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

July 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 05/12/2026 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

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *126* **Waking Staff**: *95*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Incident* **Exit Conference Date**: *05/13/2026*

Inspection Dates and Department Representative

05/12/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *72* **Residents Served**: *63*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Entire home* **Capacity**: *72* **Residents Served**: *63*

Hospice

Current Residents: *19*

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: *63* **Have Physical Disability**: *1*

Inspections / Reviews

05/12/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/04/2026*

06/05/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *06/30/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/11/2026*

Inspections / Reviews *(continued)*

06/12/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *06/30/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *06/30/2026*

07/06/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/30/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.
15.a. The residence shall immediately report suspected abuse of a home served in the resident's in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] at approximately 11:30pm, residents [redacted] and [redacted] reported an allegation of physical abuse to numerous staff persons against direct care staff person A involving resident [redacted] however, this allegation of abuse was not reported to the local Area Agency on Aging until [redacted] at 3:17pm.

Plan of Correction ***Directed [redacted] - 06/12/2026)***

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

The Executive Director was notified on May 2, 2026 at 12:35 AM. Staff Member "A" was immediately removed from resident care duties at 12:48 AM and suspended pending investigation in accordance with Adult Protective Services requirements. The allegation was reported to Adult Protective Services on May 2, 2026 at 3:17 PM. Staff Member "A" was terminated on May 14, 2026.

To ensure no other residents were affected, the Executive Director / Designee will conduct a review of all incident reports and abuse allegations for the previous 30 days to verify that all suspected abuse was reported immediately as required. This will be completed by Monday, June 8, 2026.

To prevent recurrence, the facility reviewed and reinforced its abuse reporting policy to clarify that all suspected abuse must be reported immediately upon allegation, without delay and without waiting for completion of an internal investigation. All staff will receive mandatory re-education on Regulation 2600.15(a), the Older Adult Protective Services Act, and required reporting procedures. Training will be conducted at All Associate Meetings on June 8, 2026 and June 12, 2026, with all staff educated no later than June 30, 2026. The facility has implemented a clear reporting protocol requiring any staff member receiving an allegation to immediately report to the Administrator/designee and ensure a report is made to Adult Protective Services without delay. Documentation of education shall be kept in accordance with 2600.65i.

To monitor ongoing compliance, the Executive Director / designee will audit all incident reports involving allegations of abuse weekly to ensure reports are made immediately upon allegation. Findings will be corrected and reviewed internally for continuous improvement purposes at our monthly QA meeting. This will begin on June 8, 2026. The next QA meeting is scheduled for June 17th and July 15th. Documentation of the Quality Management meetings shall be kept in the administrator's office.

Proposed Overall Completion Date: 06/17/2026

Directed Completion Date: *06/30/2026*

Implemented [redacted] - 07/06/2026)

42b - Abuse

2. 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

According to numerous interviews, on [redacted] at approximately 11:30pm, direct care staff person A entered resident [redacted] bedroom where residents [redacted] and [redacted] were visiting with one another. Direct care staff person A forcibly grabbed resident [redacted] and began pulling resident [redacted] out of resident [redacted] bedroom, at which time direct care staff person A then pushed resident [redacted] to the ground directly outside resident [redacted] bedroom. After resident [redacted] fell to the ground, direct care staff person A attempted to pick up resident [redacted] and put [redacted] in a wheelchair; however, was unsuccessful. Several direct care staff persons responded to the incident, at which time residents [redacted] and [redacted] reported that direct care staff person A pushed resident [redacted] to the ground. Several staff persons reported that resident [redacted] was complaining of pain in [redacted] right leg and hip; however direct care staff persons A and B assisted resident [redacted] off the floor and into a wheelchair, then transferred resident [redacted] into [redacted] bed. According to the home's "Fall Management Program" policy at the time of the incident, a "fall will be immediately reported to the nurse, and the nurse will evaluate the resident for injury....the licensed nurse will assess the resident to determine if the resident requires transfer to the hospital for evaluation. The resident will not be moved until the nurse determines that there is no obvious injury to the resident." Direct care staff persons A and B are not nurses. Resident [redacted] was transported to the hospital and was admitted with a fracture of the [redacted], requiring surgery and follow-up rehabilitation at a skilled nursing facility. According to numerous staff person interviews, direct care staff person A admitted to pushing resident [redacted] to the floor after resident [redacted] bit direct care staff person A in the arm. Additionally, numerous staff persons reported that direct care staff person A stated that [redacted] hoped resident [redacted] did break [redacted] leg.

Repeated Violation-[redacted]

Plan of Correction ***Directed [redacted] - 06/12/2026)***

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

The Executive Director was notified on May 2, 2026 at 12:35 AM. Staff Member "A" was immediately removed from resident care duties at 12:48 AM and suspended pending investigation in accordance with Adult Protective Services requirements. . The allegation was reported to Adult Protective Services on May 2, 2026 at 3:17 PM. Staff Member "A" was terminated on May 14, 2026.

The Director of Health and Wellness educated all Nurses and Med Techs of our modified fall policy. This was completed on May 14, 2026. The community has made modifications to further outline fall response procedures based on specific circumstances, including when a nurse is on duty, when no nurse is present but the Director of Health & Wellness is in the community, and when both are unavailable, in which case the Medication Technician is designated to lead the process. Additional guidance has been incorporated to address hospice-related exceptions. The updated policy also outlines fall follow-up response procedures in a clear, step-by-step sequence to ensure timely and appropriate action, including prioritizing emergency medical services activation prior to notifying the power of attorney when hospitalization is indicated.

To prevent recurrence, all staff will receive mandatory re-education on Regulation 2600.42b - Abuse by the Executive Director / Designee. Training will be conducted at All Associate Meetings on June 8, 2026 and June 12, 2026, with

42b Abuse (continued)

all staff educated no later than June 30, 2026. Documentation of education shall be kept in accordance with 2600.65i.

The Director of Community Integration / Designee will continue weekly interviews of residents through December 31, 2026 to maintain ongoing compliance. We will interview 1 resident weekly to ensure that residents are not neglected, intimated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. All interview's 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 for June 17, 2026. Documentation of the Quality Management meetings shall be kept in the administrator's office.

Artis Senior Living does not operate a formalized manager rounding program with a defined schedule or documentation log. Instead, Executive Directors, department leaders and direct care staff are expected to maintain consistent and visible presence throughout the community as an integral component of their daily responsibilities. This presence includes routine observation of resident living areas, meaningful engagement with residents and team members, and active oversight of community operations throughout the course of each workday. The timing and frequency of leadership visibility across the community will naturally vary based on resident needs, staffing considerations, operational priorities, and other community activities occurring at any given time. Leadership presence and engagement is a part of daily management practice rather than captured through a structured rounding schedule or a dedicated tracking tool.

Proposed Overall Completion Date: 06/17/2026

Directed Completion Date: 06/30/2026

Implemented [redacted] - 07/06/2026)