

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

August 21, 2025

[REDACTED]
ARTIS SENIOR LIVING OF BETHEL PARK LLC
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/15/2025 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 SOUTH HILLS **License #:** 44916 **License Expiration:** 06/10/2026
Address: 1001 HIGBEE DRIVE, BETHEL PARK, PA 15102
County: ALLEGHENY **Region:** WESTERN

Administrator

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

Legal Entity

Name: ARTIS SENIOR LIVING OF BETHEL PARK LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 126 **Waking Staff:** 95

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 07/15/2025

Inspection Dates and Department Representative

07/15/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 72 **Residents Served:** 63

Secured Dementia Care Unit

In Home: Yes **Area:** Entire Home **Capacity:** 72 **Residents Served:** 63

Hospice

Current Residents: 20

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 63
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 63 **Have Physical Disability:** 2

Inspections / Reviews

07/15/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/31/2025

08/01/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 08/20/2025
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/07/2025

Inspections / Reviews *(continued)*

08/01/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/20/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/20/2025

08/21/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/20/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

At approximately 9:30am, the beside mobility device on the right side of resident [REDACTED] bed was not secured to the bedframe.

At approximately 9:40am, the beside mobility device on the right side of resident [REDACTED]'s bed was not secured to the bedframe.

Plan of Correction

Accept [REDACTED] - 08/01/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. On 07/15/2025 by the Executive Director, during the inspection with Department of Human Services Licensing Representative, the mobility devices were removed for resident [REDACTED] and resident [REDACTED]. The Director of Health and Wellness spoke with the POA for Resident [REDACTED] on 7/15/2025 and the family was fine with the bed enabler being removed from the bed. The Director of Health and Wellness spoke with the POA for Resident [REDACTED] on 7/15/2025 and the family is going to explore getting an approved halo bed enabler covered by insurance. Executive Director spoke with Resident [REDACTED] POA on 7/31/25 and they decided not get a bed enabler for the suite. Resident [REDACTED] is working with physical therapy for safe transfer techniques. See attached for documentation of conversation.
2. On 07/16/2025 by the Executive Director, a full community audit was completed to ensure that all bed enabler devices were properly secured. All bed enabler devices that were out of compliance were immediately removed from the resident suite. Attached is the completed audit. See attached for completed audit.

To enhance the currently compliant operations of the community, beginning on 08/01/2025 the Director of Health and Wellness / Designee will do a full audit monthly to ensure that all resident suites are in compliance with 81b with regards to having a bed enabler. This will last for 6 months, and will conclude on January 31, 2026. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes at our monthly QA meetings. See attached for audit form.

Effective 08/01/2025 the Executive Director / Designee and Director of Health and Wellness / Designee will perform inspections on all new admissions to ensure that if they do have a bed enabler device it's compliant with regulation 81b. To maintain ongoing compliance all new bed enablers prior to being installed will need a PT eval, physician order and the DME provider will be responsible for installation. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes at our monthly QA meetings. The next scheduled QA meeting is August 20, 2025

Licensee's Proposed Overall Completion Date: 01/31/2026

Implemented [REDACTED] - 08/21/2025)

183b - Meds and Syringes Locked

3. 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

At 9:31am, there was an unlocked, unattended and accessible 8.3oz bottle of [REDACTED] on top of the medication cart in the kitchenette of the Kennywood Neighborhood. The entire home is licensed as a secured dementia care unit (SDCU).

Plan of Correction

Accept [REDACTED] - 08/01/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. On 07/15/2025 the Executive Director immediately removed the medication that was found on top of the medication cart and put it in a secure location in the community. The associate placed the medication on top of medication cart at approximately 9:15 AM where the LPN was stationed and shared this was found in a resident suite. The medication was unsecured for approximately 16 minutes.
2. On 07/15/2025 the Executive Director spoke with the POA for the resident who had the unsecure medication in the community and reminded them that all medications need to be kept in our secure medication cart. This conversation was documented in ALIS (Artis Electronic Health Record System) at the time it occurred.
3. On 7/22/2025 and 7/24/2025 the Executive Director at the monthly associate meeting re-educated all associates of regulation 183b. All associates will be re-educated of regulation 183b by August 18, 2025. This will be conducted by the Executive Director / Designee. Documentation of education shall be kept in accordance with 2600.65i. See attachment for agenda, sign in sheets, and Icon Communication notification of all associate meeting.

Effective 08/01/2025 the Director of Health and Wellness / Designee will perform daily inspections through 08/31/2025 to maintain ongoing compliance with ensuring prescription medications, OTC medications, CAM and syringes will be kept in an area or container that is locked. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes at our monthly QA meeting. See attachment for audit sheet.

Effective 09/01/2025 the Director of Health and Wellness / Designee will conduct an ongoing monthly audit to maintain ongoing compliance with ensuring prescription medications, OTC medications, CAM and syringes will be kept in an area or container that is locked. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes at our monthly QA meeting. The next scheduled QA meeting is August 20, 2025. See attachment for audit sheet.

Proposed Overall Completion Date: 08/31/2025

Licensee's Proposed Overall Completion Date: 08/31/2025

Implemented [REDACTED] - 08/21/2025)