

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

March 6, 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 01/12/2026 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:** 69 **Waking Staff:** 52

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 01/12/2026

Inspection Dates and Department Representative

01/12/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 72 **Residents Served:** 68

Secured Dementia Care Unit

In Home: Yes **Area:** Entire Home **Capacity:** 72 **Residents Served:** 68

Hospice

Current Residents: 18

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 68
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 1 **Have Physical Disability:** 0

Inspections / Reviews

01/12/2026 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/15/2026

02/17/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 03/06/2026
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/20/2026

Inspections / Reviews *(continued)*

02/23/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/06/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/06/2026

03/06/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/06/2026

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 9:00 p.m., resident [REDACTED] struck resident [REDACTED] in the face and pushed resident [REDACTED] to the floor. Resident [REDACTED] struck the back of [REDACTED] head when [REDACTED] fell to the floor knocking [REDACTED] unconscious. Resident [REDACTED] was transported to St. Clair Hospital by ambulance.

On [REDACTED] at 2:10 p.m., resident [REDACTED] grabbed the left arm of resident [REDACTED], and proceeded to pinch and scratch resident [REDACTED] arm causing broken skin and two minor scratches on the left inner arm.

Plan of Correction

Accept [REDACTED] - 02/23/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 12/01/2025 the Care Partner immediately separated resident [REDACTED] from resident [REDACTED] and the Executive Director was immediately notified of the incident.
2. on 12/01/2025 the Executive Director contacted Adult Protective Services at 9:56 PM.
3. on 12/02/2025 Resident [REDACTED] began antibiotics for a [REDACTED].
4. on 01/01/2026 the Life Enrichment Assistant immediately separated resident [REDACTED] and resident [REDACTED] from each other. The Executive Director was immediately notified of the incident.
5. on 01/01/2026 the Senior Director of Community Integration notified Adult Protective Services of the incident at 3:35 PM.
6. on 12/02/2025 The Director of Health and Wellness updated the care plan for resident [REDACTED] to monitor every hour for anxiety / agitation and report concerns to the nurse or med tech. The documentation in ALIS lasted until 1/16/26.

To enhance the currently compliant operations:

1. on 12/02/2025 the Nurse / Med Tech began to document on each shift resident [REDACTED] behavior, mood and interactions in the EMAR noting any signs of agitation, frustration, or aggression for 45 days. Hourly behavioral rounding will be completed by direct care staff, and each shift's documentation will be reviewed daily by the Director of Health and Wellness, with a completion date of 01/16/2026.
2. on 01/01/2026 the Nurse / Med Tech began to document on each shift both resident #3's and resident #4's behavior, mood and interactions in the EMAR noting any signs of agitation, frustration, or aggression for 30 days. Each shift's documentation will be reviewed daily by the Director of Health and Wellness, with a completion date of 01/30/2026.

Implementation of preventive actions will be overseen by the Director of Health and Wellness, with an overall completion date of 01/30/2026.

The RASP for resident #2 was updated on 2/17/2026 by the Director of Health and Wellness to reflect increase aggression. DCS will monitor for increased agitation and will report any concerns to the nurse / med tech. Prolonged aggression will result in a behavioral health evaluation as well as a medication reconciliation.

The RASP for resident #3 was updated on 2/18/2026 by the Director of Health and Wellness to reflect increased

42b - Abuse (continued)

agitation and aggression. DCS will monitor for increased agitation and aggression and will report any concerns to the nurse / med tech. Prolonged agitation and aggression will result in a behavioral health evaluation as well as a medication reconciliation.

The Director of Community Integration / Designee will continue to perform weekly interviews of residents, through 05/29/2026 to maintain ongoing compliance. We will interview 3 residents weekly until April 3rd, 2 residents weekly beginning the week of April 6th and 1 resident weekly beginning the week of May 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. All interviews will be kept in the administrator's office. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Executive Director for further review and continuous improvement purposes at our monthly QA meeting. The next QA meeting is scheduled for February 18, 2026.

Brenda Richy, National Director of Community Integration will conduct a virtual training with all direct care staff on Wednesday, March 4th regarding "Handling Residents with Challenging Behaviors". All direct care staff will be required to watch the training by Wednesday, March 25th. Documentation of education shall be kept in accordance with 2600.65i.

Licensee's Proposed Overall Completion Date: 03/04/2026

Implemented [REDACTED] 03/06/2026)

161d - Dietary Needs**2. Requirements**

2600.

161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Description of Violation

On [REDACTED] physician orders were issued for resident [REDACTED] for a special diet of mechanical soft food. However, resident [REDACTED] was served a regular textured diet until [REDACTED]

Plan of Correction

Accepted [REDACTED] 02/23/2026)

The physician for resident [REDACTED] wrote an order for mechanical soft diet on 12/18/25. The first order was included from hospital discharge summary on 12/5/2025. The 3-11 Med Tech on 12/18/25 gave culinary the updated diet order. Resident #1 received mechanical soft food starting on 12/19/25. The diet order was updated in ALIS on 12/19/25 by Paul, LPN to reflect the new diet order.

In response to the violation on 01/12/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/11/2026 by the Executive Director to re-educate the Director of Health and Wellness and Director of Culinary Services of regulation 161d to ensure regulatory compliance. Documentation of education shall be kept in accordance with 2600.65i.

To enhance the currently compliant operations, on 02/11/2026 the Director of Health and Wellness /Designee will complete an audit of all resident diets to ensure that they are accurate and reflect the current physician order, with a completion date of 02/15/2026. Documentation of the audit shall be kept in the administrators office.

161d - Dietary Needs (continued)

The Director of Health and Wellness /Designee will re-educate the nurses and med techs of regulation 161d to ensure that we are in regulatory compliance, with a completion date of 02/18/2026. Documentation of education shall be kept in accordance with 2600.65i.

Effective 02/16/2026 the Director of Health and Wellness will reviews all physician dietary orders, in the absence of the Director of Health and Wellness the Coordinator of Health and Wellness will review orders this will occur in real time. Ensuring each resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian are met, and to keep documentation of each resident's special dietary needs in each resident's record. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes at our monthly QA meeting. The next QA meeting is scheduled for February 18, 2026.

Licensee's Proposed Overall Completion Date: 02/18/2026

Implemented [REDACTED] - 03/06/2026)

225c - Additional Assessment**3. 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 # [REDACTED] assessment, dated [REDACTED], was not updated to include a change from a regular texture diet to a mechanical soft diet on [REDACTED].

Plan of Correction

Accept ([REDACTED] 02/17/2026)

Resident [REDACTED] moved out of the community on January 8, 2026.

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken beginning on 02/03/2026 the Director of Health and Wellness / Designee will complete a full audit of all RASPs to ensure that all diets are accurate on each resident's RASPs, with a completion date of 02/15/2026. Corrections will be completed by 2/20/2026. Documentation of the audit shall be kept in the administrators office.

Effective 02/16/2026 the Executive Director and Director of Health and Wellness will perform weekly reviews through 07/31/2026 to maintain ongoing compliance reviewing any new or updated RASPs to ensure that all diets are accurate. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes at our monthly QA meetings. The next QA meeting is scheduled for February 18, 2026.

Licensee's Proposed Overall Completion Date: 02/20/2026

Implemented [REDACTED] - 03/06/2026)