

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 11/10/2025 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

**Type:** R-4      **Date:** 08/18/2018      **Issued By:** Lower Makefield Township

## Staffing Hours

**Resident Support Staff:** 0      **Total Daily Staff:** 128      **Waking Staff:** 96

## Inspection Information

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Incident      **Exit Conference Date:** 11/10/2025

## Inspection Dates and Department Representative

11/10/2025 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 72      **Residents Served:** 64

## Secured Dementia Care Unit

**In Home:** Yes      **Area:** Whole Home      **Capacity:** 72      **Residents Served:** 64

## Hospice

**Current Residents:** 9

## Number of Residents Who:

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 63  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 64      **Have Physical Disability:** 1

## Inspections / Reviews

11/10/2025 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 12/20/2025

12/22/2025 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 01/09/2026  
**Reviewer:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 12/26/2025

Inspections / Reviews *(continued)*

12/29/2025 POC Submission

Submitted By: [REDACTED] Date Submitted: 01/09/2026

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 01/09/2026

02/03/2026 Document Submission

Submitted By: [REDACTED] Date Submitted: 01/09/2026

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 assessment and support plan, dated [redacted], for Resident [redacted] indicates the resident requires assistance with direct supervision 24 hours a day. On [redacted] and [redacted], the resident did not receive this assistance as required, which resulted with Resident [redacted] being involved in altercations with other residents.

Plan of Correction

Accept ([redacted] - 12/29/2025)

On 11/24/2025 The Executive Director and Director of Health and Wellness took immediate action to audit all resident support plans to ensure the required assistance is being provided. In addition, starting 12/22/2025, hourly check sign-ins will be audited weekly by the Director of Health and Wellness, or the Executive Director. These audits will remain in place and shall be continuous and ongoing.

In addition, The Executive Director, The Director of Health and Wellness, and Director of community integration will conduct in-services from 12/28/2025-01/02/2025 on the topic of Assisting with ADL's and PA 2600.23a

Licensee's Proposed Overall Completion Date: 12/26/2025

Implemented ([redacted] - 02/03/2026)

121a - Unobstructed Egress

2. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [redacted] at 9:23 A.M., a mattress, a bedframe, and a cart blocked egress from the home's emergency exit between the neighborhood center and the 300 hall entrance.

Plan of Correction

Accept ([redacted] - 12/29/2025)

On 11/10/2025, immediate action was taken to correct the violation of 2600.121a by the Executive Direction and Director of Environmental Services. All items were immediately cleared from the neighborhood center egress. In addition, on 11/11/2025 the Executive Director conducted an in-service with the Environmental Service, and housekeeping team covering 2600.121a and the importance of clear egresses.

In addition, the Director of Environmental Services has added specific "Egress Clear" task to the housekeeping daily checklist, which the Director of Environmental will audit weekly to ensure ongoing compliance. This daily check will occur daily starting 12/28/2025 and shall remain ongoing indefinitely.

Licensee's Proposed Overall Completion Date: 12/26/2025

Implemented ([redacted] - 02/03/2026)

185a - Implement Storage Procedures

3. Requirements

**185a Implement Storage Procedures (continued)**

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**

Resident # [REDACTED] narcotic control log was missing the date of administration and the signature of the staff member who administered their [REDACTED] on [REDACTED].

**Plan of Correction****Accept [REDACTED] - 12/22/2025)**

On 11/18/2025, The Director of Health and wellness conducted an in-service with all Nurses and Med Techs as further education regarding PA Coded 2600.185a. An audit of all control logs was conducted on 11/18/2025. All carts and control logs continue to be audited on a weekly basis. The audit is conducted by the Coordinator of Health and Wellness, and a secondary audit is conducted by the Director of Health and Wellness. These audits a part of weekly test of the CHW & DHW and shall remain in place indefinitely.

Licensee's Proposed Overall Completion Date: 12/19/2025

**Implemented [REDACTED] 02/03/2026)****187d Follow Prescriber's Orders****4. Requirements**

2600.

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

**Description of Violation**

Resident [REDACTED] is prescribed [REDACTED] by mouth every 6 hours as needed. However, Resident [REDACTED] was administered:

1. [REDACTED]

3. [REDACTED]

Repeat Violation: [REDACTED]

**Plan of Correction****Accept [REDACTED] - 12/22/2025)**

On 11/18/2025, The Director of Health and wellness conducted an in-service with all Nurses and Med Techs as further education regarding PA Coded 2600.187d. An audit of all orders were conducted on 11/18/2025 & 11/19/2025. All carts continue to be audited on a weekly basis. The audit is conducted by the Coordinator of Health and Wellness, and a secondary audit is conducted by the Director of Health and Wellness. These audits a part of weekly task of the CHW & DHW and shall remain in place indefinitely.

Licensee's Proposed Overall Completion Date: 12/19/2025

**Implemented [REDACTED] - 02/03/2026)**