

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

January 5, 2026

[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 10/30/2025 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 SOUTH HILLS      **License #:** 44916      **License Expiration:** 06/10/2026  
**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:** 04/19/2025      **Issued By:** Municipality of Bethel Park

## Staffing Hours

**Resident Support Staff:** 0      **Total Daily Staff:** 144      **Waking Staff:** 108

## Inspection Information

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Incident      **Exit Conference Date:** 11/03/2025

## Inspection Dates and Department Representative

10/30/2025 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

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

## Secured Dementia Care Unit

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

## Hospice

**Current Residents:** 20

## Number of Residents Who:

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 72  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 72      **Have Physical Disability:** 1

## Inspections / Reviews

10/30/2025 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 11/13/2025

11/17/2025 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 12/28/2025  
**Reviewer:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 11/21/2025

Inspections / Reviews *(continued)*

11/21/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/28/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/28/2025

01/05/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/28/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 42b - Abuse

## 1. 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 approximately 8:25pm, staff person A heard resident [REDACTED] scream "Get off me!" Staff person A entered resident [REDACTED] bedroom and found resident [REDACTED] standing over resident [REDACTED] and forcefully hitting resident [REDACTED] numerous times in the face with a shoe while resident [REDACTED] was lying in bed. Staff person A immediately separated the residents. Resident [REDACTED] sustained a bruise to the right eye and resident [REDACTED] sustained numerous bruises to the right hand.

## Plan of Correction

Directed ( [REDACTED] 11/21/2025)

On October 18, 2025, staff person "A" immediately separated resident [REDACTED] and resident [REDACTED] and notified the Director of Health and Wellness.

Staff Person "A" notified Adult Protective Services at 8:34 PM on October 18, 2025.

Resident [REDACTED] and Resident [REDACTED] were both placed on 15-minute checks until October 19, 2025, at 9 AM.

Resident [REDACTED] moved into the community on October 15, 2025, but does not have history of abuse or violence. A GeriPsych evaluation, labs and a UA were ordered from the resident's physician on October 21, 2025. Resident [REDACTED] did have a UTI and was treated with an antibiotic.

Beginning on 11/21/2025, Resident [REDACTED] has been included in hourly rounds for a total of 45 days. This will conclude on January 4, 2026.

During each shift, the nurse will document Resident [REDACTED]'s behavior, mood, and interactions in the EMAR, noting any signs of agitation, frustration, or aggression.

Hourly behavioral rounding will be completed by direct care associates, and each shift's documentation will be reviewed daily by the Director of Health and Wellness. Any concerning behaviors will be immediately escalated to the DHW/ED, and appropriate clinical follow-up—including provider and family notification—will be initiated.

If Resident [REDACTED] displays any behavioral escalation during this 45-day monitoring period, an immediate reassessment will be completed and interventions adjusted accordingly.

At the conclusion of the 45 days, the DHW and ED will complete a residency appropriateness review to confirm that Resident [REDACTED] continues to meet the community's residency criteria and remains safe in this setting.

This review will include an evaluation of behavior trends, provider recommendations, family input, and the resident's ability to safely reside in the community.

All new admissions will be placed on 1 hour checks for the first 72 hours to monitor for any usual behavior or aggressive behavior during the transition to our community.

**42b - Abuse (continued)**

Executive Director / Designee will re-educate all associates on abuse and neglect at our All-Associate Meeting which will be held on November 25th and 26th. All associates will be educated by December 28, 2025. Documentation of education shall be kept in accordance with 2600.65i.

Director of the Artis Way Experience / Designee will interview 3 residents weekly beginning the week of November 9th, 2 residents weekly beginning the week of December 2nd and 1 resident weekly beginning the week of January 4th. This is to ensure that residents are not neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. This will conclude on January 30, 2026. All interviews will be kept in the administrator's office.

The review of this incident along with the review of the re-educations and resident interviews will be reviewed at our QA meetings on November 19th, December 17th, January 21st, February 18th.

Proposed Overall Completion Date: 11/25/2025

Directed Completion Date: 12/28/2025

Implemented (██████ 01/05/2026)

**141b1 - Annual Medical Evaluation****2. Requirements**

2600.

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

**Description of Violation**

Resident ██████ most recent medical evaluation, dated ██████, does not include resident ██████ height, weight, pulse rate, blood pressure, temperature or a determination that resident ██████'s needs can be met safely at the personal care home. These sections of resident ██████'s medical evaluation are blank.

**Plan of Correction**

Accept ██████ - 11/17/2025)

A new DME was completed for Resident ██████ by the physician on 11/11/2025. All of the sections of the DME are properly filled out.

The Executive Director re-educate the Director of Health and Wellness on November 7, 2025, of regulation 141b1. Documentation of Education shall be kept in accordance with 2600.65i. See attached for documentation.

The Director of Health and Wellness / Designee completed a full audit of all DME's to ensure that all sections are properly filled out. This audit was completed on November 9, 2025. See attached for documentation.

The Director of Health and Wellness will attend on December 8, 2025, an 8-hour CEU on "Writing, Completing & Implementing Initial Assessments & Support Plans, Cultural Competency".

Beginning November 17, 2025, all DME's will be reviewed by the Director of Health and Wellness / Designee and Executive Director / Designee to ensure that all sections are properly filled out. This audit will last for 3 months and will conclude on February 17, 2025.

**141b1 - Annual Medical Evaluation (continued)**

*Audits will be reviewed at our QA meetings on November 19th, December 17th, January 21st, February 18th.*

**Licensee's Proposed Overall Completion Date:** 12/08/2025

**Implemented** (████ - 01/05/2026)

**225c - Additional Assessment****3. Requirements**

2600.

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

1. Annually.

**Description of Violation**

Resident ██████'s most recent medical evaluation, dated ██████ includes diagnoses of ██████, ██████, and ██████; however, these diagnoses are not indicated on resident ██████'s most recent assessment, dated ██████.

**Plan of Correction**

**Accept** (████ 11/17/2025)

*The RASP was updated for Resident ██████ on November 7, 2025, to reflect all of the diagnosis that were included on the new DME which was dated for November 7, 2025. See attached for documentation.*

*The Executive Director re-educated the Director of Health and Wellness on November 7, 2025, of regulation 225c. Documentation of Education shall be kept in accordance with 2600.65i. See attached for documentation.*

*The Director of Health and Wellness / Designee completed a full audit of all RAPS's to ensure that all diagnosis' are listed on each resident's RASP. This audit was completed on November 9, 2025. See attached for documentation.*

*The Director of Health and Wellness will attend on December 8, 2025, an 8-hour CEU on "Writing, Completing & Implementing Initial Assessments & Support Plans, Cultural Competency".*

*Beginning November 17, 2025, all RAPS's will be reviewed by the Director of Health and Wellness / Designee and Executive Director / Designee to ensure that all diagnosis' are included. This audit will last for 3 months and will conclude on February 17, 2025.*

*Audits will be reviewed at our QA meetings on November 19th, December 17th, January 21st, February 18th.*

**Licensee's Proposed Overall Completion Date:** 12/08/2025

**Implemented** (████ - 01/05/2026)