was signed out on the controlled substance log at these times.

Plan of Correction

Accept (█ 11/12/2025)

It is the policy of Artman to record at the time the medication is administered. In response to the violation on █ by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/08/2025 by the Personal Care Administrator to provided education to the staff persons who did not document the administration of the Lorazepam on the medication administration record.

To enhance the currently compliant operations, starting 11/16/2025 the Unit Managers and/or Personal Care Administrator will will in-service the nurses and medication technicians on proper documentation of medications administered, with a completion date of 11/30/2025.

Effective 11/16/2025 the Unit Managers and/or Lead Medication Technician will perform monthly audits through 01/16/2026 to maintain ongoing compliance with ensuring the information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered. Compliance monitoring activities will be implemented under the supervision of the Lead Medication Technician. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Personal Care Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented (█ - 12/17/2025)

187d - Follow Prescriber's Orders

11. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Scheduled medications were administered late on the following dates and times:

- On [redacted], [redacted], and [redacted], prescribed to resident [redacted] and scheduled to be administered at 8:00 PM, were administered at 9:34 PM.
- On [redacted], [redacted], and [redacted], prescribed to resident 5 and scheduled to be administered at 8:00 AM, were administered at 9:18 AM.
- On [redacted] (1 unit dial) [redacted], prescribed to resident [redacted] and scheduled to be administered at 8:00 AM, was administered at 9:27 AM.

Plan of Correction

Accept [redacted] - 11/12/2025)

It is the policy of Artman to follow the directions of the prescriber. In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/08/2025 by the Unit Managers to inform nurses and medication technicians to ensure that they are following the prescribers orders and administer medications at the prescribed time.

To enhance the currently compliant operations, starting 11/16/2025 the Unit Managers and/or Personal Care Administrator will in-service the nurses and medication technicians on following the directions of the prescriber for medication administration times, with a completion date of 11/30/2025.

Effective 11/16/2025 the Unit Managers and/or Personal Care Administrator will perform monthly reviews through 01/16/2026 to maintain ongoing compliance with ensuring the home must follow the directions of the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented [redacted] - 12/17/2025)

190b - Insulin Injections

12. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

On [redacted] at 8:00 AM and 12:00 PM, staff person B, who has not successfully completed a Department-approved

190b Insulin Injections (continued)

diabetes patient education program with in the last 12 months , administered insulin to resident [REDACTED]

Plan of Correction

Accept [REDACTED] 11/10/2025)

It is the policy of Artman to ensure that the medication technicians have completed a Department approved diabetes patient education program within the past 12 months to administer insulin. In response to the violation on 10/06/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/07/2025 by the Personal Care Administrator to notified staff person B that [REDACTED] was not permitted to administer insulin until diabetes training was completed.

To enhance the currently compliant operations, on 10/13/2025 the Personal Care Administrator will had all Medication Technicians complete a Department approved diabetes patient education program, with a completion date of 11/07/2025.

Effective 11/16/2025 the Personal Care Administrator and or Lead Medication Technician will perform quarterly reviews through 11/07/2026 to maintain ongoing compliance with ensuring that a staff person is permitted to administer insulin injections following successful completion of a Department approved medications administration course that includes the passing of a written performance based competency test within the past 2 years, as well as successful completion of a Department approved diabetes patient education program within the past 12 months. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/07/2025

Implemented [REDACTED] 12/17/2025)

231c - Preadmission Screening

13. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident [REDACTED] was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] However, resident [REDACTED] written [REDACTED] preadmission screening was not completed as of [REDACTED]

Plan of Correction

Accept [REDACTED] - 11/12/2025)

It is the policy of Artman to have a written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit. In response to the violation on 10/06/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/07/2025 by the Personal Care Administrator to complete the preadmission screening for resident [REDACTED]

To enhance the currently compliant operations, starting 11/16/2025 the Personal Care Administrator will in service the Unit Manager for the Secure Dementia Care Unit on ensuring that the cognitive preadmission screening is completed within 72 hours prior to admission to a secured dementia care unit, with a completion date of 11/30/2025.

231c - Preadmission Screening (continued)

Effective 11/16/2025 the Unit Manager and/or Lead Medication Technician will perform monthly audits through 01/16/2026 on any new admissions to maintain ongoing compliance with ensuring a written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form is completed for each resident within 72 hours prior to admission to a secured dementia care unit. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Personal Care Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented [REDACTED] - 12/17/2025)

231e - No Objection Statement**14. 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 [REDACTED] was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

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

Plan of Correction

Accepted [REDACTED] 11/12/2025)

It is the policy of Artman to 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. In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/08/2025 by the Personal Care Administrator to review regulation 231e with the Director of Admissions.

To enhance the currently compliant operations, starting 11/16/2025 the Director of Admissions will will in-service admissions staff and liaisons notifying them that 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, with a completion date of 11/30/2025.

Effective 11/16/2025 the Administrative Supervisor and/or Director of Admissions will perform monthly audits through 01/16/2026 to maintain ongoing compliance with ensuring that each resident record has 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. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Personal Care Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented [REDACTED] - 12/17/2025)