

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

August 27, 2025

[REDACTED]  
SENIOR LIVING OF LOWER MAKEFIELD LLC  
[REDACTED]

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

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/24/2025 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 YARDLEY      **License #:** 14650      **License Expiration:** 07/13/2025  
**Address:** 765 STONY HILL ROAD, YARDLEY, PA 19067  
**County:** BUCKS      **Region:** SOUTHEAST

## Administrator

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

## Legal Entity

**Name:** SENIOR LIVING OF LOWER MAKEFIELD LLC  
**Address:** [REDACTED]  
**Phone:** [REDACTED]      **Email:** [REDACTED]

## Certificate(s) of Occupancy

**Type:** R-4      **Date:** 08/18/2018      **Issued By:** Lower Makefield Township

## Staffing Hours

**Resident Support Staff:** 0      **Total Daily Staff:** 116      **Waking Staff:** 87

## Inspection Information

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Monitoring      **Exit Conference Date:** 07/24/2025

## Inspection Dates and Department Representative

07/24/2025 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 72      **Residents Served:** 58

## Secured Dementia Care Unit

**In Home:** Yes      **Area:** entire home      **Capacity:** 72      **Residents Served:** 58

## Hospice

**Current Residents:** 12

## Number of Residents Who:

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 58  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 58      **Have Physical Disability:** 0

## Inspections / Reviews

07/24/2025 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 08/15/2025

08/21/2025 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 08/27/2025  
**Reviewer:** [REDACTED]      **Follow-Up Type:** Document Submission      **Follow-Up Date:** 08/27/2025

Inspections / Reviews *(continued)*

08/27/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/27/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 51 Criminal Background Check

## 1. Requirements

2600.

51. Criminal History Checks Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101 10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

## Description of Violation

Staff Member A was hired on [REDACTED] which was also their first day in the home; however, a criminal background check was not completed until [REDACTED].

Staff Member B was hired on [REDACTED] which was also their first day in the home; however, a criminal background check was not completed until [REDACTED].

## Plan of Correction

Accepted [REDACTED] - 08/21/2025)

A training was provided by the ED for the new Director of Business Services on 7/25/2025 to follow OAPSA regarding new hires and completing background checks prior to any new employees starting. Also part of the in-service was to start having the Director of Business Services give all new hire files to the ED to audit prior to new staff starting, to ensure background checks have been completed.

Unfortunately, An audit was completed by the ED after the two new employees started, the ED caught the missing background checks during this audit and upon discovery, requested the background checks.

The Director of Business Services or designee will continue to use the new hire check off to ensure all new hires have background checks completed prior to the new employee start date.

In order to maintain compliance, the DBS or designee will give all new hire folders to the ED prior to their start date, to ensure background checks have been completed.

Licensee's Proposed Overall Completion Date: 08/12/2025

Implemented [REDACTED] - 08/27/2025)

## 182b Prescription Medication

## 2. Requirements

2600.

- 182.b. Prescription medication that is not self administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

## Description of Violation

In July 2025, Staff Member C administered medications to residents, including [REDACTED], [REDACTED], [REDACTED] and [REDACTED] to Resident [REDACTED]. Staff Member C does not meet any of the criteria to administer medications.

In July 2025, Staff Member C administered medications to residents, including [REDACTED],

**182b Prescription Medication (continued)**

██████████ and ██████████, to Resident ██████████. Staff Member C does not meet any of the criteria to administer medications.

In July 2025, Staff Member D administered medications to residents, including ██████████ ██████████ and ██████████ to Resident ██████████. Staff Member D does not meet any of the criteria to administer medications.

**Plan of Correction**

Accept ██████████ - 08/21/2025)

Upon inspection, the ED was made aware that the Medication Trainer was not compliant with ██████████ medication certification. All Med Techs were immediately pulled off of medication administration until an approved certified medication trainer provides medication administration training.

Artis Senior Living of Yardley entered into an agreement with a Med trainer from Pickering Manor. The ED contacted ODP to assist with the proper guidelines when utilizing trainers outside of Artis Senior Living.

Please see attached paperwork designating a qualified trainer for Artis Senior Living of Yardley.

The medication training is currently in the process, a completion date is projected for 8/25/2025.

To ensure compliance, all medication trainers who will be utilized for future trainings, will be approved through ODP.

The Director of Business Services or designee, will be monitoring this certification to ensure continued compliance utilizing a license and certification spreadsheet once all med techs have passed this certification.

Licensee's Proposed Overall Completion Date: 08/25/2025

Implemented (██████████) - 08/27/2025)

**187a - Medication Record****3. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

**Description of Violation**

Resident ██████████ is prescribed comfort medications from hospice to include ██████████ ██████████ ██████████ and ██████████. These medications are not listed on Resident ██████████ July medication administration record.

## 187a - Medication Record (continued)

**Plan of Correction**

Accept [REDACTED] 08/21/2025)

On day of inspection after finding Resident#1's comfort medications were not included on [REDACTED] MAR. A prescription was obtained from the hospice physician overseeing [REDACTED] care. The prescriber sent the prescription to the resident's pharmacy and was added to the MAR on 7/24/2025.

A re-education for nurses was provided by the ED on 8/6/2025 to ensure nurses are verifying all prescriptions are obtained from providers and all medications are added to the MAR.

To ensure ongoing compliance an internal check will be completed daily by the ED or designee for one week and then weekly for one month and then spot checks by the ED or designee to ensure all MAR's have current medications listed.

Licensee's Proposed Overall Completion Date: 08/14/2025

Implemented [REDACTED] - 08/27/2025)

## 187b - Date/Time of Medication Admin.

**4. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

**Description of Violation**

Resident [REDACTED] is prescribed [REDACTED] - take two tablets by mouth four times per day for [REDACTED]. On [REDACTED], the dose that should have been given at bedtime on [REDACTED] was still present in Resident [REDACTED] blister pack; however, initials were present on the medication administration record indicating the medication was given to the resident.

Resident [REDACTED] is prescribed [REDACTED] - give one prefilled syringe ([REDACTED] under tongue every 3 hours as needed for pain or shortness of breath. This medication was signed out on the narcotics log on [REDACTED] at 9:00am; however, no initials were present on the medication administration record indicating this medication was given to the resident.

**Plan of Correction**

Accept [REDACTED] - 08/21/2025)

On 8/6/2025 a re-education was provided to nurses to initial the MAR after medication was administered and to check all medications have been given as ordered.

A daily check starting on 8/7 for one week was completed by the ED or designee to ensure all medication was signed out on the MAR and all medications have been given as evident on the blister pack by day and time.

To ensure continued compliance, the ED or designee will do ongoing weekly medication admin spot checks. See attached.

Licensee's Proposed Overall Completion Date: 08/14/2025

Implemented [REDACTED] - 08/27/2025)

## 187d - Follow Prescriber's Orders

**5. Requirements**

187d Follow Prescriber's Orders (*continued*)

2600.

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

**Description of Violation**

Resident [REDACTED] is prescribed [REDACTED] - take two tablets by mouth four times per day for [REDACTED]. On [REDACTED] the dose that should have been given at bedtime on [REDACTED] was still present in Resident [REDACTED] blister pack.

Resident [REDACTED] is prescribed [REDACTED] - give one prefilled syringe [REDACTED] by mouth or under tongue every 6 hours around the clock for pain. This medication was not administered as prescribed. The medication was signed out less than 6 hours apart on:

- [REDACTED] 09:43 AM; 12:29 PM; 06:30 PM; 09:00 PM

**Plan of Correction**

Accept [REDACTED] - 08/21/2025)

On 8/6/2025 a re-education was provided to nurses to initial the MAR after medication was administered and to check all medications have been given as ordered by prescriber.

A daily medication administration check for one week by the ED or designee was completed to ensure all medication was signed out on the MAR and all medications were given at time they were prescribed. The audit started on 8/7/2025 and ended on 8/14/2025.

To ensure continued compliance, the ED or designee will perform ongoing weekly med administration checks.

On day of inspection Resident [REDACTED] medication time was changed on MAR for every six hours to ensure resident was getting [REDACTED] medication at the time it was prescribed. The times were set at 6am, 12pm, 6pm, and 12am.

To ensure continued compliance, the ED or designee will perform ongoing weekly medication administration checks to make sure all medications are given to follow prescriber orders.

Licensee's Proposed Overall Completion Date: 08/14/2025

Implemented [REDACTED] 08/27/2025)