

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

February 20, 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 01/20/2026, 01/21/2026 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-1 **Date:** 04/19/2018 **Issued By:** Municipality of Bethel Park

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 136 **Waking Staff:** 102

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 01/21/2026

Inspection Dates and Department Representative

01/20/2026 - On-Site: [REDACTED]
01/21/2026 - 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: 19

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: 68 **Have Physical Disability:** 1

Inspections / Reviews

01/20/2026 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/04/2026

02/05/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 02/19/2026
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/11/2026

Inspections / Reviews *(continued)*

02/12/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/19/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/20/2026

02/20/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/19/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

25b - Contract Signatures

1. 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

Resident [redacted] resident-home contract, dated [redacted], is not signed by resident [redacted]

Resident [redacted] was admitted to the home on [redacted]; however, resident [redacted] resident-home contract, dated [redacted] was not signed by resident [redacted] until [redacted]

Plan of Correction

Directed [redacted] - 02/12/2026)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/03/2026 by the The Executive Director to re-educate the Director of Sales and Marketing of regulation 25b to ensure regulatory compliance. Documentation of education shall be kept in accordance with 2600.65i.

On 2/5/2026 the Director of Sales and Marketing completed a full audit of all residency agreements to ensure that all contracts are signed by the resident. Please see attached for the audit.

On 2/6/2026 Resident [redacted] signed the residency agreement. See attached for signed agreement

Effective 02/03/2026 the Executive Director / Designee will review all new resident agreements 24 hours after admission to maintain ongoing compliance ensuring that both the resident and designated person has signed the agreement. 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. (DIRECTED: Documentation of the quality management meeting shall be kept. [redacted] 2/12/26).

Proposed Overall Completion Date: 02/11/2026

Directed Completion Date: 02/18/2026

Implemented [redacted] - 02/20/2026)

89a - Water Pressure

2. Requirements

2600.

89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

On [redacted] at 11:28am, the hot water temperature at resident [redacted] private bathroom sink was 56.6 degrees Fahrenheit.

89a Water Pressure (continued)

Plan of Correction**Directed** [REDACTED] - 02/12/2026)

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

1. On 01/20/2026 Mark Allen Plumbing corrected the water temperature for resident [REDACTED]'s sink. The water temperature was adjusted to 80 degrees. Mark Allen Plumbing did order a new mixing valve for this suite, which will be installed once it arrives.
2. On 01/28/2026 The Executive Director re educated The Director of Environmental Services of regulation 89a to ensure regulatory compliance. Documentation of education shall be kept in accordance with 2600.65i.
3. On 2/6/2026 The mixing valve was replaced on resident [REDACTED] sink by Mark Allen Plumbing. See attached for documentation.

To enhance the currently compliant operations, on 02/03/2026 the Director of Environmental Services did an initial audit of water temperatures of all resident sinks and showers. Any water temperatures below 80 degrees Fahrenheit or above 120 degrees Fahrenheit will be immediately corrected. This audit was completed on February 3, 2026. See attachment for audit sheet.

Effective 02/09/2026 the Director of Environmental Services will perform weekly audits which will be ongoing to check all four neighborhoods to ensure the water temperatures are between 80 120 degrees Fahrenheit. During the weekly audits, four resident suites in each neighborhood will be taken along with rotating between the kitchen and laundry areas in each neighborhood. A total of 20 water temperatures will be taken weekly. This audit will be ongoing, and the documentation will be uploaded into TELS. 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. (DIRECTED: Documentation of the quality management meeting shall be kept. [REDACTED] 2/12/26).

Proposed Overall Completion Date: 02/13/2026

Directed Completion Date: 02/18/2026

Implemented [REDACTED] - 02/20/2026)

101j7 - Lighting/Operable Lamp

3. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On [REDACTED] at 11:11am, resident # [REDACTED]'s bedside lamp was approximately 6' from resident [REDACTED] bed and could not be turned on/off from bedside.

Plan of Correction**Directed** [REDACTED] - 02/12/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/20/2026 by the Executive Director to place a push button light on Resident [REDACTED]'s bed to ensure that this suite was in compliance of regulation 101j7. See attachment for photo.

101j7 Lighting/Operable Lamp (continued)

To enhance the currently compliant operations, on 02/02/2026 the Director of Community Integration completed a full audit of every resident suite to ensure that an operable lamp or other source of light can be turned on at bedside. See attachment for audit.

On February 3, 2026, The Executive Director sent the following communication via Voicefriends (voice message, text message and email) to families:

Hello,

This is a friendly reminder letting you know that all suites are required to have an operable lamp or other source of lighting that can be turned on at bedside. Please notify the concierge team if you encounter any issues while visiting and we will get it corrected immediately.

Take Care,

Dan Hass, Executive Director

Please see the attachment for documentation and receipt of delivery.

Effective 02/09/2026 the Director of Environmental Services /Designee will inspect 8 suites weekly (2 on each neighborhood) to ensure that an operable lamp or other source of light can be turned on at bedside these inspections will be through 05/01/2026. Beginning 05/03/2026 the Director of Environmental Services will inspect 4 suites monthly (1 on each neighborhood) this will conclude on 7/31/2026. 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 meet is scheduled for February 18, 2026. (DIRECTED: Documentation of the quality management meeting shall be kept [REDACTED] 2/12/26).

Proposed Overall Completion Date: 02/13/2026

Directed Completion Date: 02/18/2026

Implemented [REDACTED] - 02/20/2026)

103g - Storing Food**4. Requirements**

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On [REDACTED] at 1:30pm, there were 4 cheesecake trays open and unsealed in the kitchen walk in cooler.

Plan of Correction

Accept [REDACTED] - 02/05/2026)

In response to the violation on 01/20/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. On 01/20/2026 The Director of Culinary Services immediately cut the 4 trays of cheesecake and plated and covered them to be served for dessert that evening.
2. On 02/03/2024 The Executive Director re educated The Director of Culinary Services of regulation 103g to ensure regulatory compliance. Documentation of education shall be kept in accordance with 260.65i.

To enhance the currently compliant operations, on 02/03/2026 the The Director of Culinary Services will will re educate the entire culinary department of regulation 103g to ensure that we are in regulatory compliance, with a completion date of 02/06/2026.

103g - Storing Food (continued)

Effective 02/02/2026 The Director of Culinary Services /Designee will perform weekly inspections through 04/03/2026 to maintain ongoing compliance with ensuring food is stored in closed or sealed containers. 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: 02/06/2026

Implemented [redacted] - 02/20/2026)

132c - Fire Drill Records

5. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill records for the following fire drills do not indicate the specific fire-safe areas used and only indicate "behind fire doors" or "all exit past fire doors". According to the most recent documentation from a fire safety expert, dated [redacted], the home has numerous internal fire-safe areas:

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

REPEAT VIOLATION: [redacted], et. al.

Plan of Correction

Accept [redacted] - 02/05/2026)

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

1. On 01/28/2026 The Executive Director re-educated The Director of Environmental Services of regulation 132c to ensure we are in regulatory compliance. Documentation of education shall be kept in accordance with 260.65i.
2. On 01/28/2026 The Executive Director added a master key to the Fire Drill Record to indicate the 5 different areas of refuge in the community. See attachment.

132c - Fire Drill Records (continued)

Effective 01/29/2026 The Executive Director will perform monthly reviews ongoing to maintain compliance with ensuring that each written fire drill record includes the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative. 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: 02/02/2026

Implemented [REDACTED] 02/20/2026)

141b1 - Annual Medical Evaluation**6. Requirements**

2600.

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

Description of Violation

Resident [REDACTED] most recent medical evaluation, dated [REDACTED], does not include a determination that resident # [REDACTED] needs can be met safely at the personal care home. This section of resident [REDACTED] most recent medical evaluation is blank.

REPEAT VIOLATION: [REDACTED]

Plan of Correction

Accept [REDACTED] - 02/05/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/21/2026 by the Director of Health and Wellness to correct the DME for resident [REDACTED] with the consent of the residents physician to determine "needs can be met safely at the personal care home". See attachment for corrected DME.

To enhance the currently compliant operations, on 02/03/2026 the Executive Director /Designee will complete a full audit of all DME's to ensure that all sections are properly filled out, with a completion date of 02/08/2026. Corrections will be completed by 2/13/2026.

Effective 02/09/2026 the Executive Director and Director of Health and Wellness will review all new DME's through 07/31/2026 to maintain ongoing compliance to ensure that all sections are properly filled out. 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: 02/08/2026

Implemented [REDACTED] - 02/20/2026)

225c - Additional Assessment

7. Requirements

2600.

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

- 1. Annually.

Description of Violation

Resident [redacted] most recent assessment, dated [redacted], does not include the diagnoses of [redacted], [redacted] and [redacted] as indicated on resident [redacted] most recent medical evaluation, dated [redacted]

Resident [redacted] most recent assessment, dated [redacted] does not include the diagnoses of [redacted], [redacted] and [redacted] as indicated on resident [redacted]s most recent medical evaluation, dated [redacted].

Plan of Correction

Accept [redacted] - 02/05/2026)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/21/2026 by the Director of Health and Wellness to update the assessment of resident [redacted] and resident [redacted] to reflect all of their current medical diagnoses. Attached are the updated assessments for both residents.

To enhance the currently compliant operations, on 02/03/2026 the Director of Health and Wellness will complete a full audit of all RASPs to ensure that all diagnosis' are listed on each resident's RASPs, with a completion date of 02/15/2026. Corrections will be completed by 2/20/2026.

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 diagnoses are listed. 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] - 02/20/2026)