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

September 4, 2026

[redacted], ADMINISTRATOR
ARTIS SENIOR LIVING OF LEMOYNE LLC
[redacted]

RE: ARTIS SENIOR LIVING OF WEST SHORE
150 NORTH 12TH STREET
LEMOYNE, PA, 17043
LICENSE/COC#: 33370

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/01/2026, 07/02/2026 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 WEST SHORE* **License #**: *33370* **License Expiration**: *12/01/2026*

Address: *150 NORTH 12TH STREET, LEMOYNE, PA 17043*

County: *CUMBERLAND* **Region**: *CENTRAL*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *ARTIS SENIOR LIVING OF LEMOYNE LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-1* **Date**: *10/04/2017* **Issued By**: *Borough of Lemoyne*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *124* **Waking Staff**: *93*

Inspection Information

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

Reason: *Renewal, Complaint, Incident* **Exit Conference Date**: *07/10/2026*

Inspection Dates and Department Representative

07/01/2026 - On-Site: [redacted]

07/02/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *64* **Residents Served**: *62*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Entire Home* **Capacity**: *64* **Residents Served**: *62*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *62*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *62* **Have Physical Disability**: *0*

Inspections / Reviews

07/01/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/09/2026*

08/10/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *09/03/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/17/2026*

Inspections / Reviews *(continued)*

08/13/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *09/03/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *09/04/2026*

09/04/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *09/03/2026*

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] Resident #2 hit Resident #1 with a cane. Resident #1 had [redacted]

On [redacted] Resident #3 punched Resident #4 in the head, knocking Resident #4 to the ground. Resident #3 then dragged Resident #4 by the hair resulting in Resident #4 receiving [redacted]

On [redacted] Resident #5 pushed Resident #6 to the floor. On [redacted] Resident #5 grabbed and twisted Resident #6's arm, pushing Resident #6 out of the dining room.

Resident #7 is diagnosed with Dementia and Unspecified Urinary Incontinence. The resident's assessment dated [redacted] indicated Resident #7 requires some physical assistance toileting, with urinary incontinence-related problems, and with fecal-incontinence problems. The support plan for Resident #7, dated [redacted] indicated staff will provide some physical assistance with toileting, bladder incontinence, and bowel incontinence, making sure the resident is clean and dry. Multiple staff interviews indicated on [redacted] Resident #7 was found to be double-briefed.

Repeated Violation- 6/12/25

Plan of Correction ***Accept ([redacted] - 08/13/2026)***

Resident #2 was provided a 30 day discharge notice by the executive director on [redacted] Resident #2 physically departed the community on [redacted] Resident #2 had 1-1 in place until [redacted] physical departure from the community.

Resident #3 had received a 30 day discharge notice from the executive director on [redacted] Resident physically departed the community on [redacted] Resident #3 had 1-1 in place through outside agency from [redacted] Incident occurred as a result of 1-1 caregiver not arriving on shift. Executive Director spoke with family after the incident, as well as 1-1 caregiver agency to ensure coverage would not lapse until resident departed on [redacted] No further lapse in coverage occurred, and no further incidents regarding resident #3 occurred.

All staff education regarding resident #5 and resident #6 was conducted by the director of health and wellness on 7/13/2026.

Staff members intervened in all listed cases, and no further harm came to any resident. Residents were monitored hourly for 72 hours. Residents were monitored for any further interactions following the incidents and no further altercations occurred.
Staff members were altered to the incidents via the communities 24 hours report and shift huddles.
Residents support plans were updated by the Director of Health and Wellness to reflect the behaviors on 7/30/2026 for residents #5,6,and,7. All other residents no longer resident in the community. Further adjustments will be made by the director of health and wellness to any support plan as needed.

Over night care to resident #7 was narrowed down to a specific assignment. Care giver responsible for the

42b - Abuse (continued)

inappropriate behavior is no longer employed at Artis Senior Living. All staff education regarding double briefing had occurred at all staff meetings on 6/23/2026. Educational topic regarding proper care and changing of residents will be conducted by DHW monthly for 3 months starting 8/28/2026.

All staff education on Abuse and Neglect was conducted on 7/23/2026, by the executive director and health and wellness director.
Monthly staff meetings including abuse and neglect will be conducted by the executive director or designee for three months starting on 7/23/2026.

Beginning 8/28/2026, for a period of 3 months, the director of health and wellness or designee will perform 3 daily resident checks, which will include resident #7 to ensure that double-briefing is not occurring.

Beginning 8/28/2026, for a period of 3 months, the executive director or designee will interview two caregivers per week, to determine if this a continued concern with double-briefing.

Licensee's Proposed Overall Completion Date: *08/28/2026*

Implemented ([redacted] - 09/04/2026)

54a - Direct Care Staff

2. Requirements

2600.
54.a. Direct care staff persons shall have the following qualifications:
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct Care Staff Member C attended a non-U.S. educational institution. The home does not have a Department-issued waiver for Staff Member C's employment.

Direct Care Staff Person D attended a non-U.S. educational institution. The home does not have a Department-issued waiver for Staff Person D's employment.

Plan of Correction ***Accept ([redacted] - 08/13/2026)***

Immediately, an audit was conducted by the director of business services to determine if any remaining care givers had non-U.S education. One additional active caregiver was identified on the audit.

On 7/16/2026, executive director provided a letter to the residents indicating a 30 notice that Artis would be requesting waivers for the associates with non-US education.

Until the waiver can be obtained, or educational requirements satisfied, the identified associates will be reassigned by the director of health and wellness to different departments and job duties.

Education will be provided by 8/28/2026 to the director of business services by the executive director regarding

54a Direct Care Staff (continued)

appropriate education documentation relating to educational backgrounds for caregivers.

Beginning 8/28/2026, for a period of 3 months, the executive director will review all educational credentials for new caregivers prior to hire to ensure compliance.

Licensee's Proposed Overall Completion Date: *08/28/2026*

Implemented (- 09/04/2026)

141a 1-10 Medical Evaluation Information

3. Requirements

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #3's medical evaluation, dated , did not indicate the resident's health status, or if the resident's needs can be met safely at the Personal Care Home.

Repeated Violation 6/12/25

Plan of Correction ***Accept (- 08/10/2026)***

Resident #3 no longer resides at Artis Senior Living. Resident #3 departed Artis senior living on
By 8/28/2026, an audit on all current residents DMEs, will be conducted by the director of health and wellness, or designee to ensure that all residents health status's and if the residents needs can be safely met in the home are checked and documented.
Education will be provided to the director of health and wellness by the executive director regarding proper DME documentation by 8/28/2026
For a period of 3 months, starting 8/1/2026, all new DMEs will be reviewed by the health and wellness director and executive director to ensure completion.

Licensee's Proposed Overall Completion Date: *08/28/2026*

Implemented (- 09/04/2026)

141b1 - Annual Medical Evaluation

4. Requirements

2600.

141b1 - Annual Medical Evaluation *(continued)*

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

Description of Violation

Resident #8's most recent medical evaluation was completed on [redacted] The resident's previous medical evaluation was completed on [redacted]

Resident #9's most recent medical evaluation was completed on [redacted] The resident's previous medical evaluation was completed on [redacted]

Repeated Violation- 6/12/25

Plan of Correction ***Accept ([redacted] - 08/10/2026)***

By 8/14/2026, the director of health and wellness, or designee, will conduct an audit of all DME's for current residents to ensure the forms are completed and within annual limits. Updated DMEs will be requested from the residents PCPs as needed.
For a period of 3 months, starting 8/1/2026, the executive director and health and wellness director will review all new resident DMEs to ensure they meet proper timeframes.
Education will be provided to the director of health and wellness by the executive director regarding proper DME documentation and criteria by 8/28/2026.
For one year, beginning 8/1/2026 a the health and wellness director will review all DMEs quarterly to ensure all documentation is in compliance.

Licensee's Proposed Overall Completion Date: *08/28/2026*

Implemented ([redacted] - 09/04/2026)

183b - Meds and Syringes Locked

5. Requirements

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 7/2/26 at 10:26 AM, Vicks VapoRub, prescribed for Resident #8, was unlocked, unattended, and accessible in the resident's room.

Plan of Correction ***Accept ([redacted] - 08/10/2026)***

Immediately the medication was secured in the cart by the LPN on duty.

Immediately an inspection of resident rooms was conducted by health and wellness staff members to determine if there were any addition medications where were unsecured in resident rooms. Nothing was found.

Beginning 8/1/2026, for a period of 3 months, a weekly inspection will be conducted by the director of health and wellness, or designee to determine if there are any unsecured medications in residents rooms.

By 8/28/2026, the director of health and wellness will conduct a training with all med techs and nurses, regarding proper storage of medications.

183b - Meds and Syringes Locked *(continued)*

Licensee's Proposed Overall Completion Date: *08/28/2026*

Implemented ([redacted] - 09/04/2026)

183d - Prescription Current

6. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 7/1/26, Magnesium Oxide 250 mg, prescribed for Resident #4, was in the home's medication cart. However, this medication was discontinued on 6/15/26.

Repeated Violation- 6/12/25

Plan of Correction ***Accept ([redacted] - 08/10/2026)***

Immediately the expired medication was removed from the cart by the LPN on duty.

Immediately an audit of medication carts was conducted by med tech staff members to determine if there were any additional discontinued medications were in the medication carts. No further discontinued medications were found.

Beginning 8/1/2026, for a period of 3 months, a weekly audit will be conducted by the director of health and wellness, or designee to determine if there are any discontinued medications in the medication carts.

On 8/7/2026 the director of health and wellness conducted a training with all med techs and nurses regarding proper handling of discontinued medications.

Licensee's Proposed Overall Completion Date: *08/28/2026*

Implemented ([redacted] - 09/04/2026)

187a - Medication Record

7. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
3. Name of medication.
4. Strength.
6. Dose.
7. Route of administration.
8. Frequency of administration.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

On 6/29/26, Resident #4 was prescribed Morphine 20 mg/ml, give .25 ml orally three times daily at 8 AM, 12 PM, and 5 PM. On 6/30/26 this medication was delivered to the home and placed into the medication cart. However, the prescribed medication name, strength, dosage form, dose, route, administration times, diagnosis/purpose for this medication was not added to the residents' medication administration record.

187a - Medication Record (continued)

Plan of Correction ***Accept (- 08/10/2026)***

Immediately, the health and wellness director connected with the pharmacy to ensure that the medication was properly reflected on the MAR.

By 8/28/2026 the health and wellness director, or designee will conduct an audit on all MARs and medications stored in the medications carts to ensure that the medications are properly reflected on each residents MAR.

Beginning 8/14/2026 for a period of three months, the health and wellness director or designee will audit the medication carts and MARs monthly to ensure all prescribed medications are properly reflected on the MAR.

On 8/7/2026 the director of health and wellness conducted a training with all med techs and nurses regarding medications being properly reflected on the MAR.

Licensee's Proposed Overall Completion Date: *08/28/2026*

Implemented (- 09/04/2026)

187d - Follow Prescriber's Orders

8. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #4 is prescribed Morphine 20 mg/ml, give .25 ml orally three times daily at 8 AM, 12 PM, and 5 PM. This medication was delivered to the home on 6/30/26. However, on 7/1/26 at 8 AM, this medication was not administered.

Resident #8 is prescribed Amlodipine 5mg, take 1 tablet orally daily, hold for systolic blood pressure less that 110. On 6/12/26 the resident's systolic blood pressure was 90, however this medication was administered to the resident.

Resident #8 is prescribed Losartan 50mg, take 1 tablet orally daily, hold for systolic blood pressure less than 110 or diastolic blood pressure less than 50. On 6/12/26 the resident's systolic blood pressure was 90, however this medication was administered to the resient.

Repeated Violation- 6/12/25

Plan of Correction ***Accept (- 08/10/2026)***

Immediately education was provided by the health and wellness director on proper medication administration to the medication associates involved in the above instances.
Beginning on 8/14/2026, for a period of 3 months, the director of health and wellness or designee will pull the medication pass report daily, to ensure all medications were properly administered for each shift.
By 8/28/2026, all medication associates and LPNs will receive additional education on proper medication

187d Follow Prescriber's Orders (continued)

documentation and procedures.

Licensee's Proposed Overall Completion Date: *08/28/2026*

Implemented (- 09/04/2026)

225c - Additional Assessment

10. 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 #3's assessment, dated indicated Resident #3 has no behavioral/cognitive needs related to Irritability, Agitation, or Aggression. However, on and Resident #3 pushed two different residents, causing them to fall to the floor. On Resident #3 punched Resident #4. Resident #4 fell to the ground and Resident #3 began to drag Resident #4 by the hair. On Resident #3 was prescribed Risperidone .5 mg twice daily for agitation/aggressive behaviors. Resident #3's assessment was not updated to reflect the resident's behavioral/cognitive needs.

Resident #4 was admitted to hospice on However, Resident #4's assessment, dated , was not updated to reflect this change.

Resident #5's assessment, dated , indicated Resident #5 has no behavioral/cognitive needs related to Irritability, Agitation, or Aggression. However, on Resident #5 pushed Resident #6 to the floor. On Resident #5 grabbed and twisted Resident #6's arm, pushing Resident #6 out of the dining room. Resident #5's assessment was not updated to reflect the change in Resident #5's behavioral/cognitive needs.

Resident #9's assessment, dated indicated the resident is on a regular diet. However, Resident #9 was prescribed a mechanical soft diet on . Resident #9's assessment was not updated to reflect the resident's change in dietary need.

Resident #10's assessment, dated did not include Resident #10's diagnoses of Depression or Glaucoma. Resident #10 was receiving medications for the diagnoses of Depression and Glaucoma as of according to the home's physical's order report. Resident #10's assessment was updated to reflect these diagnoses.

Plan of Correction ***Accept (- 08/10/2026)***

Immediately the health and wellness director updated the RASPs for each resident currently residing in the home.
By 8/14, the director of health and wellness will complete an audit of all current DME's and RASPS to ensure the correct diets, significant changes, and behavioral expressions for residents are reflected on the RASP to match the DME.
Resident #9 no longer resides in the community.
Health and Wellness director or designee will complete a quarterly audit of Current Rasps and Dme's to ensure diet designations significant changes, and behavioral expressions match the DME and support plan. The quarterly audits will be conducted for 1 year starting 8/28/2026

225c Additional Assessment (continued)

Education will be provided to the director of health and wellness by the executive director regarding proper DME and Rasp documentation by 8/28/2026

Licensee's Proposed Overall Completion Date: *08/28/2026*

Implemented ([redacted] - 09/04/2026)