

Department of Human Services
Bureau of Human Service Licensing

July 1, 2021

██████████ EXECUTIVE DIRECTOR
ARTIS SENIOR LIVING OF LOWER MAKEFIELD LLC
680 AMERICAN AVENUE, SUITE 101
KING OF PRUSSIA, PA 19406

RE: ARTIS SENIOR LIVING OF YARDLEY
765 STONY HILL ROAD
YARDLEY, PA, 19067
LICENSE/COC#: 14650

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/21/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Mia Johnson

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: ARTIS SENIOR LIVING OF YARDLEY **License #:** 14650 **License Expiration Date:** 04/28/2022
Address: 765 STONY HILL ROAD, YARDLEY, PA 19067
County: BUCKS **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** 2679078548 **Email:** [REDACTED]

Legal Entity

Name: ARTIS SENIOR LIVING OF LOWER MAKEFIELD LLC
Address: 680 AMERICAN AVENUE, SUITE 101, KING OF PRUSSIA, PA, 19406
Phone: 2673925945 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: R-4 **Date:** 08/08/2018 **Issued By:** Lower Makefield Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 36 **Working Staff:** 27

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 05/21/2021

Inspection Dates and Department Representative

05/21/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 72 **Residents Served:** 18

Secured Dementia Care Unit

In Home: Yes **Area:** Entire Facility **Capacity:** 72 **Residents Served:** 18

Hospice

Current Residents: 2/8

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 18
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 18 **Have Physical Disability:** 0

Inspections / Reviews

05/21/2021 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *06/21/2021*

6/14/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/17/2021*

7/1/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

225c - Additional Assessment

1. 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 #1 s assessment, dated 06/12/20, was not updated to include plans to meet the resident's current need during hallucinations.

Plan of Correction**Accept**

2600.225.c

RASP was immediately updated to include hallucinations the same day of the survey. Ongoing updates will be documented on the RASP as resident changes occur. The Director of Health and Wellness or designee will check that RASP's are updated in a timely manner.

Completion Date: 06/11/2021

Document Submission**Implemented**

Please see attached documentation