



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail ckelly@artismgmt.com
August 15, 2022**

[REDACTED], Administrator
[REDACTED]
[REDACTED]
[REDACTED]

RE: Artis Senior Living of Huntingdon Valley
2085 Lieberman Drive
Huntingdon Valley, Pennsylvania 19006
License #: 14279

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on April 19, 2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

[REDACTED]

Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

Facility Information

Name: *ARTIS SENIOR LIVING OF HUNTINGDON VALLEY* License #: *14279* License Expiration Date: *07/18/2021*
Address: *2085 LIEBERMAN DRIVE, HUNTINGDON VALLEY, PA 19006*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]
[REDACTED]
[REDACTED]

Certificate(s) of Occupancy

Type: *1-2* Date: *10/20/2016* Issued By: *Twp of Lower Moreland*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *98* Waking Staff: *74*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *04/19/2021*

Inspection Dates and Department Representative

04/19/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *72* Residents Served: *49*

Secured Dementia Care Unit

In Home: *Yes* Area: *Entire facility* Capacity: *72* Residents Served: *49*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *46*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *49* Have Physical Disability: *1*

Inspections / Reviews

04/19/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/09/2021*

Inspections / Reviews *(continued)*

5/10/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *05/17/2021*

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
5. Personal care service needs of the resident.

Description of Violation

Direct care staff person A did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, personal care service needs of the resident during training year January 2019 to December 2019.

Plan of Correction

Accept

Staff person A was provided the following training:

-Preadmission screening: reviewed content, explained that this document represents basic information needed to make an informed decision when admitting a resident.

-DME: reviewed content, explained that this is done prior to admission & annually or when there is a significant change in resident status. Reviewed all sections and how it pertains to resident care.

-RASP: reviewed content, explained timeframes for completion prior to move in as well as on-going. Explained that the assessment determines what the resident needs are, the support plan explains how the residents needs will be met.

Completion Date: 05/07/2021

Implemented

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

on 4/19/21, a box of Polident Denture Cleanser, with a manufacture's label indicating "call poison control if swallowed", was unlocked, unattended, and accessible to residents in the medicine cabinet of resident room 107. Additionally, and a bottle of Listerine mouthwash with a manufacturer's label indicating "if more than is used for rinsing is swallowed, seek medical help", was unlocked, unattended, and accessible to residents in the medicine cabinet in resident room 215. Residents of the home have been assessed incapable of recognizing and using poisons safely due to their residing in a secure dementia care unit.

Plan of Correction

Accept

Locks were immediately replaced on both medicine cabinets in room 107 & 215. Reviewed importance of monitoring & reporting all broken locks to Director of Environmental Services on-going. Staff will also be instructed to remove poisons & place in locked cabinet in resident laundry if lock is not able to be replaced immediately. Will review during monthly staff meeting for the next 3 months. Staff meeting scheduled 5/14/2021.

Completion Date: 05/14/2021

Implemented

91 - Telephone Numbers

1. Requirements

91 - Telephone Numbers (continued)

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in the 100 neighborhood kitchen area.

Plan of Correction**Accept**

Violation was corrected immediately when discovered. Emergency contact sticker was replaced on handset of phone. Will review & discuss during monthly staff meeting for the next 3 months. Staff will be instructed to contact the front desk if replacement stickers are needed on-going.

Completion Date: 04/19/2021**Implemented****185a - Implement Storage Procedures****1. Requirements**

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

On 4/19/21 at 2:25pm, the glucometer belonging to resident #1 is not calibrated to the correct date and time. The glucometer date is set as 5/19/21.

Plan of Correction**Accept**

Violation was corrected immediately when discovered. Director of Nursing will monitor all resident glucometers to ensure they are calibrated properly on-going.

Completion Date: 04/19/2021**Implemented**