

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

February 3, 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 10/27/2025 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:** 04/08/2026
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

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 130 **Waking Staff:** 98

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Fine **Exit Conference Date:** 10/27/2025

Inspection Dates and Department Representative

10/27/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 72 **Residents Served:** 65

Secured Dementia Care Unit

In Home: Yes **Area:** entire home **Capacity:** 72 **Residents Served:** 65

Hospice

Current Residents: x

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 64
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 65 **Have Physical Disability:** 1

Inspections / Reviews

10/27/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/22/2025

11/25/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 01/30/2026
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/30/2025

Inspections / Reviews *(continued)*

12/02/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/30/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/13/2025

02/03/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/30/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

65e - 12 Hours Annual Training

1. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff person A and B did not receive any annual training in training year 2024.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] 12/02/2025)

As of 08/12/2025, the Executive Director has taken immediate action to implement a plan to ensure all care staff persons have at least 12 hours of annual training relating to their job. There are 3 opportunities per month provided via either, professional partners, paid service providers, or Artis's professionals. The requirement is that each employee attend at least one of the provided sessions. There will be quarterly sessions for the 6-hour dementia care training. All staff members will be required to attend at least one of the offered sessions, to completion. The training will be conducted by The Executive Director, The Director of Health and Wellness, The Director of Business Services, The Director of Sales and Marketing, The Director of Culinary Services, The Director of Environmental Services, The Director of Lifestyle Enrichment and The Director of Community Integration.

On 08/12/2025 the Business Services Director received additional training for completing, storing, and auditing staff files. The person conducting the training was the Executive Director. Monthly audits of staff files for completed required staff trainings will be conducted by the Executive Director. The monthly check is a part of the monthly ED tasks and will be continuous and on-going indefinitely. These steps were put in place to ensure compliance moving forward.

In addition, remedial training sessions have been scheduled to remedy the missing 12-hour training for the year 2024 for all direct care staff. This remedial training will occur 12/01/25-12/12/25.

Licensee's Proposed Overall Completion Date: 11/28/2025

Implemented [REDACTED] - 02/03/2026)

65g - Annual Training Content

2. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person C did not receive training in the topics listed above during training year 2024.

65g Annual Training Content (continued)

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 12/02/2025)

As of 08/12/2025, the Executive Director has taken immediate action to implement a plan to ensure all care staff persons have at least 12 hours of annual training relating to their job. There are 3 opportunities per month provided via either, professional partners, paid service providers, or Artis's professionals. The requirement is that each employee attend at least one of the provided sessions. There will be quarterly sessions for the 6 hour dementia care training. All staff members will be required to attend at least one of the offered sessions, to completion. The training will be conducted by The Executive Director, The Director of Health and Wellness, The Director of Business Services, The Director of Sales and Marketing, The Director of Culinary Services, The Director of Environmental Services, The Director of Lifestyle Enrichment and The Director of Community Integration.

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In addition, remedial training sessions have been scheduled to remedy the missing 12 hour training for the year 2024 for all direct care staff. This remedial training will occur 12/01/25 12/12/25.

Licensee's Proposed Overall Completion Date: 11/28/2025

Implemented ([REDACTED] 02/03/2026)

88a - Surfaces

3. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The home's gate to the parking lot outside from the home's 100 hallway is equipped with a door that latches magnetically. On [REDACTED] around 09:30 AM, after the gate was opened and closed, the latch did not engage properly. The parking lot poses a hazard to the residents in the home, all with diagnoses of dementia, as these residents may not be able to avoid traffic hazards.

Plan of Correction

Accept [REDACTED] - 12/02/2025)

On 10/27/2025 immediate action was taken, and the company contracted to maintain the facility's maglock system was contacted. On 10/28/2025 the maglock company found that door prop timing had been inadvertently changed from 5 seconds to 90 seconds. Every time a code was entered, the gate would stay open for 90 seconds before the maglock would reengage. The maglock professional programmed the gate's door prop timing back down to 5 seconds and tested open and closing the gate ensuring the gate was not malfunctioning. As a remedy to avoid this occurring in the future, the Director of Environmental Services was educated as to how to confirm the time set for prop lock. Beginning November 1st, The Director of Environmental Services will conduct weekly checks to ensure the prop time has not been inadvertently changed. These checks shall remain constant and ongoing indefinitely, as

88a Surfaces (continued)

they are now a part of the Director of Environmental Services monthly task.

Licensee's Proposed Overall Completion Date: 11/28/2025

Implemented [REDACTED] - 02/03/2026)