

Department of Human Services
Bureau of Human Service Licensing

March 10, 2022

[REDACTED], PRESIDENT & CEO
[REDACTED]
[REDACTED]
[REDACTED]

RE: ARTIS SENIOR LIVING OF SOUTH
HILLS
1001 HIGBEE DRIVE
BETHEL PARK, PA, 15102
LICENSE/COC#: 44916

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/31/2022, 02/01/2022, 02/02/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

March 7, 2022

[REDACTED], PRESIDENT & CEO
[REDACTED]
[REDACTED]
[REDACTED]

RE: ARTIS SENIOR LIVING OF SOUTH
HILLS
1001 HIGBEE DRIVE
BETHEL PARK, PA, 15102
LICENSE/CO# #: 44916

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 01/31/2022, 02/01/2022, 02/02/2022 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
[REDACTED]

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 SOUTH HILLS* License #: *44916* License Expiration: *05/01/2023*
Address: *1001 HIGBEE DRIVE, BETHEL PARK, PA 15102*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *04/19/2018* Issued By: *Municipality of Bethel Park*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *106* Waking Staff: *80*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *02/03/2022*

Inspection Dates and Department Representative

01/31/2022 - On-Site: [REDACTED]
02/01/2022 - On-Site: [REDACTED]
02/02/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *72* Residents Served: *53*

Secured Dementia Care Unit

In Home: *Yes* Area: *Entire Home* Capacity: *72* Residents Served: *53*

Hospice

Current Residents: *53*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *53*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *53* Have Physical Disability: *0*

Inspections / Reviews

01/31/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/06/2022*

Inspections / Reviews (*continued*)

03/07/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *03/09/2022*

03/10/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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 2/1/22, a spray bottle of Ecolab Peroxide Multi Surface Cleaner & Disinfectant, with a manufacturer's label indicating "First aid: Call a poison control center or doctor for treatment advice" was in the unlocked cabinet above the desk in the Forbes neighborhood pantry.

Not all residents of the home, including resident resident #2, have been assessed as capable of recognizing and using poisons safely.

Plan of Correction

Accept

On 2/1/22 the spray bottle of Ecolab Peroxide Multi Surface Cleaner & Disinfect was immediately removed from the unlocked cabinet by our Director of Environmental Services while inspector [redacted] was present.

All poisonous materials except for dishing washing chemicals are now being stored in the locked laundry room on each of the neighborhoods. Previously they were stored in locked cabinets in the pantry area (in neighborhood kitchens).

On the spot training was completed by our Director of the Artis Way Experience, reviewing this regulation and where we are now keeping chemicals. See attachment for documentation.

Starting Monday, March 7th Director of Environmental Services / Designee we will complete weekly audit checks to ensure that poisonous materials are being stored in the locked laundry room. Audits will be completed for 12 weeks.

See attachment for audit sheet.

Document Submission

Implemented

attachments have been uploaded

103d - Storing Food Off Floor

1. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

On 2/1/22, 42 gallons of water were stored on the floor in the linen room in the Kennywood neighborhood.

Plan of Correction

Accept

On 2/1/22 the 42 gallons of water was immediately removed off the floor by our Director of Environmental Services while inspector [redacted] was present.

Our Director of Environmental Services and Director of Culinary Services were re-educated on this regulation by Executive Director on 3/4/2022. See attachment for documentation.

103d - Storing Food Off Floor (continued)

Starting on March 7, 2022 a weekly audit will be completed by our Director of Environmental Service / Designee for 12 weeks to ensure that emergency water remains off the floor in all 4 neighborhoods.

See attachment for audit sheet.

Document Submission**Implemented**

Updated audit sheet to reflect the emergency water being stored only on Kennywood and Hartwood.

103e - Left Overs**1. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 2/1/22, two plastic containers containing ham and chicken salad in the refrigerator located in the Forbes neighborhood pantry were not dated.

Plan of Correction**Accept**

On the spot training was completed by our Director of the Artis Way Experience reviewing this regulation with associates, making sure that leftover food is being labeled and dated. See attachment for documentation.

A checklist will be conducted by our Director of Culinary Services / Designee daily for the next 30 days beginning on March 7th to ensure that all leftover food is labeled and dated in each of the neighborhood refrigerators.

See attachment for audit sheet.

Document Submission**Implemented**

attachments have been uploaded

125a - Combustible Storage**1. Requirements**

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

On 2/1/22, a box approximately 9' in length containing a chair rail was approximately ½' away from the three hot water tanks, and five cases of Vital Oxide Residential, Commercial & Hospital Disinfectant were approximately 1' away from the 2nd hot water tank, and a large, oblong, cotton mophead was leaning against the 3rd hot water tank located in the central storage room.

Plan of Correction**Accept**

Our Director of Environmental Services was re-educated on this regulation by Executive Director on 3/4/2022. See attachment for documentation.

An area of 3 feet has been marked off by floor caution tape surrounding the front of the 3 hot water tanks to ensure that combustible and flammable materials are not located near hot water heaters. Please see attached photo.

125a - Combustible Storage (continued)

A weekly audit will be completed by our Director of Environmental Services / Designee for 12 weeks beginning on March 7th to ensure that nothing is located in the caution area near the hot water tanks. Please see attachment for documentation.

Document Submission**Implemented**

attachments have been uploaded

183d - Prescription Current**1. 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 11/29/21, resident #4 was ordered [REDACTED] take 1 capsule by mouth every 6 hours as needed for congestion for 10 days. However, on 2/1/22, this medication was still stored in the medication cart.

On 1/7/22, resident #4 was ordered Potassium [REDACTED], take 1 tablet by mouth for 5 days. However, on 2/1/22, this medication was still stored in the medication cart.

Plan of Correction**Accept**

All Nurses and Med Techs will be educated by our Director of Health and Wellness by March 4, 2022 on making sure that only current prescriptions for residents in community are being kept in the cart. See attachment for documentation. (We still need to review with 3 associates. We will educate them when they work next and have them sign the training record)

A cart audit was completed by Director of Health and Wellness / Designee on all four neighborhoods on March 4, 2022 to ensure that only currently prescribed medications were in the cart. See attachment for documentation.

A monthly cart audit (April, May, June) will be completed by Director of Health and Wellness / Designee on all four neighborhoods to ensure that only current prescriptions for residents are being kept in the cart.

Document Submission**Implemented**

attachments have been uploaded

187b - Date/Time of Medication Admin.**1. 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 #2 is ordered [REDACTED], 1 tablet every 6 hours. On 2/1/22 at 12:14 p.m., staff person A initialed the medication administration record (MAR) that the medication was given; however, staff person A did not administer the medication at that time.

The January 2022 MAR for resident #4 was not initialed by staff for multiple medications on 1/9/22 at 9:00 a.m.,

187b - Date/Time of Medication Admin. (continued)

including Super B Complex with C tablet, Tab-A-Vite tablet and Vitamin D3 2,000U tablet.

Plan of Correction**Accept**

Staff person "A" was suspended immediately and was terminated on 2/2/2022. The medication for Resident #2 was giving by [REDACTED], Director of Health and Wellness within the prescribed timeframe.

The laptop computers which staff use to access the MAR are not always connected to the internet when doing a med pass which can lead to medication information not properly syncing. Associates will verify at the beginning of their shift that the laptop is connected to the internet and will document on verification sheet. This verification will start on March 7, 2022 and will continue until April 30, 2022. See attachment for verification sheet.

Document Submission**Implemented**

attachments have been uploaded

187d - Follow Prescriber's Orders**1. Requirements**

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

Description of Violation

Resident #5 is ordered [REDACTED] meals per sliding scale as follows: Blood sugar level 150-200=10 units, 201-250=14 units, 251-300=18 units, 301-350=22 units, 351-400=24 units, 401-450=35 units, 451-500=40 units; call MD.

- On 1/14/22 at 4:45 p.m., the resident's blood glucose level was [REDACTED], requiring [REDACTED] units of insulin. However, according to the resident's glucose log, the resident was administered no insulin.

- On 1/27/22 at 11:45 a.m., the resident's blood glucose level was [REDACTED] requiring [REDACTED] units of insulin. However, according to the resident's glucose log, the resident was administered [REDACTED] units of insulin.

Repeat violation: 3/22/21 et al

Plan of Correction**Accept**

To ensure that residents are receiving the correct dosage of insulin we are going to have a 2 step verification process. See attachment for verification form. This verification form will start on March 4, 2022 at 12 PM and will end on June 30th.

All Nurses and Med Techs will be educated by our Director of Health and Wellness by March 4, 2022. See attachment for documentation. (We still need to educate 5 associates and will review with them at the start of their next shift)

Document Submission**Implemented**

attachments have been uploaded

225c - Additional Assessment**1. Requirements**

2600.
225.c. The resident shall have additional assessments as follows:

225c - Additional Assessment (continued)

Description of Violation

The assessment, dated [redacted] for resident #2 does not include the diagnoses of [redacted], as indicated on the medical evaluation, dated [redacted].

The assessment, dated [redacted] for resident #3 does not include the diagnosis of [redacted], as indicated on the medical evaluation, dated [redacted].

Plan of Correction

Accept

The assessment (RASP) for resident #2 has been updated to include the diagnoses of [redacted] and [redacted]. See attachment for updated assessment.

The assessment (RAPS) for resident #3 has been updated to include the diagnosis of [redacted]. See attachment for updated assessment.

Our Director of Health and Wellness was re-educated on this regulation by Executive Director on 3/4/2022. See attachment for documentation.

Executive Director completed a full audit of all resident assessment's (RASPS) to make sure that all of the diagnoses match the resident MAR. This audit was completed on 3/3/2022, see attachment for completed audit sheet. All RASP's will be updated with findings from the audit by 3/11/2022. This will be completed by the Director of Health and Wellness / Designee.

For all future move-in's, both the Director of Health and Wellness and the Executive Director will function as a "check and balance" team, making sure that all of the diagnoses are included on the RASP. See attachment for current audit checklist to ensure we are in compliance. This audit will be ongoing and will end on June 30th. See attachment for audit sheet.

Document Submission

Implemented

attachments have been uploaded

234a - Admission Support Plan

1. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #6 was admitted to the home on [redacted], however, the initial support plan was not completed until [redacted].

Plan of Correction

Accept

Resident #6 was admitted prior to the Director of Health and Wellness, [redacted] being in [redacted] current position and Executive Director, Daniel Hass being employed with Artis Senior Living.

Our Director of Health and Wellness was re-educated on this regulation by Executive Director on [redacted]. See attachment for documentation.

For all future move-in's, both the Director of Health and Wellness and the Executive Director will function as a "check and balance" team, continuing to make sure that the admission support plan is completed within 72 hours of the

234a - Admission Support Plan (continued)

admission. See attachment for current audit checklist to ensure we are in compliance. This audit will be ongoing and will end on August 31st.

Document Submission**Implemented**

attachments have been uploaded

42c - Treatment of Residents**1. Requirements**

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [REDACTED] 22 at approximately [REDACTED] p.m., resident #1 was at a dining room table with another resident. Resident #1 was repeatedly telling the other resident how to put creamer into [REDACTED] cup. Staff person A quickly and forcefully tapped on resident #1's right shoulder and pointed [REDACTED] finger at the resident and said "Stop it." The incident was observed by staff person B.

Repeat violation: 12/9/21

Plan of Correction**Accept**

Staff Person A was suspended immediately and was terminated on 2/2/2022.

Resident abuse and reporting abuse including dignity and respect was reviewed at our January and February associate meetings and is planned to be reviewed at our March and April associate meetings (3/16 and 4/13). This is being conducted by Executive Director to ensure that all associates are educated on dignity and respect of the residents.

Executive Director or Designee will continue to interview 3 residents monthly for the next 3 months to ensure that residents are being treated with dignity and respect and are not being subjected to abuse. Resident interviews will take place on March 8th, April 5th and May 10th. Residents have already been interviewed on January 11th and February 8th. Please see attachment for audit.

All documentation including staff educations and resident interviews will be kept in a binder in the Executive Directors office.

Document Submission**Implemented**

attachments have been uploaded